DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name BROWN. PERCY

Regt. No. 2498052 Rank Pte.

Corps Y. & S. Foresters 2 D.D.

Demobilization

45184

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....2.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....1.....

Compulsory Stoppages.....

Casualty Forms.....1.....

Proceedings on discharge.....1.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....1.....

Medical Report for Invalids.....

Medical History Sheet.....2.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....1.....

Form. 2 D.D. 10 - 1

A.F.B. 122 - 1

I.S.C. Form 132 - 1

M.F.W. 192 - 1

M.F.W. 129 - 1

A.F.B. 179 - 1

P.W.B. Env - 4

Dental Certy - 1

Dental History Sheet - 1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

9 - 25

20 - 25

17 - 26

ORIGINAL

Canadian.

2.

ATTESTATION PAPER.

Y & S Foresters Construction.

No. 2498052

Folio. 96 2498052

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	BROWN,
1a. What are your Christian names?	Percy
1b. What is your present address?	Robert Street, Mimico, Ontario
2. In what Town, Township or Parish, and in what Country were you born?	Kingston, Ontario
3. What is the name of your next-of kin?	Bertha Alice Brown,
4. What is the address of your next-of-kin?	Robert Street, Mimico, Ontario
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	August 30th., 1892
6. What is your Trade or Calling?	Motorman
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? (If so, state particulars of former Service.)	naval or R.N., No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16. If so, what was the reason?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Percy Brown, 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.

A. Percy Brown (Signature of Recruit)

Date July 26th, 1917 191 . (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Percy Brown, 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.

Percy Brown (Signature of Recruit)

Date July 26th, 1917 191 . (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 this 26th day of July 1917 191 .

(Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Percy Brown on Enlistment.

Apparent Age 24 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5 ft 3¾ ins.
Chest measurement.	Girth when fully expanded.	35 ins.
	Range of expansion	4 ins.
Complexion		fair
Eyes		blue
Hair		light brown
Religious denominations.	Church of England	
	Presbyterian	
	Methodist	Meth
	Baptist or Congregationalist	
	Roman Catholic	
	Jewish	
	Other denominations (Denomination to be stated.)	

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

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

Scar left side

Scar right leg

Both eyes D.20, Hearing good,
Nose & throat O.K.

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.

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE

Date July 26th, 1917 191 .

Place Toronto Canada

Dr Boddington Lt M.O.
PRESIDENT
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.

Percy Brown 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.

Date 26th July 191 7. Capt. (Signature of Officer)

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2498052 (Rank) Pte.

Name (in full) BROWN Percy enlisted in

the York & Simcoe Foresters

CANADIAN EXPEDITIONARY FORCE at Toronto. Ont. on the 26th.

day of July 19 17

HE served in England ;;;;;;;;;;;;

and is now discharged from the service by reason of Demobilization

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

Age 25

Height 5'8½"

Complexion Fair

Eyes Blue

Hair Light Brown

Marks or Scars

Vacc. scars on left arm.

P Brown

Signature of Soldier

W T Joselliffe Capt

Issuing Officer

For

O.C. No. 2 District Depot.

Rank

Appointment

Date of Discharge Jan. 10th.1919

Signed at Toronto Ont. this 10th. day of January 19 19

in Military District No. 2. No. 2 JAN 10 1919 DISTRICT DEPOT

File Reference No. JB.

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

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 not to be worn after date of discharge unless written authority has been granted by the G. O. C. of district.

P.878. Extract from Sailing List No. 94 Unit:- CFC

CANADA SECTION

Reg. No.	Rank	Name	Sailed for Canada, Military District No. 2	Acted on Ledger Ck.
249852	PTE	BROWN P	7/2/18	

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. ~~249805~~ 249805-2 Rank Pte Surname BROWN. C II

(Given name in full) PERCY

Unit or Corps ~~4~~ D. Depot Birthplace Kingston Ont

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

1. GENERAL DESCRIPTION:

Physique Good Weight 130 lbs. Height 5 ft. 3 1/4 in. Colour of Eyes Blue.

Nutrition Good

Pulse 100

Condition of arteries normal

Vision Rt. 20 Left 20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

Mole mark L. arm. Scar inner side L. knee cap. Scar 1905 on outer side of Rt. Buttock. 1915

Opinion as to general health and physical condition Good. work except as below Hernia

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 absence of Sugar and albumen No. Cardio-Vascular System Yes.

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.

There is a slight - mitral systolic Heart murmur not transmitted and no Heart enlargement, with increased Pulse rate. This condition has existed since childhood Disability not due to nor aggravated by service no service disability -
No Piles. No Hernias, no varicose veins. No varicocele.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

Date ..... Signed .....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 .....

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

THIS SECTION FOR USE IN CANADA—

Examined at 4th Camp Toronto (Canada)

Date Jan 4th 1919. Signed John J Gee Capt 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 Percy Brown

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

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

APPROVED
6/1/19
T C Routley
..... Capt.
For A.D.M.S., M.D. 3

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 2498032 Rank Pte Name Alice B. Brown

No. 2 District Depot.

Corps ..... who was* DISCHARGED

On January 10 1919, to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Dec 1 1918 to Jan 10 1919, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month	4 3	6 9	Balance Cr. from prev. month	1 2	8 0
Advances by Cheques No.			Regt'l. Pay 41 days at $ 1 c.	4 1	—
Advances by Cheques No.			Field Allow. 41 days at $ c. 10	4	1 0
Assigned Pay ~~and Sep'n Allce.~~ No. 14632	9	7 0	Separation Allowance* (Monthly)	9	7 0
Other charges			Other Allowances*		
Payment on transfer or discharge No. 14631	4 9	2 1	Other Credits* Clothing	3 5	—
Bal. Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	10 2	6 0	Total	10 2	6 0

*Give particulars.

A monthly stoppage of $ $1.8 (†) has ..... (‡) been paid paid on account of Assigned Pay for the month of December 1918. and Sep'n Allce. for month of January 1919. (to) Assignee. Mrs. Alice B. Brown

(Address) Robert St Nimico 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.

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

REMARKS:—

State (1) date of enlistment .....

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

(3) cause of discharge ..... authority Dot 7

(4) authority for transfer .....

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

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

Date JAN 8 1919

Place TORONTO, ONT.

A. Malcolm Coe Rlmn CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT
Paymaster.

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

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

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

M. F. W. 44

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

DUPLICATE
2498052

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.

---

(1) Name of Overseas Unit which Soldier joins YORK & SIMCOE FORESTERS C. E. F.

(2) Regimental Number

(3) Full Name of Soldier Brown, Percy

(4) Place of Birt Kingston, Eng.

(5) Are you married, or not ? Yes

(6) If married, state,
(a) Full name of your wife Bertha Alice Brown

Mimico

(b) Present Postal Address Ont.

(7) Are you a widower ?

(8) Have you any children ? Three

If so, give number of boys and girls one boy, two girls

Also their names and ages. Annie Brown 2 yrs. 3 mos.
William " 1 yr. 2 ".
Alice " 0 3 "

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive Yes

If so, state name and address William Brown, Robert St. Mimico, Ont.

(10) Is your Mother alive ?

Yes

If so, state name and address

Christina Brown, same address

(11) If your Mother is a widow

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.

Yes

(15) Are you insured ?

Yes

If so, in what Company ?

Have you made arrangements for payment of your Insurance premium Yes

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

A. W. Wright

Officer Commanding.

Lieut.

Date 26th. July '17

ORIGINAL A2 2498052

MEDICAL HISTORY SHEET

Surname Brown *Christian Name* Percy

Examined { on 26 day of July 191 7
at Toronto

Birthplace { City or Town Kingston
County Ontario

Apparent age 24

Trade or occupation motorman

Height 5 feet 3¾ Inches

Weight 116¾ lbs.

Chest measurement { Minimum 31 inches
Maximum expansion 35 inches

Physical development good

Small-pox Marks ----

Vaccination Marks { Arm Right Left 1
Number 1

When Vaccinated last childhood

(*a*) Marks indicating congential peculiarities or previous disease ---

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

Both eyes D.20, Hearing good,
Nose & throat O.K.

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE

Approved by Dr Boddington Lt M.O.
PRESIDENT
Rank M.O.
Toronto Mobilization Centre

Date	Fit or Unfit	Examined for Re-Engagement	
8.9.17	a2	M M Baines	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
4-8-17		Aveg regory	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
4/8/17		Aveg Regory	M.O.
10/8/17			M.O.
24/8/17			M.O.

Enlisted on 26 *day of* July 1917 *191* *at* Toronto

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Y & S Forestr. Construction.	2498052		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Exhibition Camp	11.3.18	D. A. H.	B/T T.M. Creighton Lt R.A.M.C.
Exhibition Camp	14/11/18	DAH	Discharge J Adamson Captain
Exhibition Camp - Toronto	Jan 4th 1919	D.A.H. not-due & not aggravated by service	C.H. John J Lee Capt

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.

M. F. B. 313.
300M.—1-17.
H. Q. 1772-39-439.

Surname Brown Christian Name Percy

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Camp Borden	21	8	17	27	8	17	Tonsilitis	7	Cured	W. L. Graydon Capt

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 2

NAME OF SOLDIER Braun Percy RANK Pte

REGIMENT No 249805 2

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	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							

DISCHARGE EXAM.
EXHIBITION CAMP
DATE JAN 4 1919
CERTIFICATE ISSUED FOR

O. M. Canning Capt

M.F.B. 465.
200M—6-18.
1772-39-950.

Form D.M.S. 1394
5M-10-10-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Summerdale Mar. 27 1918.

No 249805 Rank Pte Name Brown P.

Local Unit C.F.C. Overseas Unit ..... Age 25

Examination held at Smiths Lawn -

DISABILITY. D.A.M.
Overseas-Local
(scratch one out).

PRESENT CONDITION.

General condition fair. Is poorly developed and at present slightly aenemic. Heart - mitral systolic murmur. On repeated examinations heart rate 100. No hypertrophy. Palpitation & precordial pain on exertion. Other systems normal.

BOARD RECOMMENDS:-

1. Fit for Duty ..... BT
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

Members J.M. Creighton Capt A.M.C. President.

J. Adamson Capt A.M.C.

.....

APPROVED

Dated 27 MAR 1918 191 . For A.D.M.S.

Major, D.A.M.C.
for A.D.M.S., Canadians, London Area.

PROCEEDINGS OF A MEDICAL BOARD.

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

M. F. W. 54. (A. F. [illegible] 19s.
500M.—9-16
H. Q. 1772-39-9-0.

2498052

Casualty Form—Active Service.

Unit, Regiment or Corps YORK & SIMCOE FORESTERS C. E. F.

Regimental No. ..... Rank Pte. Name [redacted] Brown, Percyval

C. E. F. Duration of War and six months thereafter

Enlisted (*a*) 26 July '17 Terms of Service (*a*) ..... Service reckons from (*a*) 26 July '17

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*) Carpenter

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 HALIFAX 5.9.17 DISEMBARKED LIVERPOOL 15.9.17			
17-9-17	O.C. C.F.C.	T.O.S. Base Depot, C.F.C. Sunningdale 15-9-17 Pt. 11. D.O. 122 W. M. B. Grant Capt Lt. & A/Adjt. C.F.C.			
17-11-17	O.C. C.F.C.	S.O.S. BASE DEPOT C,F.C. SUNNINGDALE 17.11.17 PT. II. DO. NO. 175 cont-176 on posting to 140 Coy C.F.C. r attached to BASE DEPOT C,F.C. SUNNINGDALE PT. II. DO. NO. for P.R.D. r Q. LT. & A/ADJ. C.F.C. LT. & A/ADJ. C.F.C. Capt. for a.c.			
3.5.18. 11-10-18.	Dist 53.	T.O.S. to 140 Coy from B.D. S.O.S. to 140 Coy. on posting to Base Depot	Eqham Thurrock	18/1/18 7-10-18	P.R.D. 19. P.T. II D.O. No 243 Posted to Dist 53. C.F.C.
10.10.18		T.O.S. Base Depot, C.F.C. Sunningdale 7/10/18 Pt. 11. D.O. 247 from 140 Co Dist 53.			

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
19 NOV 1918		Attached C.D.D. Buxton for return to Canada Part II Order No. 274 Ceases to be attached C.D.D. Buxton on embarkation for Canada. A.D. Paterson Lt. for Lt. Col. Commanding Canadian Discharge Depot.			
7.12.18 DEC 7 1918	O/S	Sailed for Canada T.O.S. No.2 District Depot, Part II, D.O. No. 250 A. Thurman Lieut. For O.C. No. 2 District Depot			
		DDis. No.2 D.D. Jan.10th.1919 Pt.11 #7 O. C. Discharge Sections. No. 2 District Depot			

C.A.D.C.5009.
20M-19-2-18.

2

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.

CANADIAN DISCHARGE DEPOT
NOV 18 1918

*Name L. BROWN, Percy Rank Pte Regtl. No 2498052

Fyle Depot

Original unit Present unit C.F.C. M. or S. Age 26 Religion Ref. H.Q.

Port, ship, and date of arrival Halifax Olympic 14-12-18.,

Next of kin Wife.Bertha Alice Brown Robert St.,Mimico,Ont.,

Address on leave same

Address on discharge same

Transportation issued Yes / No Date Character on discharge

Previous occupation Motorman Date and place of enlistment July 26th.1917 Toronto

Diagnosis Gen. Demobilization Date of Medical Boards 6-1-19

Date.	Remarks	Pt. 2 Order No.
~~T.O.S.~~ 7-12-18	Posted to Cas.Co.14-12-18. Ex.Camp	
	Leave from 19-12-18 to 3-1-19.,	
	Subs., " " "	250
10-1-19	S.O.S. DISCHARGED "DEMOBILIZATION"(91 days PDP.& clo'	all')7

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

E.M.H.

Number 249052 Rank Pte

Surname BROWN

Christian Name Percy

Unit C.F.C. Theatre of War England

Date of Service 15/9/17

Remarks

Latest Address Robert Street
Missisco Ont

Roll No. A Page H/5

NAME REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

No.	DATE
20990 Dem	

NATURE OF CASUALTY

M. F. W. 42—100 M.—8-18.
H.Q. 1772-39-893.

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Motorman RELIGION Methodist

DESCRIPTION.

APPARENT AGE 24. YEARS 11. MONTHS

HEIGHT 5- FEET 3 3/4 INCHES

CHEST MEASUREMENT 35- INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Blue HAIR Lt brown

DISTINGUISHING MARKS Scar L. side Scar R leg

MEDICAL EXAMINATION. PLACE Toronto. Ont. DATE July 26th 1917

Present Address. Robert St, Mimico Ont

CARD NO. 4

SURNAME. Brown

CHRISTIAN NAMES Percy

REGL. No. 2 4 9 8 0 5 2 RANK Pte

UNIT Rly Construction Forestry Coy. (M.D. No 2.)

FORMER CORPS Mil

2.
S.S. 10-1-19
FOLL
Demob.
Cush 30/8 4/1/19 DD #2

NEXT OF KIN.

NAMES IN FULL Brown. Mrs. Bertha Alice

RELATIONSHIP TO SOLDIER Wife

ADDRESS Robert St., Nemico. Ont

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Kingston Ont DATE Aug 30th 1892

PLACE OF ATTESTATION Toronto. Ont. DATE July 26th 1917

P/b. 14-12-18 232/62.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 17-2-39-330.

L. L. Job 23216—M. & D. 8049.

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.
15m.—6-17.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

WIFE

Name Alice B. Brown

Address Roberts St.,
Mimico Ont

Relation to Soldier
wife, child or mother Rate

18 00 SEP 1 1917

Name of Soldier Brown. P.

Regtl. No. 2498052

Rank Pte

Corps For. & Con. Dpt. M.D. 2

To what Corps belonging
when called out

17

PAYMENTS

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

CONSOLIDATED ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

WIFE

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2. Alice B. Brown
(Assignee)

Name of Soldier Brown, P.

2498052 Pte For. Con. Dft M.D.2

L. L. Job 19227—M. & D. 7814.

18.00 SEP 1 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		X 42758	18 00	
Oct.		E 48407	18 00	36.00
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

JSR

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.				

L. L. Job 23216—M. & D. 8049.

DIE. 26-7-17

MILITIA AND DEFENCE

M. F. W. 11.
15m.—6-17.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Bertha Alice Brown.

Address Robert Street
Mimico, Ont.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Broion Percy.

Regtl. No. 249805-2

Rank Pte

Corps Depot Forestry Units.

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED ACCOUNT

D16 26-7-17

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.–6-16.
1772—39—818.

Sheet No. 2. Bertha A. Brown, Wife. Name of Soldier Brown, Percy

Pte - 249805-2 - Depot Fortsby

L. L. Job 4503.–Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		X 17209	43	D
Oct.		R 23477	20	B 63.00 ✓
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.				

Form R 122.
2353—100M—9-12-16.

LTR

Rank | Name BROWN, Percy | Reg'l No. 2498052

Unit | If in perm. Corps / What Unit? | Married or Single Married

Camp Borden, For. Dft To. Base Depot
Camp Borden, For. Dft To. Base Depot

Place and Date of Enlistment Toronto. July 26th, 1917. | Place of Birth Kingston, Ontario.

Name and Address, Next-of-Kin Bertha Alice Brown
Robert Street Mimico, Ontario, Canada, | Relationship Wife.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No 3933
File R.L.
Category Can Mil

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	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.
		Arrived in England		15-9-17	S/S Megantic
17-9-17	BDCFC	T.O.S. from Canada	S/dale	15-9-17	AFII 0122
17.11.17	" "	S.O.S. to 53 Dist. Coy 140. + Abbt to B.D. C.F.C. for Pay & R. Dis. Pte.	"	17.11.17	" " 175
3.5.18	53 Dist. C.F.C.	T.O.S. (140 Coy) from BDC.F.C.	" Egham	18.11.17	" 19
"	—"—	On Com BDC.F.C. for S.O.S. & D.	" "	18.11.17	" 19
11.7.18	BDC.F.C.	Cases att. from 53 Dist (140 Coy)	" S/dale	8.7.18	" 164. / 53 Dist C.F.C. AFII 30d 19.7.18
11.10.18	53 Dist C.F.C.	S.O.S. to Base Depot.	" Egham	7.10.18	" 43. / BDC.F.C. AFII 242d 10/10/18.
18/11/18	BDC.F.C.	On Com C.D.D. Bupton	" S/dale	18/11/18	" 275.

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.				
23.12.18	B.D.C.F.C.	Cases m Com Buxton			
		H.L.I. & Canada			
		K.R.O Para 392-16	Pte Dale	7.12.18	P.N. II 305.

A.P. 022258-P-50. SR

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No. B-1107

Name Brown, Percy

2498052

Regt'l No. 2498025 Rank Private File Numbers { P.M. 25-90

Former Units Can. For. Corps. Original Unit C.F.C.

Date of arrival in Canada 14-12-18 Boat Olympic Port of Disembarkation Halifax

Rates of Pay:—Regt'l. 1.00 Field .10 Date of arrival in M.D. 2

Separation Allowance. Date paid to 31-12-18 Rate $30.00 If continued by Chief Paymaster, England No.

Assigned Pay. Date paid to 31-12-18 Rate $18.00 If continued by Chief Paymaster, England No.

Name and address of Beneficiary { Alice B. Brown (wife)
Robert Street, Minico, Ontario.

Pay claimed on English L.P.C. to 30-11-18 to be paid by new Unit from 1-12-18.

Name of new Unit No. 2 District Depot. Date L.P.C. forwarded to new Unit 2/1/19

A.P. charged on Can. L.P.C. to 30-11-18.

L.L. 34682—M. & D. 8645.

H.F. 31-12-18
RFS. 1/1/19

Credit Balance shown on English L.P.C.	OTHER CREDITS DUE	TOTAL CREDITS	Charges to be made on account of advances since English L.P.C. made out: On Boat	G.P. ~~At Ch. Depot &c.~~	OTHER CHARGES	TOTAL DEBITS	BALANCE TO NEW UNIT: Credit	Debit	REMARKS
$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	
1918.		1918.			487.				G.R. 3097, 3-12-18.
			500.						On board.
			500.						On board.
			300.						Halifax.
				1800.					December, 1918.
Debit Balance		4369.				6287.			
		6287.				6287.		4369.	

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No.....

Name.....

Regt'l No.....Rank.....File Numbers { .....

.....

Former Units.....Original Unit.....

Date of arrival in Canada.....Boat.....Port of Disembarkation.....

Rates of Pay:—Regt'l.....Field..... Date of arrival in M.D.....

Separation Allowance. Date paid to.....Rate.....If continued by Chief Paymaster, England

.....

Assigned Pay. Date paid to.....Rate.....If continued by Chief Paymaster, England

.....

Name and address of Beneficiary { .....

.....

Pay claimed on English L.P.C. to.....to be paid by new Unit from.....

Name of new Unit.....Date L.P.C. forwarded to new Unit.....

.....

.....

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Brown, P.
Surname Christian Name

Regimental Number 2498025 Rank Pte

Unit CFC

Original Unit

District where paid M.D. 2

Date of Discharge 10-1-19

P. D. P. Filing Number

Address (in full) Robert St
Minico, Ont

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks: Account opened 9-1-19

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk.....

Dependent.....

Address.....

.....

.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Dec'n No..... W. S. G. File No .....
Award ..... days at $ per day $
S. A. ..... months at $ per mo. $ ..... $
Less P, D. P. Credited $.....
$
Less further debit balance $.....
Net due paid as below

TO SOLDIER DEPENDENT

	Ag. No	Ch	Cu	Month
1				
2				
3				
4				
5				
6				
	Total		Total	

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						1				
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

Name Ote Brown P.

M. F. W. 41
100m-1-18.
1772-39-889.

Regimental No. 2498052

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin
Olympic

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
								12 80 ~~15 20~~								DD DO #250 Subs DO #250

M. F. W. 41
100M-1-18.
1772-39-889.

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

Date of Enlistment

26/7/17.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch B 13632

OVERSEAS CONTINGENTS

Date of Assignment

Sept 1st 1917

RATE OF SEPARATION ALLOWANCE

~~20~~	1-12-17 25	30	

P.C. 3254 1-9-18
P.C. 2753
Mo 36866

RATE OF ASSIGNMENT

18			

PARTICULARS OF SEPARATION ALLOWANCE

No. 2498052.

Rank Pte Promoted Reverted Discharge

Soldier's Name Percy Brown.

Battalion Depot & Forestry Units

Beneficiary Bertha Alice Brown. ✓

Relationship wife.

Address Robert Street Mimico, Ont.

2554-6-8-18-23-11-18

PARTICULARS OF ASSIGNMENT (wife)

Name Alice B. Brown

Address Robert St Mimico Ont

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Oct 31.17	C.S.7142	63 00	36 00	99 00	
Nov.	~~C.S.7141~~	20	18	38	C.S.7141 cancd
Dec	B62478	20	18	38	41
Jan.	N65882	30	18	~~48~~	S
Feb.	C96877	25	18	43	
Mar	a104157	25	18	43 ✓	✓
Apl	a 373	25	18	43	
May	G. 18966	25	18	43	
June	E. 15067	25	18	43	✓
July	V 30643	25	18	43	✓
Aug	E. 27431	25	18	43	✓
Sept	D 41289	25	18	43	✓
Oct.	F 45108	25	18	43	✓
Nov	B 56661	25	18	43	✓
DFC	a 68414	45	18	63	✓

31-12-18 A/c Closed

Ret'd per Olympic

Date 14.12.18 F.X. 20.12.18

Clerk Homecarthy

NRO 5591 Destroy

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W.-128
400M.—6-47—172-39-1141
L. L. 22320—M. & D. 7493.

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

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

EXHIBITION

JB.

1. No. 2498052

2 Rank. Pte.

3. Name. BROWN Percy

4. Unit. York & Simcoe Foresters (2.DD.)

5 Date of Discharge Jan.10th.1919 Place TORONTO, ONT.

6 Reason for Discharge ON GENERAL DEMOBILIZATION

7. Authority. D.O. D.D. #2. Pt.11 #7

8. Proposed Residence after Discharge

Robert St. Mimico Ont.

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.? Percy Brown

Signature of Soldier.

10. 17/12/18 CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Toronto. Ont.

Date Jan.10th.1919

Signature W.T. Greene Capt.

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

For.
O.C. No. 2 District Depot. 16-1-19 R.D.

P. 559.
MARRIED OR SINGLE M.

PLACE OF BIRTH Kingston Ont.

NAME AND ADDRESS OF NEXT OF KIN Brown Bertha Alice
Robert St. Mimico Ont.

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 2498052 RANK Pte NAME BROWN Percy 359

IF IN PERMT. CORPS WHAT UNIT } UNIT Camp Borden Ont TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Toronto Ont TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 26 July 1917 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 18 DATE EFFECTIVE 1/9/17

PAYABLE TO Alice B Brown, Robert St. Mimico, 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 NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
AUG 3 1917																																			
Sept 1/17	Balance from Canada																														10 00				
Sept 30	1 10	33												33													18		18	25				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Oct		~~25 00~~							25 00		
Oct	9 99	34 10							18 41 10		
		34 10							18		
Nov				Cap					18		
Dec	P Pay	67 10		ar B77 BD 15/10/17.	973						
				ar B202 BD 29/10/17.	487						
				ar 3387 BD 23/9/17.	974						
				ar B298 BD 14/11/17	973						
		67 10		Cap Dec	3407				18 38 13. Nil		
					36						

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
									38 13 Nil		
Jan	PP	34 10		Cap				18			
				Quebec No 167 16/11/17	- 49						
				ar B347 BD 28/10/17.	- 487						
				ar B409 do 6/12/17.	- 973						
				ar B483 do 17/12/17	973				29 41 Nil		
		34 10			24 82			18	30 80		
				Cap				18	60 21		
									32 60		
Feb	RP	30 80		ar B649 9-1-18 BD	487						
				ar B939 29/1/18	973				27 61		
		30 80			14 60			18			

2498052. Pte Brown R.

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 $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.																				
													1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SEPR. ALLCE. ENG.
				Amt B/F Forwd					27 61		
March	P.P.	34 10		Cash				18			
				ARB 1175 13/3/18 12 Dpt		9 72					
				ARB 1379 25/3/18 "		4 87					
				B 7 13 18 3/18 140 Co.		19 47			9 64		
		34 10			34 07		18				

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.9.17 / 1/12/18		EFFECTIVE DATE:-	
AMOUNT:- 1.00		AMOUNT:-	

NAME:- BROWN, Percy 534
NUMBER:- 2498052

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

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.

Alice B. Brown
Robert D. & Mimes
Ont Canada

Stopped at Boston 1/12/18

UNIT AND TRANSFERS

ORIGINAL UNIT:- Camp Borden Forestry
DATE ACCOUNT FIRST OPENED:- 1st Sept 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			O/C. Eng

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~11/11/18~~	~~4273~~	~~C.F.C.R.D. £1~~	~~4 87~~				
~~17/11/18~~		~~G 4005-186 B.D. 3/4~~	~~50~~				
~~"~~	~~4348~~	~~C.F.C.R.D. £1~~	~~4 87~~				
			10 24				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 . . 10			

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged to Canada 30/11/18 Auth A.G. 5-1-22

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal. Ford								9 64	✓	
april	Ptes Pay.	33 00		b. a. P.				18			
				a.R. B164 140 Bo 13/4/18	14 60 ✓				10 04	✓	
		33			14 60			18			
May	P. P.	34 10		b.a.P.				18			
				B553 · 140 Bo 11/5/18	19 47 ✓				6 67		
		34 10			19 47			18			
June	P.P.	33		b.a.P.				18			
				B1075 140 Bo 10/6/18	9 73 ✓				11 94		
		33			9 73			18			
July	P.P	34 10		b.a.P.				18			
				B1613 · 140 Bo 10/7/18	14 60 ✓				13 44	✓	
		34 10			14 60			18			
aug	P.P.	34 10		b.a.P.				18			
				B1580 · 140 Bo 12/8/18	24 33 ✓				5 21	✓	
		34 10			24 33			18			
Sep	BP	33		Can				18			
				E946 do 12/9/18	9 73 ✓				10 48		
		33			9 73			18			
Oct.	P.P.	34 10		C.A.P.				18			
				AR3684 BD. 14.10	9 73 ✓						
				B4017 " 30.10	2 43 ✓				14 42		
		34 10			12 16			18			
Nov.	P.P.	33		C.A.P.				18			
				B4273 15.11	4 87						
				B4348 19.11.	4 87						
				3097 Buxton 3.12	4 87				14 81		
		33			14 61			18			
				2. 4005/186. 17.11.18			50		14 31		

Orig Bal 19.18
A.R 3097 4.87
Amnd Bal. 14.31

A 3 M. FORM REN... Stopped EFFEC... 1/12/18.
DISCHARGED TO Canada DATE 1/12/18
PAY BOOK VERIFIED 20-11-18
Cr. BAL 19.18 P.C. REN'R. 29/11/18
AUTHY. A.G. 5-1-22

COMPILED BY
CHECKED BY L. H. Williams L.P.C. Feb

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned 249805-2 P. BROWN have heard the description of my disability read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

P. Brown
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 249805-2 Rank Pte. Surname Brown Christian Name Percy

Unit or Corps—(*a*) Overseas from United Kingdom C. Gov. Corps (*b*) in United Kingdom C. Gov. Corps

Born at—Town Kingston County or Province Ont. Country Canada

Date of Birth—Day 30th Month Aug. Year 1892 Age 26 yrs. 8 months.

Joined at Toronto Ont. Canada Date 25th July 1917

Former trade or occupation Motorman.

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

Scar left knee.

Height—feet 5 inches 8 3/4 Colour of eyes Blue

Signature of Soldier (*for identification purposes*) .....

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*) D. A. H.

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Conditions of Camp Life	Canada	1916 Subsequent.
(*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 ? No

(*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 ?

PART I. (continued).

5. MEDICAL HISTORY. Man states he had typhoid fever Aug 1915 and diseases of childhood. Occupation - Postman. Never applied do heavy work a light job as he has weakness, dizziness and pain over heart. Enlisted. July 24th 1917 in Forestry Corps. Served with same Corps in England Sept 1917. Not fit for duty with Forestry Corps. Consults on Candida 2/1/8/17 - Fever nil. Trance. A.H.S. Pneumonia. Consulted 2/1/8/17 Medical Board 11/8/18 placed in Cat B1.

6. PRESENT CONDITION. Subjective - Has frequent attacks of dizziness, weakness and pain in left side below heart. Appetite good. Bowels regular.

Objective. Man well nourished, fair physique. Somewhat anaemic. Chest expansion 4" Chest negative. Extreme limit of heart dullness 10.5 cm. to left of mid-sternum. Systolic murmur. Pulse setting 96 after moderate exercise 120, in five minutes returning to 96. Other systems normal. Urine negative.

7. OPERATION. (i.) Was one performed? Not applicable (ii.) If so, state what.

(iii.) Was one advised and declined?

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.

9. DO YOU RECOMMEND:—

(a) Fit for duty? (*state category*) B.1 (b) Invalid to Canada?

(c) Discharge from the Service as permanently unfit?

Date of Report Nov 14th 1918 Signed Jno S Secombes
Officer in medical charge of case. Capt

Station Swansea Wales

I have satisfied myself of the general accuracy of the above Report,

and concur therein *except .....

{Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at .....Station, on.....A.....191.....

*Delete if inapplicable.

PART II.

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

10. Is the diasbility 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? / Aggravated? } No

(b) Misconduct of the Soldier { Caused? / 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.*) Sixty per cent

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

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not applicable

17. Can the former trade or occupation be resumed? Yes.

18. REMARKS:— Persistent moderate tachycardia
Accentuated second sound
Variable systolic murmur
No cardiac hypertrophy
Has had the present symptoms of insufficient cardiac reserve since childhood & they have become more since enlistment
No other disability
Authority for discharge A.G. Telegram 9083 - 11/11/18

19. RECOMMENDATION:—

(a) Fit for duty? (*state category*) (b) Invalid to Canada?

(c) Discharge from Service as ~~permanently unfit~~? Yes.

Date of Board 14/11/18 Signatures of the Board: J Adams President. Lt Colonel, A.D.M.S. Canadians, London Area. Capt Laurie

Station Swansea

Approved J Adams A.D.M.S.

Dated at Station 191

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. NOV 15 1918. 13 BERNERS ST. LONDON, W.1

CR

B.1107

AUDITOR | PAYMASTER

No. 2 DISTRICT DEPOT

M. OR S. M

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

REGT. No. 2498052 RANK Pte. NAME (IN FULL) BROWN. P (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? yes — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

Also. Complete

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.F.C. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 26.7.17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY. $ 1800/00 — DATE EFFECTIVE to 31.12.18

PAYABLE TO Mrs. Alice B. Brown — RELATIONSHIP wife — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Robert St Mimico Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Toronto — DATE 10/1/19 — REASON Demob. — AUTHORITY D.O.7. — IF ENTITLED TO POST DISCHARGE PAY yes M.7

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
1918																																				
Balance from previous account	Dec 1/Jan 10	41	1.10	45	10	9 35	70	12	80	102	60	11631				14637		49	21					970						43	69	102	60					Cr Bal. from Dec 18. 43.69 Dr Bal L.P.C. B/C
122 dys									400	00							Cheque A.						W.S.G.		Cheque A.				S. A.							
																	Jan. 9th. 363						70	00					30	00	100	00					O.364 mailed 11.1.19
																	Feb 8 2334						70	00					30	00	100	00					O 2334 & 2335 mailed 10/2/19
																	Mch. 6 206094						70	00	206095				30	00	300	00					
																	Apr. 5 242200						To -		242201				30 -		400 -						Chqs. mailed 7/4/19.
			400						400														280						120		400						W.S.G. PAID IN FULL CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	