

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname?..... Warren
- 1a. What are your Christian names?..... Charles Erastus
- 1b. What is your present address?..... Harcourt N.B. Canada
- 2. In what Town, Township or Parish, and in what Country were you born?..... Harcourt N.B. Canada
- 3. What is the name of your next-of-kin?..... Ebenezer Warren
- 4. What is the address of your next-of-kin?..... Harcourt N.B. Canada
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... July 25th, 1887
- 6. What is your Trade or Calling?..... Farmer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

W.E.F.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Erastus Warren, 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.

Charles E. Warren (Signature of Recruit)

Date... Jany. 15th... 1916

E.H. Sherwood (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Erastus Warren, 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.

Charles E. Warren (Signature of Recruit)

Date... Jany. 15th... 1916

E.H. Sherwood (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 Moncton N.B. this 15th day of January 1916

L.C. Carey J.P. (Signature of Justice)

Description of Warren, Charles Erastus on Enlistment.

Apparent Age... 28 years... 6 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. 10½ ins.

Chest measurement. { Girth when fully expanded..... 37 ins.
 Range of expansion..... 4 ins.

Complexion..... Medium

Eyes..... Grey

Hair..... Brown

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

Brown

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 declares that he is not subject to fits of any description.

I consider him*..... Fit..... for the Canadian Over-Seas Expeditionary Force.

Date..... January 14th..... 1916.

Place..... Moncton N.B.

E. D. Steeves Major U.C.F.
W. A. Sullivan Capt. C.E.F.
 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.

Charles Erastus Warren..... 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.

W. C. Forbes LT. COL (Signature of Officer)
 145th "Overseas" Batt. C. E. F.

Date..... January 15th..... 1916.

REGIMENTAL DOCUMENTS

NAME

WARREN CHARLES ERASTUS

REGT. NO.

832126

UNIT

145th Bn.

H. Q. FILE NO.

11 ⊕

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

M

DEATH
E

Category

DISCHARGE

Category

Demob.

DESERTION

07145

H

*Declassified - date not stated
644-W-31398*

3X ATTESTATION PAPER (M.F.W. 23, 133, or 51)

4X CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 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)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

2 MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

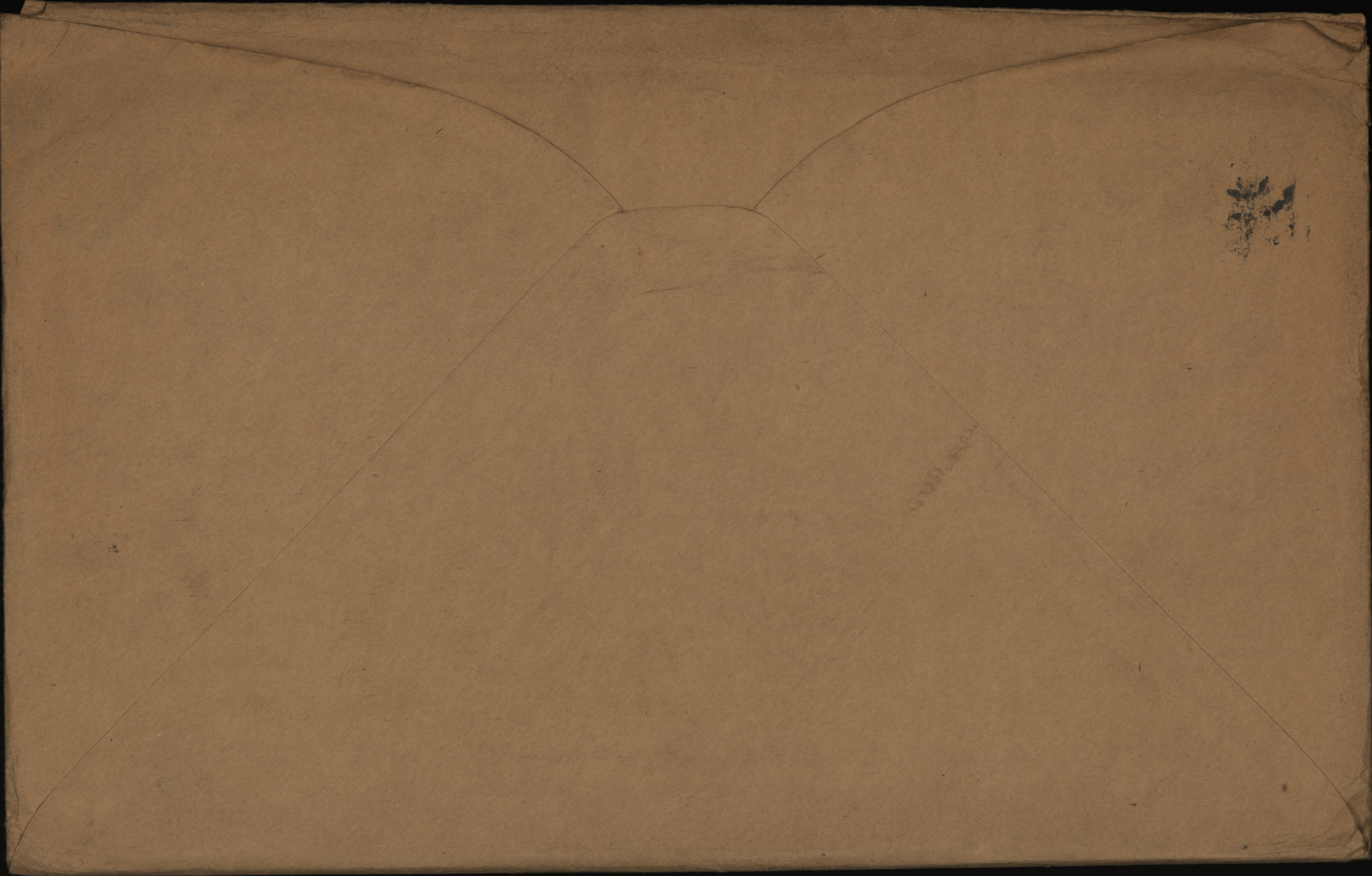
PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

Misc.

1 603

1 R122



MD
my

Number 832126

Rank PTE

PK
U

Surname WARREN

Christian Name Charles Seastus

Units 5^C M. R. Theatre of War France

Date of Service 27/10/16

Remarks

Latest Address

Harcourt

Roll No. *2 Page 16650*

N.B.

200m.-2-21.M.

DESP SEP 13 1922

REGN. NO. *7401*

No 832126 RANK Pte

NAME Warren Charles E.

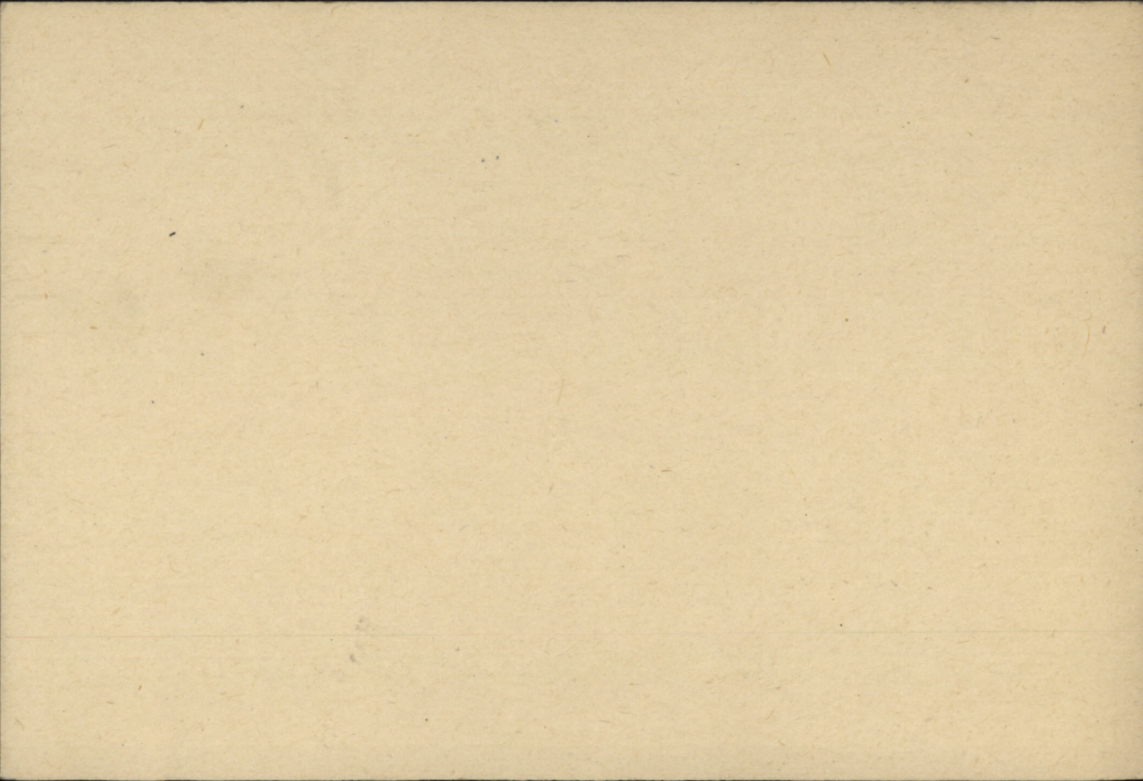
T. O. S. 25-12-15
do 9/15/16.

UNIT 145th Battalion (Monteron N. B.)

M. D. C

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1915 Dec 25	1915 Jan 31	✓		
	Feb	✓		
	Mar	✓		
	Apr.	✓		
	May	✓		
	June	✓		
	July	✓		
	Aug.	✓		
	Sep.	✓		

UNIT SAILED
SEP 25 1916



SURNAME.

Warren

CHRISTIAN NAMES

Charles Crastus

REGL. No.

882126

RANK

Pte.

UNIT

145th

FORMER CORPS

Nil

501 Div 25-3-19

Demob FOLL.

5087 of 27-3-19 287

Batt

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Warren, Ebenezer

RELATIONSHIP TO SOLDIER

father

ADDRESS

Harcourt, N.B.

COUNTRY OF BIRTH

Canada Harcourt, N.B.

DATE

July 25th 1887

PLACE OF ATTESTATION

Moncton, N.B.

DATE

Jan. 15th 1916

Sailed from Halifax per. S.S. "Luscania"

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

25 YEARS

MONTHS

HEIGHT

5 FEET

10 1/2 INCHES

CHEST MEASUREMENT

37 INCHES

EXPANSION

4

INCHES

COMPLEXION

Med.

EYES

grey

HAIR

brown

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Moncton N.B.

DATE

Jan. 14, 1916

Local

Name Warren, Chas E Rank Pte Regtl. No. 832126

Fyle Depot.....

Original unit 145 Bn. Present unit..... A. or S..... Age 31 Religion Pres Ref. H.Q.....

Port, ship and date of arrival Halifax, N.S. "Cretic" 25-3-19

Next of kin Father, Ebenezer Warren, Harcourt, N.B.

Address on leave.....

Address on discharge as above

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation Farmer Date and place of enlistment Moucton, N.B. 15-1-16

Diagnosis..... Date of Medical Boards.....

Date.	Remarks.	Pt. 2 Order No.
<u>13-3-19</u>	<u>To Dispersal Station 25-3-19</u>	<u># 86</u>
<u>25-3-19</u>	<u>Discharged from H.M.S</u>	<u># 86</u>

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

Date.

Remarks

Pt. 2 Order No.

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. 52126 Rank PTE Surname WARREN
(Given name in full)

CHARLSE

Unit or Corps HEADQTR Birthplace HARCOURT, N.B.

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

1. GENERAL DESCRIPTION:

Physique Weight 140 lbs. Height 5 ft. 9 in. Colour of Eyes Hazel

Nutrition

Pulse

Condition of arteries.....

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

nil.

Opinion as to general health and physical condition.....

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..... Genito Urinary System..... Cardio-Vascular System.....

Special Senses..... Integumentary System..... Respiratory System.....

Disturbance of mentality..... Muscular System..... Digestive System.....

Osseous and Joint System..... Any other general condition.....

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.

(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 *Charles E. Warren*.....

(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]

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1.
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Temporary
Original Not Aced

Nothing to be written in this margin.

W1889-PP1150 IM 5/18 G.W.P.Co (3496)

(1)*Substantive rank <i>Private</i> *Acting rank * [To be entered in pencil to facilitate alteration.] (4) Surname <i>Warren</i> (5) Christian Names <i>Charles Ernest</i> (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918]. (8) Date of birth as stated on enlistment <i>Harcourt N.B. Canada</i> (9) (a)	(2) Regiment or Corps <div style="font-size: 1.5em; font-family: cursive;">149 Battalion</div>	(3) Regtl. No. <div style="font-size: 1.5em; font-family: cursive;">832126</div>
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(10) Enlistment (b) <i>Moncton N.B. Jan 15th 1916</i>	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	Initials and Rank of an Officer.
(Authority)	(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single <i>Single</i> Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin <i>Ebenezer Warren</i>	(18) Demobilizer (f) <i>Harcourt N.B. Canada</i>	
(18) Demobilizer (f)	(Place)	(Signature of Posting Officer)
(19) Pivotal-man (f)	(Date)	
(20) Qualifications (g)	or (21) Corps trade and rate	
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoemg-smith, &c.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

			Arrived in England S.S. Luscania		6.10.16	
7.10.16	145 Bn	231	Transferred to 9 Res Bn	S' Cliffe	7.10.16	
7.10.16	9 th Bn	281	Taken on strength	- " -	7.10.16	
27.10.16	- " -	301	S.O.S. to 5 th C.M.R.	O'Leary	27.10.16	
8.11.16	5 th C.M.R.	57	Taken on strength	Field	3.11.16	
7.1.18	- " -	2	attached to 3 Can Div Hdqs.	- " -	14.11.17	
23.3.18	- " -	27	S.O.S. to Can Lab. Pool.	- " -	9.3.18	
22.3.18	Can Lab Pool	37	T.O.S. from 5 th C.M.R.	- " -	9.3.18	
3.1.19	Gen. Dep.	2	T.O.S. from Can Lab Pool.	Witley	21-12-18	
26.2.19	- " -	47	S.O.S. to M.D. & Ryfl.	- " -	25-2-19	

By *F. O'Brien*
for Colonel i/o Records. *DMH*

Nothing to be written in this margin.

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

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

500M.—9-16

H. Q. 1772-39-9'0.

Casualty Form—Active Service.

Unit, Regiment or Corps. 145th Bn.

Regimental No. 832126 Rank PO Name Warren, Ches E.
C. E. F.

Enlisted (a) 15-1-16 Terms of Service (a) Draft Service reckons from (a) 15-1-16

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) Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<u>13-3-19</u>	<u>Eng.</u>	<u>TAKEN ON STRENGTH</u> District Depot No. 7. <u>PART II. ORDER No. 86</u> <u>John W. P. Lindsay</u> Lieut. & Asst. Adjt. <u>For O. C. District Depot No. 7.</u>			
<u>25-3-19</u>		<u>STRUCK OFF STRENGTH</u> District Depot No. 7. <u>PART II. ORDER No. 86</u> <u>F. Lindsay</u>			

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form - 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				

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—I.
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname <i>Warren</i> (5) Christian Names <i>Charles. Crastus</i> (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No. <div style="text-align: right; font-size: 1.5em;"><i>832126</i></div>
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(10) Enlistment (b)	(11) Engagement (c) <i>Duration of War.</i>
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(18) Demobilizer (f) (Place)	(Signature of { Posting Officer
(19) Pivotal-man (f)	(Date)	
(20) Qualifications (g)	or (21) Corps trade and rate	
(22) Extended {	(23) Re-engaged {	
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or secondary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes, [g] Signaller, Shoing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.
Nothing to be written in this margin.

W1889—PP 1150 IM 5/18 G.W.P.Co.(3490)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

Arrived in England S.S. Tuscania 6-10-16.

7-10-16 145 Br.
 7-10-16 9th "
 27-10-16 — " —
 8-11-16 5th M.R.
 7-1-18. — " —
 23-3-18 — " —
 3-1-19 Gen Dep

Trans to 9 Res Bn.
 T.O.S.
 S.O.S. to 5th M.R.
 T.O.S.
 Att'd to 3rd Co. Div H.Q.
 S.O.S. to Can. Lab. Pool
 T.O.S. from C.L.P.

Schiffe 7-10-16 Pt II #231.
 — " — 7-10-16 — " — 281.
 O'Seas 27-10-16 — " — 301.
 Field 3-11-16 — " — 57.
 — " — 14-11-17 — " — 2.
 — " — 9-3-18 — " — 27.
 Witley 21-12-18 — " — 2.

Lab Pool Pt II O
 27. 37. d. 22-3-18.

for Colonel 1/c Records, *Lient.*
W. J. Borer Om 70

25/2/19 B.G.D.
 13/3/19 M.D.7

Attached G.C.C. Kinmel Park for return to Canada. Part II Orders No. 26. Ceases to be attached G.C.C. Kinmel Park on embarking for Canada, Part II Order No. 72

Commanding *M.J.* Wing, Kinmel Park Camp.

Sailing 16 S.S. Cretic
 Emb'd L'pool 13/3/19
 Disemb'd HaL'x 22/3/19

Nothing to be written in this margin.

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.

(1) Name of Overseas Unit which Soldier joins... 145th O. S. Battalion.

(2) Regimental Number... 832126.

(3) Full Name of Soldier... Warren, Charles Erasmus.

(4) Place of Birth... Harcourt, Kent Co., N. B., Canada.

(5) Are you married, or not? ... Single.

(6) If married, state,

(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? ... No.

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive?.....Yes......

If so, state name and address.....Ebenezer Warren, Harcourt, Kent Co., N.B.

(10) Is your Mother alive?.....Yes......

If so, state name and address.....Hannah Warren,

.....Harcourt, Kent Co., N. B., Canada.

(11) If your Mother is a widow.....No......

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

(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.

.....-----
.....

(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.

.....-----
.....
.....

(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.

.....-----

(15) Are you insured?.....No......

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

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

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

W E Forbes

Officer Commanding.

Date.....September 16th, 1916.

.....45th "Overseas" Batt. C. E. F......
.....L.T. COL......

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 832126 (Rank) Private
 Name (in full) Charles Crastens Warren enlisted in
 the 145th Battalion
 CANADIAN EXPEDITIONARY FORCE at Moncton NB on the 15th ~~XXXXXX~~
 day of December ~~January~~ 16.
 HE served in 5th Can. Mounted Rifles
 and is now discharged from the service by reason of
 Demobilization.
 Medical Unfitness.

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

Age <u>30 1/2 years</u>	Marks or Scars <u>None</u>
Height <u>5ft. 10 1/2 in</u>	
Complexion <u>Medium</u>	
Eyes <u>Grey</u>	
Hair <u>Brown</u>	

C. E. Warren
 Signature of Soldier

Date of Discharge

Dispersal Station "C"
MAR 25 1919
 Military District No. 7

R. J. [Signature] O. C.
 Issuing Officer
 DISPERSAL STATION, ST. JOHN, N. B. FOR
 O. C. DISTRICT DEPT #7
 Rank
 Date MAR 25 1919 19

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.

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 232833 (Rank) Private
 Name (in full) Charles Frederick
 the 1st
 CANADIAN EXPEDITIONARY FORCE
 day of 15
 He served in 2nd Canadian Trench Battalion

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn on thirty (30) days after discharge, or when duly authorized in writing.
- 3.—That wearing of uniform renders liable to usual military discipline, as if on the strength of a unit.

Height
 Complexion
 Eyes
 Hair

Signature of Soldier

Date of Discharge

CLASS **A**
 WAR SERVICE BADGE
 NO. 232833 Issued



A.C. Rank Name WARREN, Charles Erastus. ✓ Reg'l No. 832126 ✓
 Unit 145th. Bn. ✓ If in perm. Corps, } Married or Single Single. ✓
 What Unit? }
 Place and Date of Enlistment Moncton. N.B. Jan. 15th. 1916 ✓ Place of Birth Harcourt N.B. Canada ✓
 Name and Address, Next-of-Kin Ebenezer Warren, ✓
 Harcourt N.B. Canada. ✓ Relationship Father. ✓

Assigned Pay Monthly \$ Payable to

Relationship

Discrepancy

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. 7556
 File R.L.
 Category *O.R. Can.*

Discharge, Date and Place

Reason

Character

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.				
Arrived in England S.S. Tuscania, 6-10-16.					
7.10.16	I45 Bn	Trans. To 9 Res Bn	S'cliffe	7.10.16	Pt 3 231
7.10.16	9th Bn	Taken On Strength	S'cliffe	7.10.16	Pt 11 281
27.10.16		S.O.S. to 6 th C.M.R.	O'seaw	27.10.16	301
8.11.16	5 C.M.R.	<i>Taken on strength.</i>	Field	3.11.16	Pt II 057
7-1-18	-"-	attached to 3 rd L Div Aldershot	"	14-11-17	-11-2.
23-3-18	✓	S.O.S. to Can. Lab Pool	"	9-3-18	Do 27 What Pool Pt II 037/22 3/18
3-1-19	Gen. Capt	S.O.S. from C.L.P.	Pte Witley	21-12-18	Pt II 029 <i>Can Lab Pool Do 44 of 30/19</i>
26-2-19	Gen. Capt	S.O.S. to M.D. 1 R Coy	Pte Witley	25-2-19	Do 47

A.F.B. 106 CHECKED 14 NOV 1916

D.S.M.

Lab

832126

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.				
26/2/19	7th D. CW.	To S. pending ret Can. 16-B-7	PTC 25/2/19 K. Park.	25/2/19	- 57
13-3-19	" " "	S.O.S. to Canada.	Sailing K. Park. etc.	13/3/19	13-3-19 R.I.O. 72.

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

7.

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) WARREN. C.E.

REGIMENT GEN. DEPOT. RANK PTE. No. 832126

Date of Examination in England 16-2-19. 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
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

Signature of Dental Officer *C. Warren*

INSTRUCTIONS TO
RECEIVING OFFICER

WARKEN, C.E.
GEN. DEPOT

1918

WARKEN, C.E.
GEN. DEPOT

WARKEN, C.E.
GEN. DEPOT

WARKEN, C.E.

- () In Office
- () In Transit
- () In Storage
- () In Warehouse
- () In Depot

- () In Office
- () In Transit
- () In Storage

WARKEN, C.E.

53 B.

ANALYSIS REPORT
(For Board)

No. 832126
Name: Harman B. B.

Rank: Pte.
Unit: D 12 Y

Specific Gravity

Reaction

Alcohols

Aldehydes

Microscopic

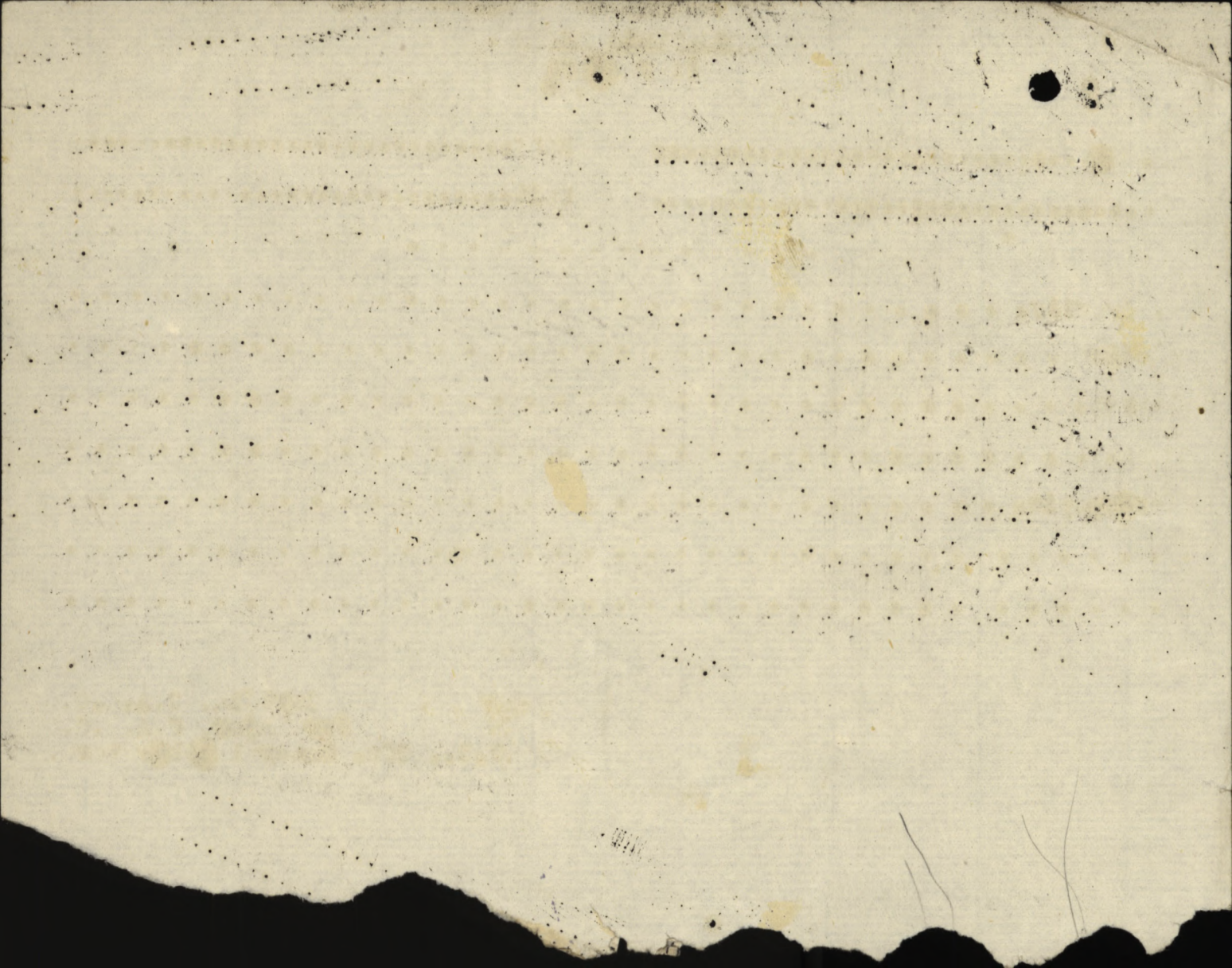
.

.

1070
acid
nil
nil



Captain, C.I.M.C.
for Major, C.A. .C.
C.C., Gen. General Laboratory.



ORIGINAL

832126

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Warren

Christian Name Charles Erastus

Examined { on 14 day of Jan, 1916
at Moncton N.B.

Approved by E. Stevens

Birthplace { City or Town Harcourt,
County N.B.

Rank Major M.O.

Apparent age 28 years

Trade or occupation Farmer

Height 5 Feet 8 1/2 Inches. M.O.

Weight 150 Lbs. M.O.

Chest measurement { Minimum 33 inches. M.O.

{ Maximum expansion 37 inches. M.O.

Physical development Good M.O.

Small-Pox Marks None M.O.

Vaccination Marks { Arm Right Left
Number None

When Vaccinated last.....

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

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

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>16.9.16</u>	<u>MAO</u>	M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17/2/16</u>	<u>E.O.S.</u>	M.O.
<u>27/10/16</u>		M.O.
<u>6-7-16</u>	<u>MAO</u>	M.O.

Enlisted on 28 day of Dec 1916 at Moncton N.B.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>14th Bn P.W.</u>	<u>832-126</u>		<u>Canada</u>
Transferred to.....	<u>9th Res Bn</u>			<u>7-10-16</u>
	<u>5th M.R.O. Co</u>			<u>27-10-16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-316

To Whom *Geo. D. Warren,*
 Address *Harcourt,*
N. B.

By Whom Assigned *Warren, Chas. E.*
 Regtl. No. *832126-*
 Rank *Pte*
 Corps *145th Bn.*

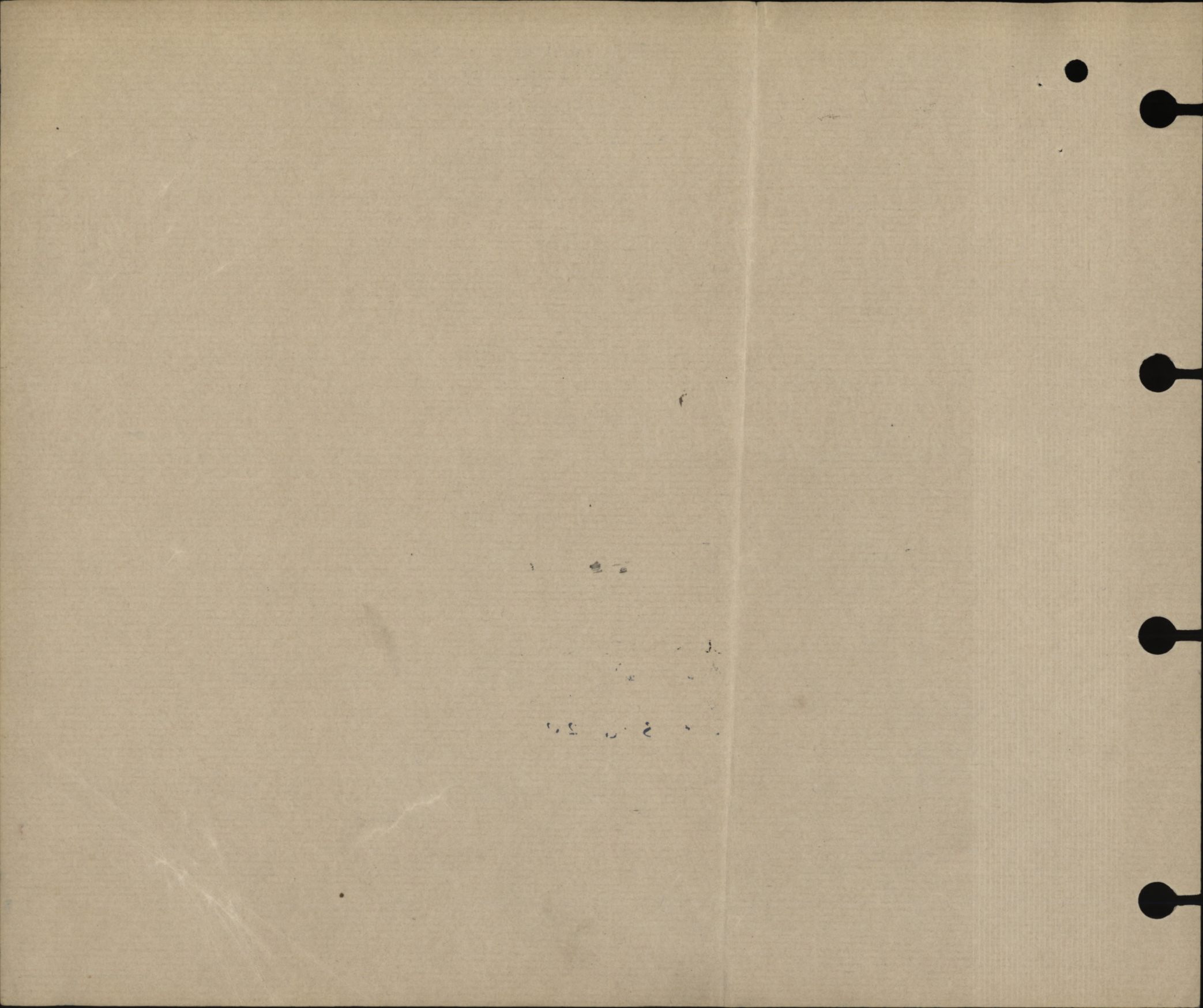
Rate *\$20.00*

OCT 1 - 1916

PAYMENTS

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				





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2. Geo. H. Warren
 (Assignee)

Name of Soldier Warren, Chas. E.

L. L. Job 5470-Req. 6888.

PAYMENTS.

\$32126 - Pte - 145th - Bn.

\$20.00

Remarks OCT 1 - 1916

Month.	Year.	Cheque No.	Amt.	Remarks
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		322232	20	
Nov.		33299	20	
Dec.		37001	20	
Jan.	1917	39399	20	
Feb.		48216	20	
March		53643	20	
April		6157	20	20 (initials)
May		71254	20	
June		19786	20	20
July		25451	20	
Aug.		32989	20	
Sept.		42036	20	
Oct.		49315	20	
Nov.		53954	20	
Dec.		63847	20	
Jan.	1918			2000 (initials)
Feb.				
March				
April				
May				
June				
July				

CB-

7

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- WARREN bhad &
EFFECTIVE DATE:- 1-10-16		EFFECTIVE DATE:-		NUMBER:- 832126
AMOUNT:- 420.00		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT

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.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Geo Warren Father Harcourt NB Canada				Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1454 Pm

DATE ACCOUNT FIRST OPENED:- 1-10-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'D	UNIT TRANSFERRED TO
B.037. 23/3/18	1/4/18	25/4/18	56mR
nr.	1.8.18	20.8.18	Lab Pool
			Sequall R

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
24/7/18	1681	Witley	49.67				
18/1/19	1575	L2	9.73				
28/1/19	17718	L1	4.87				
9/2/19	19810	L2	9.73				
			73.00				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE

PARTICULARS OF RENDERING NON-EFFECTIVE *Trans to Can Off 1/19 Ref No 2955. 12/1/19. Witley to Witley 13/1/19 MDY. C Bal 1094*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918									44.22		
md. 31	Balance Forward								44.22		
APR	PP	33		AP				20	57.22		
				AR 111 142 Tram Corp 15/4/18	3.57				53.65		
				" 411 5rd Sig Co 22.4.18	4.46				49.19		
		33			8.03			20			
May	PP	34.10		cap.				20	63.29		
				DNAR 211 142 Tram Co 15/5/18	3.57				59.72		
		34.10			3.57			20			
JUN 1918	PP	33		cap				20	72.72		
				DNAR 409 AC Auchy 15.5/18	4.46				68.26		
				" " 1181 3rd Sig Co 6/6/18	4.46				63.80		
				" " 1477 " 18/6/18	3.57				60.23		
		33			12.49			20			
July	PP	34.10		cap				20	71.33		
				DNAR 1762 3rd Sig Co 5/7/18	3.57				40.76		
				" " 2044 " 15/7/18	3.57				67.19		
		34.10			7.14			20			
AUG	PP	34.10		cap				20			
				DNAR 2375 23/8/18 3rd Sig	8.03				73.26		
		34.10			8.03			20			
SEP	✓	33		cap.				20	86.26		
				DNAR 2585 19/18	3.57				82.69		
		33			3.57			20			
Oct	✓	34.10		cap.				20	96.79		
				DN. AR. 6393 15/10/18 Lt. Leb.	9.33				87.46		
		34.10			9.33			20			

Compiled by Palmer

MONTH	NUMBER	RANK	NAME	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct											87.46		
Nov	50		lean	33-						20	178.66		
Dec			lean	34.10						20			
Jan			17 ¹¹ / ₁₈ 3 AS Co	34.10		1306							
			lean							20			
			4435 3 67 by boy 2 ¹¹ / ₁₈			3 73							
			7728 400 17 ¹¹ / ₁₈			466					107.21		
				101.20			21.45			60			
Feb			lean	30.80						20	118.01		
			CP 93541 28 ¹⁴ / ₁₈			34.07					83.94		
			AW 615751 15-1-19 Eng 20			9.73					75		
			19810 10-2-19 6.50			9.73					10.96		
			17718 28-1-19 -			4.87							
			3681 24-12-18 -			48.67							
			2199 7 ³ / ₁₉ Endorsed. Phyl.			4.87					607		
				30.80			111.94			20			

*S. O. Canada 13³/₁₄
 Lt. 16. C.S.O.*

Perforated sheet for Will from Pay Book of Reg.

No. 832126Name Charles E. WarrenUnit 5. C. M. R.**Military Will**

In event of my death
I give all my property
and effects to my Brother
George D. Warren
Harcourt Kent Co N.B.
Canada

Signature Charles E. WarrenRank and Regt. 5. C. M. R.Date Nov 15. 1916.

U.S.B
Class A

Casualty Form—Active Service.

C.F. Warren

Blm

Regiment or Corps 145+h. Battalion C E F

Regimental No. 32126 Rank Private Name Warren Chia Craster

Enlisted (a) 15/1/16 Terms of Service (a) D of W Service reckons from (a) 15/1/16

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

Extended _____ Re-engaged _____ Qualification (b) Civil Farmer

CERTIFIED CORRECT.
 15 NOV 1916
 GAIN RECORDS, LONDON

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				
Religion.	<u>Presby</u>	Age on enlistment.	<u>28</u>		<u>Embarked Hfx.N.S. 26-9-16.</u>
<u>7-10-16.</u>	<u>O.C. 145+h.Bn.</u>	<u>Trans. to 9th. Res. Bn.</u>	<u>St. Martin Plains, Kent.</u>	<u>7-10-16.</u>	<u>Pt. 11. O. 231.</u>
<u>7.10.16</u>	<u>O.B. 145th Bn.</u>	<u>Taken on strength 9th Res Bn</u>	<u>St. Martin Plains</u>	<u>7.10.16</u>	<u>Part II O. 281</u>
<u>27-10-16.</u>	<u>O.C. 9th Bn.</u>	<u>Transf'd to 5th C.M.R.O. sea</u>	<u>St. Martin Plains</u>	<u>27-10-16</u>	<u>Part II O. 291</u>
<u>O. C. C. B. D.</u>		<u>Landed in France. Taken on strength 5th Cdn. Bn.</u>			<u>Nom. Roll d/ 3/1/16</u>
<u>— do. —</u>		<u>Left for Unit</u>			<u>Pt II O. 57 d/ 8/1/16</u>
<u>C. C. Bn.</u>		<u>Arrived do</u>			<u>Filed 19/1/16 Nom. Roll d/ 19/1/16</u>
<u>31-3-17.</u>	<u>Unit</u>	<u>On Command Traffic Control.</u>			<u>do 22/1/16 B213 d/ 28/1/16</u>
<u>13. 10. 17</u>		<u>Freignier Unit.</u>			<u>Filed 31-3-17. B213. Dtd 223 15/4/17.</u>
					<u>8. 10. 17 73213</u>

[Signature]
 ADJUTANT, 9TH RES. BATTN. 9.22

(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.

832126 WARREN, C. F.

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				
25/1/14	10213 P.O. 2nd	Nin. Attached 3rd Ait Hdqts as Promoted traffic control		14/1/14	10213 P.O. 2nd
1/3/14	D.O. 4	Classified P.O. and transferred to 1st Air Labor Pool traffic control 3rd		9/3/18	K.O. 25406 P.O. 2nd Order No 27 1918
9 ³ / ₁₈	D.O. 4	1st Air Labor Pool	Fused	10 ³ / ₁₈	" P.O. 837 d. 22 1918
14 ⁹ / ₁₈	H.Q. 3rd Div	Att'd. A.P. M.		25 ³ / ₁₈	B 213
Records London		Transfd. to England & posted to Cdn. General Depot Witley		20.12.18	NR. P.O. 4 ¹ / ₄ 30 ⁶ / ₁₉
					Cap. Hewitt Capt. for Lt. Col. 10 CRO. Name

W. S. B. **CLASS A**
SHORT FORM
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

CLASS A
WAR SERVICE BADGE
23.2833. Issued
14.797

H

1. No. 802126 Category. B1

2. Rank. Pvt

3. Name. WARREN Erastus

4. Unit. 140 BN Co. 1

5. Date of Discharge 23-3-19 Place St John N.B.

6. Reason for Discharge Demob.

Service in France 20
12

Next of Kin. Father

7. Authority. RC-1420 (a)

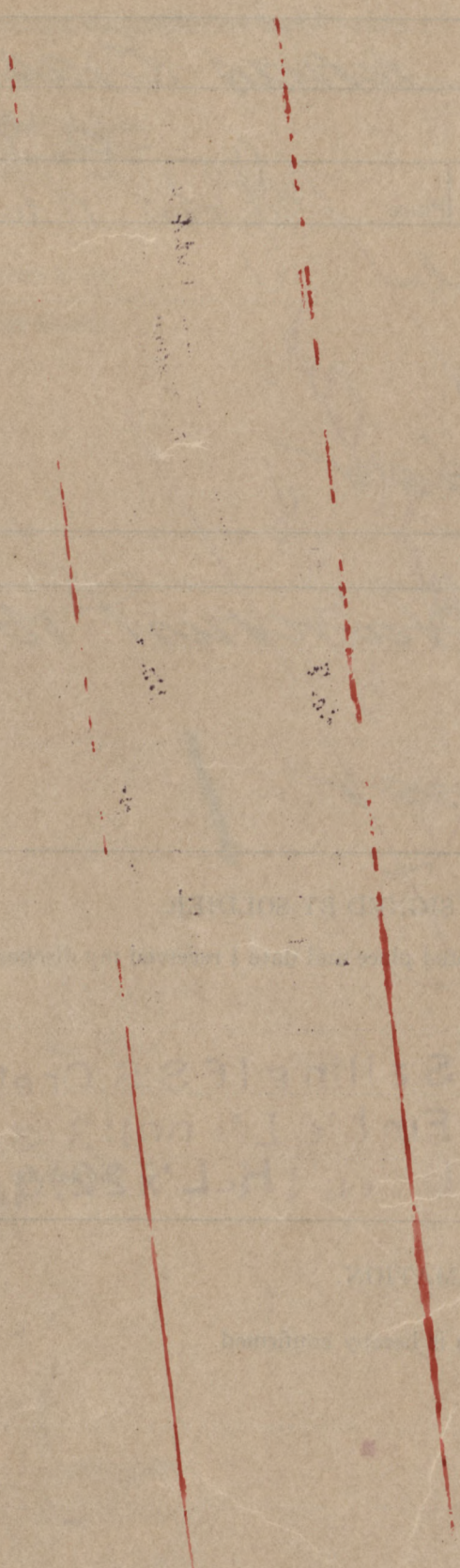
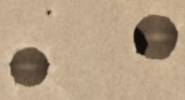
8. Proposed Residence after Discharge. Stewart St. St. John N.B.

Occupation. Farmer

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. ? 39
6/4/19
W. B. Warren
Sailing 16 S.S. Cretic
Emb'd London 13/3/19
W. B. Warren Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Dispersal Station
Place. District Depot #7
Date. MAR 25 1919
ST. JOHN, N. B.

Medical Documents Forwarded to S. C. R. or B. P. C.
ON 23.4.19
W. B. Warren Signature.
DISPERSAL STATION (O.C. Discharging Unit.)
O. C. DISTRICT DEPOT #7



Handwritten text, possibly a signature or name, written vertically in the center of the page.

92-11-A

LIST OF DISBURSED MONIES

No.	Date	Particulars	Amount
1	1870
2	1870
3	1870
4	1870
5	1870
6	1870
7	1870
8	1870
9	1870
10	1870
11	1870
12	1870
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95	1870
96	1870
97	1870
98	1870
99	1870
100	1870

Handwritten scribble or signature.

Small text at the bottom right, possibly a date or reference number.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (230M)).
9. Certificate of Discharge (M.F.W. 22a).
10. Personal Certificate (C.D.S.).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Receipt.
12. Last Pay Certificate (P. 651).
13. Pay Book (A-1, 64).
14. War Service Gratuity (Form M.F.W. 2535).
15. Sundry Documents.

Group A
 Checked by No. 25
 Date 12/3/16

No documents available

PART I.

A.F.S. 177 Canada (Revised 1918)

100a. 1611/18 D.495

Reserved for M.H.C.

Regt. No. 832126 Rank PTE Surname WARREN Christian Name CHARLES E.
 Unit or Corps—(a) Overseas from United Kingdom 145 Bn. Snowbirds (b) in United Kingdom Can. Inf. Coy. 12th
 Born at—Town Harscourt County or Province N.B. Country Canada
 Date of Birth—Day 25 Month July Year 1888 Age 30 yrs. 5 months
 Joined at Moncton N.B. Date 28 Dec. 1915
 Former trade or occupation Farmer
 Permanent Marks or any peculiarity that will serve for future identification —

Height—Feet 5 inches 7 1/2 Colour of eyes Grey Weight 140 lbs.
 Signature of Soldier (for identification purposes) C. E. Warren

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)
 Disabilities Group (b)
 Disabilities Group (c)

Burn on Rt foot head of tanner metal nail
Burn on Rt. Ft. foot at base of small toes

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Bad-fitting shoes.</u>	<u>Canada - unknown.</u>
(ii.) As to Group (b) above.		
(iii.) As to Group (c) above.		

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i.) As to Group (a) above? yes If yes, has Active Service aggravated it? yes
 (ii.) As to Group (b) above? If yes, has Active Service aggravated it?
 (iii.) As to Group (c) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service?

(i.) As to Group (a) above? no
 (ii.) As to Group (b) above?
 (iii.) As to Group (c) above?

5. MEDICAL HISTORY. Present condition started a couple years previous to enlistment. It first only had slight pain and did not interfere with his work as former. He trained in Canada for 9 months then came to England. His feet started to give him trouble two weeks after arrival. Sent to France. He carried on with B-1 for 6 months. Frequently laid up for several days on account of his feet. Figs. would also be very painful (aching). April 1917. He could carry on no longer with footlocker so he was sent to Div. traffic control. He was employed at post duty directing traffic till Dec 6 1918. Class. "B-1" Dec 9-2-18

6. PRESENT CONDITION. Objective signs: Slight enlargement of heads of both outer metatarsal bones of feet. Slight enlargement of head of inner metatarsal of R. foot. Appearance healthy. Good physique. Patient's statements: Walking further than two miles at a stretch would cause great pain of humors. Pain also extends to whole of the feet & legs. Pain on the feet on carrying heavy weights. Detache for several days after a long march. He can do a four days work providing there is not much walking to do. Urine analyses were normal. Respiratory Gastro-intestinal & Nervous Systems normal.

7. OPERATION. (i) Was one performed? *no* (ii) If so, state what. *no*
(iii) Was one advised and declined? *no*

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i) Is there loss or decay of teeth attributable to Active Service? *no*
(ii) If so, describe. *no*

9. DO YOU RECOMMEND:—
(a) Fit for duty? *yes* (state category) *B-1*
(b) Invalid to Canada? *no*
(c) Discharge from the Service as permanently unfit? *no*

Date of Report *15-12* 191*8* Station *Can Base Dep. Etaples*
Signed *R. Bowen Capt* Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report and concur therein "except" *Not us Dr. J.* (Officer if Hospital) Strike out one (S.M.O. Brigade) of these

Dated at Station, on 191.....
*Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)?
If not, describe it.

yes

11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it.

yes

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier { Caused? no
Aggravated? no

(b) Misconduct of the Soldier { Caused? no
Aggravated? no

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

none

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)

What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

none

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent?

N.A.

(ii.) If not permanent, what is its probable minimum duration (in months)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

N.A.

17. Can the former trade or occupation be resumed?

yes.

18. REMARKS:—

The Board considers that this man would be quite fit, when provided with properly fitting boots.

19. RECOMMENDATION:—

(a) Fit for duty?
(state category)

yes - A.

(b) Invalid to Canada?

no

(c) Discharge from Service
as permanently unfit?

no

Date of Board

15-12-18

Signatures
of
the Board

H. W. [unclear] Major
President.
G. A. [unclear] Major

Station

Can Gren Base
Etaples

Approved

A.D.M.S.

Dated at

Station

191

Reserved for M.H.C.

Regt. No. *8371* Rank *Pte* Surname *Warren* Christian Name *Charles E*
 145 Bn *Can Div*
 Unit or Corps (a) Overseas from United Kingdom *9th Bn. C. Co. 676* in United Kingdom *Can Gen Depot Canada*
 Born at—Town *Harcourt* County or Province *N. B.* Country *Canada*
 Date of Birth—Day *25* Month *July* Year *1888* Age *30* yrs. *5* months.
 Joined at *Moncton N. B.* Date *28 Dec 1915*
 Former trade or occupation *Farmer*

Permanent Marks or any peculiarity that will serve for future identification—

Nil.

Height—feet *5* inches *7 1/2* Colour of eyes *Green* Weight *140 lbs*

Signature of Soldier (for identification purposes) *C. E. Warren*

Medical Report

Read carefully the instructions on last page of this form.

DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a) *Bruison Right foot lat Base of 2nd met. toe*
Bruison Right foot Head of 1st met. toe
 Disabilities Group (b)
 Disabilities Group (c)

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<i>Bad fitting shoes. Canada unknown</i>	
(ii.) As to Group (b) above.		
(iii.) As to Group (c) above.		

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i.) As to Group (a) above? *Yes* If yes, has Active Service aggravated it? *Yes*
 (ii.) As to Group (b) above? If yes, has Active Service aggravated it?
 (iii.) As to Group (c) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service?

(i.) As to Group (a) above? *No*
 (ii.) As to Group (b) above?
 (iii.) As to Group (c) above?

5. MEDICAL HISTORY. Present condition started a couple years previous to enlistment at first only had slight pain and did not interfere with his work as farmer. He traveled in Canada for 9 mos then come to England His feet started to give him trouble two weeks after arrival. Went to France He carried on with work in France for 5 mos, he was frequently laid up for several days on account of his feet legs would also be very painful. (aching) April 1st 1917 He could carry on no longer with Battalion Co he was sent to Dev. Traffic Base Hospital. He was employed at post duty dressing traffic till Dec 5th 1918 class "B" Date 9-7-18

6. PRESENT CONDITION. Observe signs. Slight enlargement of heads of back. Inter Metatarsal bones of feet. Slight enlargement of head of tibia Metatarsal. of Rt foot. Appearance healthy of good physique. Patient's statements. Walking further than two miles at a stretch would cause great pain. of tibia. pain also extends to whole of the feet legs. Pain in the feet on carrying heavy weights. Feet ache for several days after a long march. He can do a four days walk. proceeding there is not much walking to do. Urine. An analysis of urine normal. Cardiac, Respiratory, Gastrointestinal & Nervous Systems Normal.

7. OPERATION. (i.) Was one performed? No. (ii.) If so, state what. No (iii.) Was one advised and declined? No

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? No (ii.) If so, describe. No

9. DO YOU RECOMMEND:— (a) Fit for duty? Yes. (state category) B, (b) Invalid to Canada? No (c) Discharge from the Service as permanently unfit? No.

Date of Report 15-12-1918 Station Camp Base Coy, Staples. Signed R. J. [Signature] Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in Hospital. (Officer i/c Hospital) Strike out one of these (S.M.O. Brigade) of these

Dated at Station, on 1918 *Delete if inapplicable.

3

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? *Yes*
If not, describe it.
-
11. Is the cause of the disability fully described in Part I. (2)? *Yes*
If not, describe it.
-
12. From the medical information now adduced, was the disability caused or aggravated by:—
- | | | | | | | | |
|--|-------------------------------|---|-----------------------|--|-------------------------------|---|-----------------------|
| | (a) Negligence of the Soldier | { | Caused? <i>no</i> | | (b) Misconduct of the Soldier | { | Caused? <i>no</i> |
| | | | Aggravated? <i>no</i> | | | | Aggravated? <i>no</i> |
-
13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) *no*
-
14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) *none*
-
15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? *N.A.*
(ii.) If not permanent, what is its probable minimum duration (in months)?
-
16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *N.A.*
-
17. Can the former trade or occupation be resumed? *Yes*

18. REMARKS:—

The Board considers that this man would be quite fit when provided with properly fitting boots.

*A.S.**9083**11-11-18*

19. RECOMMENDATION:—

(a) Fit for duty? *Yes*
(state category) *A*(b) Invalid to Canada? *no*(c) Discharge from Service as permanently unfit? *no*Date of Board *15/12/18*Signatures
of
the Board

H. J. Williamson, Major, President.
G. A. Platt, Major

Station *Can. Gen. Hosp. Etaples*

Approved

A.D.M.S.

Dated at

Station

191

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Oct. 1, 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

2229 *20*

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W

*624 all 3
DR*

PARTICULARS OF SEPARATION ALLOWANCE

No. *832126*

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *Chas. E. Warren*

Battalion *145 Batta*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Geo D. Warren*

Address *94 Arcourt, N.B.*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31</i>	<i>✓</i>		<i>300</i>	<i>300</i>	
<i>Jan</i>	<i>1402</i>		<i>20</i>	<i>20</i>	<i>R</i>
<i>Feb</i>	<i>73135</i>		<i>20</i>	<i>20</i>	<i>H</i>
<i>Mar</i>	<i>W 95937</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>April</i>	<i>W 12074</i>		<i>20</i>	<i>20</i>	<i>L</i>
<i>May</i>	<i>W 17841</i>		<i>20</i>	<i>20</i>	<i>W</i>
<i>June</i>	<i>R 25715</i>		<i>20</i>	<i>20</i>	<i>LW</i>
<i>July</i>	<i>B 21008</i>		<i>20</i>	<i>20</i>	
<i>Aug</i>	<i>8 35119</i>		<i>20</i>	<i>20</i>	
<i>Sept</i>	<i>V 45343</i>		<i>20</i>	<i>20</i>	
<i>Oct</i>	<i>K 49170</i>		<i>20</i>	<i>20</i>	<i>T</i>
<i>Nov</i>	<i>O 60738</i>		<i>20</i>	<i>20</i>	
<i>Dec</i>	<i>W 63339</i>		<i>20</i>	<i>20</i>	
<i>Jan</i>	<i>N 72042</i>		<i>20</i>	<i>20</i>	
<i>Feb</i>	<i>V 77316</i>		<i>20</i>	<i>20</i>	
<i>Mar</i>	<i>N 87453</i>		<i>20</i>	<i>20</i>	
			<i>600.00</i>	<i>600.00</i>	

018522-6-17

M. F. W. 128.
40M.-6-17-172-39-1161
L. L. 2320-M. & D. 7893.

.....A/c Closed *31-3-19*

Ret'd per *6 retic*

Date *22/3/19 by J.H. M.S. 7*

.....Clerk *Amos E. Lawrence*

Destroy M.O. 66231 and 28/3/19 OK W. R. W.



Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *100*
Rank *Sgt* Promoted *to* Reverted *to* Discharge *to*
Soldier's Name *J. J. ...*
Battalion *...*
Beneficiary
Relationship
Address

Name
Address
Change of Address
1
2
3
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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Handwritten mark

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION..... **Witley** DATE..... **11-2-19**

1. 1 (a) Unit..... **Gen. Depot.** (b) Regimental No..... **832126** (c) Rank..... **Pte**
 (d) Surname..... **Warren** (e) Christian name..... **Charles.**
 (f) Home address..... **Harcourt. N. B.**
 (g) Next of Kin..... **Ebenezer Warren.** (h) Relationship..... **Father.**
 (i) Address of Next of Kin..... **Same.**

2. Age last birthday..... **30** Date of birth..... **25-7-1880**

3. Enlistment, or Appointment (if an Officer) (a) Place..... **Moncton. N. B.** (b) Date..... **28-12-15**

4. Personal description:
 (a) Height..... **5---9** (b) Weight..... **140** (c) Complexion..... **Medium**
(stripped)
 (d) Colour of hair..... **Dark** (e) Colour of eyes..... **Grey.** (f) Identification marks, Scars, etc.

5. Former trade or occupation..... **Farmer.**

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	

	PERIODS	
	From	To
Canada	15-9-16	24-9-16
England.....	4-11-16	15-12-19
France or other theatres of War.....	16-12-19	

7. Original disease, or injury..... **Chr. Arthritis Metatarso-phalangeal Joints Both Feet.**

(a) Date of origin..... **Not known.** (b) Place of origin..... **Canada.**
 (c) Cause..... **Occupational conditions.**

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Moderate weakness both feet.

Chr. Arthritis Metatarso-phalangeal joints 1st & 5th of both feet.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

The first and fifth metatarso-phalangeal joints of both feet are painful to pressure. Bony enlargement of joint with some swelling of soft tissues and slight inflammation. There are callosities and scars of sores at points of pressure. Great toes are in normal alignment. Joints are freely moveable.

Complains of pain in joints of toes when walking any distance and of inability to obtain comfortable boots. He states that feet swell at heads of metatarsals after walking any distance.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... No Cardio-Vascular System..... No Genito-Urinary System..... No
Special Senses..... No Respiratory System..... No Integumentary System..... No
Disturbances of Mentality..... No Digestive System..... No Muscular System..... No
Osseous and Joint Systems..... No Any other general condition..... No
Urinalysis 1020 acid, Sug. & Alb. Nil.

10 (a) History (of the condition referred to in Section 9 (a).)

Man states there was enlargement of bony part of joints in civil life but does not know when and how condition originated. They gave him no trouble before enlistment on account of being able to obtain suitable boots. He began to be troubled as soon as he began to take long marches in issue boots.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

No.

(c) (Here give a description of wounds, scars and deformities.)

Linear depressed scar left great toe caused by axe cut in civil life.

11.—(a) Did the disabling condition have its origin before enlistment? Yes.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Yes. From pressure Army boots on long marches.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? No.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? six months.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Was in bed under treatment in France for 45 days in Dec. & Jan. 1916 and 1917. and was boarded B.I. for feet in Feb. 1917. (mans statement)

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

No

16. Can the former trade or occupation be resumed? Yes. (If not, briefly state why)

17. Recommendations

J. Walmsley. Capt. C.A.M.C. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned 832126 Pte. Warren C.E. have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

C.E. Warren. Pte. Rank. Signature of invalid examined. W.J.G.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes.

19. Is the invalid fit for

- (a) General service, (Category A) ~~(Yes or No.)~~
- (b) Service abroad, not general service, (" B) ~~(Yes or No.)~~ Yes. B.1.
- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Boarded for return to Canada. Auth. A.G.L. 9083 of 11-11-18.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

N. J. Barton. Major. C.A.M.C. President.

PLACE Witley

W. J. Grant. Capt. C.A.M.C. Members

DATE 12-2-19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed..... Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

..... President

PLACE..... Members

DATE.....

APPROVED BY [Signature] Assistant Director of Medical Services

APPROVED BY Director-General of Medical Services.

DATE.....

DATE.....

For A.D.M.S. CANADIAN TROOPS. WITLEY



M. D. No. 7

Harcourt, Kent Co., N. B.

AUDITOR: *[Signature]* PAYMASTER: *[Signature]*

M. OR S.

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

REGT. NO. *832126* RANK *Pte.* NAME (IN FULL) *Warren, Charles Erastus.*
ORIGINAL UNIT C.E.F. *145th Bn.* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
ADDRESS								
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE		
ADDRESS								
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE		
					DISCHARGED	PLACE DATE	REASON	AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	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					
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2		COL. NO. 3	\$		C.	\$	C.	\$		C.	\$	C.		
Feb.																										
Mar.	28	110	30 80	35 00	70 00	6 07	6 07																	Crete 22-3-19 ✓ Cr. Bal. Eng. T. P. 2 P-2-19 ✓ Cr. Alloc. 1st P.W. S. G. ✓ Ar pd by Ottawa ✓		
							WAR SERVICE GRATUITY.																			

