REGIMENTAL DOCUMENTS

Pte NAME Clare Leonard James REGT. NO. 823184 UNIT 18 Can B H.Q. FILE NO.

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1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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1 Disp cert					
1 MH 607					
1 Cas Card 5609A					
2 Cas Card					

W 2589
100M-11-18
1792-39-1377

apr. 6–1916
Card. KLR

7167

ATTESTATION PAPER.

No. ~~82~~
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	Clare
1a. What are your Christian names?	Cap. Leonard James
1b. What is your present address?	
2. In what Town, Township or Parish, and in what Country were you born?	London Canada
3. What is the name of your next-of kin?	James Clare
4. What is the address of your next-of-kin?	529 Hill St: London Can.
4a. What is the relationship of your next-of-kin?	
5. What is the date of your birth?	Feb. 12 – 1885 –
6. What is your Trade or Calling?	Shipper
7. Are you married?	Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	Yes
10. Have you ever served in any Military Force? If so, state particulars of former Service.	6 yrs. 1st Hussars
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?	
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?	
16. If so, what was the reason?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Cap. Leonard James Clare., 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.

L. J. Clare (Signature of Recruit)

Date Jan. 12 – 1915. Clifford H. Reasin (Signature of Witness)
Major

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Cap. Leonard James Clare, 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.

L. J. Clare (Signature of Recruit)

Date Jan. 12 – 1915. Clifford H. Reasin (Signature of Witness)
Major

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 London this 14 day of Jan. 1915.

J. C. Judson J.P. (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.

A W Bodd Capt Capt of M

Description of Leonard James Clare on Enlistment.

Apparent Age 22 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5- ft 9 ins.

Chest measurement { Girth when fully expanded ..... 42 ins. / Range of expansion .... 5 1/2 ins.

Complexion ..... Med. .....

Eyes ..... Grey .....

Hair ..... Brown .....

Religious denominations.
- Church of England .....
- Presbyterian .....
- Methodist ....
- 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-sterno Mastoid

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date Jan. 12 - 191 5- H. A. Kingsmill Maj.

Place London .....
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.

L. J. Clare .....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.

J Woolsow Leonard (Signature of Officer)
Lt Col.

Date Feb. 27 - 191 5- O.C. 7 - C.M.C.

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE,
CLASS No. T
184558

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 823184 (Rank) Pte.

Name (in full) Clare Leonard James enlisted in

the 142nd Batt.

CANADIAN EXPEDITIONARY FORCE at London, Ont. on the 9th

day of December 1915

HE served in 18th Batt. Canadians in France

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 26	Marks or Scars Tattoo
Height 5-11	
Complexion Fair	
Eyes Blue	
Hair D. Brown	

Leonard James Clare
Signature of Soldier.

Date of Discharge MAY 19 1919

Disposal Station "G" Military District No. 8

WAR SERVICE BADGE,
CLASS No.

Walker Capt.
Issuing Officer.

Rank

Date ..... 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.

M.F.B. 39A.

ORIGINAL ~~B 2231~~ ~~823184~~

ATTESTATION PAPER.

No. 823184

Folio. 168

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Clare
1a. What are your Christian names?..... Leonard James
1b. What is your present address?..... 529 Hill St. London Ont.
2. In what Town, Township or Parish, and in what Country were you born?..... London, Canada.
3. What is the name of your next-of kin?..... Gladys Clare
4. What is the address of your next-of-kin?..... 529 Hill St. London, Ont.
4a. What is the relationship of your next-of-kin?..... wife
5. What is the date of your birth?..... 12th. February 1896.
6. What is your Trade or Calling?..... Skipper.
7. Are you married?..... yes!
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. 3 mos. 7th. Mounted Rifles 1915.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?..... Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Leonard James Clare, 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.

L J Clare (Signature of Recruit)

Date 9th. Dec. 1915. George V Langton Capt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leonard James Clare, 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.

L J Clare (Signature of Recruit)

Date 9th Dec. 1915. George V Langton Capt. (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 London Ont. this 9 day of Dec 1915.

Lt Colonel (Signature of Justice)

RE-SWORN OCT 25 1916

Lt. Col. O.C. 142nd Overseas Battalion C.E.F.

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Leonard J. Clare on Enlistment.

Apparent Age 21 years 10 months.

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

Height		5 ft 10½ ins.
Chest measurement.	Girth when fully expanded	40 ins.
	Range of expansion	4¼ ins.
Complexion		fair
Eyes		blue to grey
Hair		dark brown
Religious denominations	Church of England	
	Presbyterian	
	Methodist	
	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).

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date Dec 9th 1915. E. A. Lawrence

Place London Ont. 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.

Leonard J. Clare 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 Dec 10th 1915. E. A. Lawrence Major (Signature of Officer)

Comd. 142nd O.S. Bn., C.E.F.

C-1756

1367

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Leonard James 2. Surname Clark

3. Rank Pte 4. Original Unit 142nd Bn 5. Reg. No. 823184

6. Address, in full, to which future payments of gratuity are to be forwarded 66 Carling St London, Ont

7. Date of enlistment in the C.E.F. Dec 9th 1915

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Gladys Clark

9. Relationship of such dependent Wife

10. Address, in full, of such dependent 66 Carling St London, Ont

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No

12. ~~Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—~~

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 3 yrs 4 months 142nd Bn 9 months 18th Bn 3 months 4th Res Bn 4 months N.S.D. (Can) 4 yrs 10 months

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

5434. Wt. /30P. 250,000(8). 2 19. S.O., F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. No.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid No.

20. ~~Have you been issued with a War Service Badge?~~ Yes If so what class? "A" No. 184558

21. Have you, during the present war, served in the Imperial Forces? No.

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled No.

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No.

(b) If so, was such reversion in consequence of misconduct or inefficiency? Not Applicable

24. ~~Are you now serving in the C.E.F.?~~ No. If not, give:—(a) Date of discharge 19/5/19 (b) Reason for discharge Demob

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

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

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

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

Questions 12, 13, 14, 20, 24, 25, 26, 27. Deleted T.D.R.

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

Signature of Applicant: Leonard Clare

Place of Residence: 66 Carling Street London Ont.

Declared before me at: Military Camp, Surrey

This 30th day of April 1919.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

T.D. Raymond Major.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

ORIGINAL

ORIGINAL
823184

MEDICAL HISTORY SHEET.

Surname CLARE. Christian Name LEONARD. J.

Examined on 9th day of Dec. 1915
at London

Birthplace City or Town London.
County Ont.

Apparent age 22.

Trade or occupation shipper.

Height 5' Feet 10 1/2 Inches.

Weight 173. Lbs.

Chest measurement Minimum 35 3/4 inches.
Maximum expansion 40 inches.

Physical development good.

Small-Pox Marks none.

Vaccination Marks Arm Right. Left. L
Number 1

When Vaccinated last Jan. 1914

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Approved by E Cafferaty
Rank Capt. A.M.C. M.O

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.
21/12/15	✓	F. Healy M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
12/1/16		F. Healy M.O.
22/2/16		F. Healy M.O.
25/7/16		F. Healy
2/8/16		F. Healy M.O.
8/8/16		F. Healy

Enlisted on 9th day of Dec. 1915 at London Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	~~2nd Bn. 2nd Div. 2nd C.I.B.~~	823184		Dec 9/15
Transferred to	~~23rd Bn. C.E.F.~~ 4th Can. Res. Battalion. 18th Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Witley	3-5-19	Def. Vision ✓	A.B.E. Main Gpt Cas.

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.
150M.—8-15
H. Q. 1772-39-439.

Surname Clare. Christian Name Leonard.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
6 C.C.S.		30	8	17	1	9	17	Otitis Media			A3
20 G.H. Camiers.		1	9	17	4	9	17	do			A10
6 Con. Dep. Etaples.		4	9	17	8	9	17	do		Dis. to Details Camp.	A10-A13 VL

C.A.D.E. 3009A.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CLARE LEONARD James

REGIMENT 2nd Cdn M.S.D. RANK Pte No. 823184

Date of Examination in England | 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

A. D. D. S., M. D., No. 8

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer G. H. Rose Capt.

Army Form B. 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps Mil Serv. Dept YMCA Regimental Number 823.184

*Substantative Rank Pte. Surname Clare. Christian Names I J.

*Acting Rank

(* To be entered in pencil to facilitate alteration.)

(A) Report Date.	(A) Report From whom received	(B) Authority of Part II. of Orders	(C) 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.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
12/6/19	O. ½ Records London		S.C.S. on Proceeding to Eng. & Posted to Can Genl Depot Witley		17/4/19	P.H.O. 27/19

J G Carson
Capt. for
Lt. Col. A.A.G.
Can Record Office

To be folded on this line.

Nothing to be written in this margin.

W1889—PP1150 500,000 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

Nothing to be written in this margin.

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Blake	L. J.	823184

Rank	Unit	Co.	Troop	Batty.
Pte	West Ont.	(18)		

Hospital — Date of Admission

6 Con Depot Etaples 8-9-17

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis Otitis Media

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Date

Dus to Details 8.9.17

C.F. 18.9.17 A 13(2)

REMARKS

Dup?

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

EPITOME OF HOSPITAL TREATMENT.

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

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				

Original not Available.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 7th Can. Mounted Rifles.

Regimental No. 7167 Rank Pte. Name Clare, Leonard James

C. E. F.

Enlisted (a) 12-1-15 Terms of Service (a) D of W. Service reckons from (a) 12-1-15.

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
March 1915.	7th C.M.R.s	S.O.S. "Drunkiness"	London Ont.	15.3.15.	March Payish 1915.

H

M. Morin

for D of R.

(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.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 142nd Overseas Battalion C.E.F.

Regimental No. 823184 Rank Pte. Name Clare, Leonard James
C. E. F.

Enlisted (a) 9/12/15 Terms of Service (a) Dof W ~~[illegible]~~ & 6 Months Service reckons from (a) 9/12/15

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) Shipper

Report: Date	Report: From whom received	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.
		Embarked Disembarked	Canada England	1-11-16 11-11-16	
12-11-16.	23rd. Bn.	Taken on strength from 142nd. Battalion.	Dibgate	12-11-16.	D.P.II O.4
4.1.17	23rd. Bn.	Transferred to 4th. Res. Bn.	S'cliffe	4.1.17.	D.P.II O.4
			A. H. Murphy for O.C. 23rd. Bn. OFF.	Lieut	
4-1-17	O.C. 4th	Taken on strength 4th Reserve Battn.	West Sandling	4-1-17	Part II. Order No. 1
10/5/17	4th Can. Res. Bn.	S. O. S. to 18th Bn. France.	Bramshott	9/5/17	Pt II. Order 110.

Chas. H. Kerrhunt for Capt.
Adj't. 4th Can. Res. Battn.

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

(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.

OVER [P.T.O.

823184 Pte. Clare L.J.

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				
12-5-17	Can Base Depot	Arr from 4 Can Res Bn Eng & T.O.S. 18 Can Bn.	C.B. Depot HAVRE	10.5.17	Nom Roll Pt II Ord 45 d-29.6.17
16-6-17	18 Bn	Joined 18th Can Bn	In the Fld	12.6.17	B.213
29.8.17	5 C.F.A.	Impetigo adm.	5 C.F.A.	29.8.17	A 36. (Sect. 76 (4))
4.9.17	6 Convl. Dep.	Otitis Media. adm.	6 Convl. Dep.	4.9.17	W. 3034 (Sect. 5 (4) (g))
9.9.17	2 Can. I.B.D.	Class T.D. adm.	2 Can. I.B.D.	9.9.17	Nom. Roll.
18.9.17	do	Classified P.B. by Medical Board (Defective hearing)	do	18.9.17	W. 3339.
26.10.17	Can. Gen. Base Dep.	Taken on strength of Can. Labour Pool, (Classified B.2)	Can. Gen. Base Depot	25.10.17	Nom. Roll - (Can. Sect. No. 238)
		Transfd. to Canadian Labour Pool, and S.O.S. of 18th Can Bn..	do	25-10-17	Pt II Ord. 83, 13/11/17
	a.a.g.	T.O.S. CANADIAN LABOUR POOL, from 18th. Can. Inf. Batt.		26.10.17	K.R. 16276. Pt 2. O. No 3. of 7.11.17.
	a.a.g.	Transf. to Edmonton Hospital		14/11/17	K.R. 7339 of 14/11/17 Pt II O. 4 of 19/11/17
14.11.17	a.a.g.	T.O.S. Can. Vet. Hosp.	Havre.	15/11/17	KR 7339/2. Record 140
10.2.18.	C.V.H.	Unsuitable To	C.G.B.D.	7.2.18	B.213.
Jan. 1918.	A.P.D.	D.A.H. Clanfd. B 2.	Harfleur	Jan. 1918.	W. 233 - 360.
10-4-18	A.P.M. B.D.	Taken on S from Con. Hosp "B2"	9/2/18		NR C&I B.D. R&R 693

Army Form B. 103. Regimental Number 625187

Casualty Form—Active Service.

Regiment or Corps Can. Vet Hosp

Rank Lt Surname Clare Christian Name Leo

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

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

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

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (*b*) .....

or Corps Trade and rate .....

Occupation ..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
20.2.18.	CGBD.	To Yuca Can. Corps.		20/2/18	UR. 982
2/3/18.	Yuca.	Rptd to H.Q. Yuca.		20/2/18.	B213. 18.
~~20/3/18~~	a a g	SOS Can Vet Hosp on		9/2/18	KG 4240
		transfer to Can. Lab Pool			Pte 20-9-18
	H.Q.	T.O.S. Pte Lab Pool		10-2-18	UR 1162 Pte 9 to 3rd Wd 15/3/18
17.3.18	Ch. Y.M.C.A.	Granted 14 days leave to	U.K.	14-3-18	B213. P.20.38.
13/4/18	— do —	Returned from leave to	UK.	30/3/18	B213.
	A. A. G.	Transferred to 9th Edn	Area Emp	25-7-18.	UR 25502/6
		Coy and S.O.S. Edn	Lab Pool		T.A. 2830 Pte 10146. 14-9-18
19.9.18	do	T.O.S. 9th Can Co.	Fd.	26-7-18	PTO 3. 19-9-18.

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(*b*) Signaller, Shoeing-Smith, &c.

W. 8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807.

P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
4.2.19	aag	SOS 9th C A E coy to y M C A	Fld	4.2.19	Ka 28300 P. 4 a/15-2.19
4.2.19	aag	T.O.S Cdn YMCA	Fld	5.2.19	P. 8 a/19.2.19
		C.E.C. Trans Eng posted to CGBD Seaford 18-4.19			H.R. CEC
					C.S. Hewett
					for Lt. Col. [illegible] Canadian Section

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—1.
Part I.

(1) *Substantative rank / *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(1) *Substantative rank Pte *Acting rank Pte	142 Batt	823184

(4) Surname Colgate.
(5) Christian Names Leonard James
(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*)

(10) Enlistment (*b*) London Ont 9 Dec 1915 (11) Engagement (*c*) Duration of War.
(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)
(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

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 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, Shoeing-smith, &c.

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

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G W.P.Co (3490)

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) 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.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
			Arrived in England S.S. Southland 11-11-16.			
14-11-16	231a Bn	D.O 284	T.O.S.	Dibgate	12-11-16	
4-1-17	23rd Bn	" 4	S.O.S to 4th Res Bn	"	4-1-17	
4-1-17	4th Res Bn	" 1	T.O.S from 231a Bn	W. Sling	4-1-17	15 Bn D 045
10-5-17	"	D.O 110	S.O.S to 15 Bn overseas	Bexhill	9-5-17	D/29-4-17
5-9-17	18th Bn	C.L.A 3	To 6 Can Clear Stat.	Field	30-8-17	Otitis Media
13-9-17	W.O.R.	" " 10	Ex to No 20 Gen Hosp	Camiers	4-9-17	" "
13-9-17	"	" " 10	Ex to No 6 Conv Dep.	Etaples	4-9-17	" "
17-9-17	"	" " 13	Disc to Details Camp	"	8-9-14	Can Lab Pool D 03
13-11-17	15 Bn	D.O 83	S.I.S. to Can Lab Pool.	France	25-10-17	D/17-11-17
14-11-17	C.L. Pool	" 4	S.O.S to C.V.H.	Field	14-11-17	C.V.H. D 0140 D/20-11-17 Can Lab Pool.
15-3-18	C.V.H.	" 25	S.O.S to Can Lab Pool.	"	25-9-18	203 4 D/15-3-18
14-4-18	Can Lab Pool	" 146	S.O.S to 9th C.A.C. Coy	Field	25-7-18	9 C.A.C. Coy D 0 30-3-18 D/29-4-18
15-2-19	9th C.A.C. Coy	D.O 4	S.I.S to M.S.D Can Y.M.C.A.	"	4-2-19	Y.M.C.A. D 05 D/19-2-19

Geo M Russell Capt

for O.C. Can Lab Pool i/c Records

S. O. S. ON PROCEEDING TO CANADA.

Lieut for O.C. Can Lab Pool

10-5-19.

10-5-19 T.O.S Sub Depot 300 Ottawa D/C/147

19-5-19 S.O.S Dis R.O. 1420 " D/C/147

Lieutenant

For O. C. No. 3 District.

Nothing to be written in this margin.

To be returned to F. J. Clark, Esq.

ACTIVE MILITIA.

CERTIFICATE OF DISCHARGE.

This certifies that No. 164 Private Leonard James Blake.

of London County of Middlesex

Province of Ontario Dominion of Canada, aged

23 years, served continuously in 4th

Canadian Mounted Rifles (C.C.7)

of Active Militia of Canada, from the 18th day of January

1915, to the 15th day of March 1915, and is

now discharged therefrom. C. F. D. M. Turner Captain,

Dated at London) Commanding 'A' Squadron

the 15th day of March)

) Lieut. Colonel,

1915) Commanding 4th C.M.R. (C.C.7)

N.B. The record signature is only required when the Corps is in Squadron, Brigade or Battalion.

M.F.B. 350. 5m-2-15.(M) H.Q.1772-39-62.

R—122
8,401—50,000—21-10-16

G.L.E.

Rank Private Name CLARE. Leonard James. Reg'l No. 823184

Unit 142nd Batt. If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment London. Ont. 9th Dec. 1915 Place of Birth London. Canada

Name and Address, Next-of-Kin Gladys Clare.

529 Hill St. London. Ont. 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. 3201
File R.L.
Dated O.R. Law.

Yuch

Labor

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 S.S Southland 11.11.16					
14.11.16	23rdBn.	Taken On strength, Dibgate. 12-11.16 Pt, II'284			
4.1.17	23rdBn	S. O. S to 4th Res. Bn Dibgate 4-1-17 Pt II, O, 4			
4.1.17	4th R. Bn	T. O. S from 23 rd Bn W, Sandling 4-1-17 Pt II, O.I			
10-5-17	do	S.O.S. to 18th Bn C/Leas	B'Slott	9-5-17	— 110, 18th Bn Pt II 45 d/29-6-17.
5-9-17	18th Bn	No 6 Cas. Cleas Stn.	Field	30-8-17	C.L.R. 3 Otitis Media
13-9-17	W.O.R.	Ex to No 20 Gen Hspl.	Camiers	4-9-17	" 10 " "
13-9-17	W.O.R.	Ex to No 6 Conv. Depot.	Etaples	4-9-17	" 10 " "
17-9-17	W.O.R.	Dis. to Details Camp.	"	8-9-17	" 13 " "
13.11.17	18th Bn.	SoS to Can. Labour Pool	France Pte	25.10.17	Pt II-83 + C.L.P. 3 d/17.11.17

Name

R.B. 103 CHECKED
31 MAY 1917

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.
19.11.17	CL Pool	SOS to CVH	Field Pte	14.11.17	& CVH.1.140 a/20.11.17 ~~Pt II~~ D.O. 4
15.3.18	C V Hosp.	S.O.S. to Can Lab Pool.	✓ ✓	9.2.18	Pt II Do 25 C.L. Pool Pt II 34/15 3/18
14-9-18.	C Lab Pool	S.O.S to 9th C.A.E.C.	Pte. Field	25-7-18.	9th C.A.E.C. Pt II Q 3 D/19-9-18. —"— 146.
15.2.19	9th C.A.E.C.	S.O.S. to M.S.D. Can J.M.C.A.	Pte Field	4.2.19	Pt II O. 4 (J.M.C.A. Do 8.19.2.19)
		S L 64-Tk-146 a/10.5-19			
10.5.19	2 Dis Pool CCC.	Census to be detached to N Wing on trains from O.M.T.C. to The C.E. Fire Canada.	Pte Witty	10.5.19	Do 19.
22.4.19	"	To Sana detached to N Wing for quarters etc pending R.T.C.	Pte. Witty	18.4.19	Do 2.
14-6-19	J.M.C.A.	S.O.S on proc to Eng. & TOS 2 Div. Pool CCC Wing.	Le Havre	11-4-19	Do 27.

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

wife

To Whom Mrs Gladys Clare

Address ~~529 Hill St.~~ 66 Carling St. London Ont.

Rate 20.00

By Whom Assigned Clare. Leonard J.

Regtl. No. 423184

Rank Pte

Corps 142. 2nd Bn.

NOV 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				

CONSOLIDATED ACCOUNT 7

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs Gladys Clare Wife (Assignee) Name of Soldier Clare. Leonard. W. J.

PAYMENTS. 823184. Pte. 142nd Bn.

I. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
			20.00	NOV 1 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		299630	20	
Dec.		S 33046	20	
Jan.	1917	K38308	20	
Feb.		K43560	20	
March		R46615	20	20
April		S1142	20	20
May		I 7181	20	
June		U 13845	20	20 Cu
July		L 21360	20	Cu
Aug.		Q 27794	20	
Sept.		P34450	20	
Oct.		Y 46750	20	7-11-17 Red
Nov.		54665	20	66 Carling St. London Ont
Dec.		51543	20	
Jan.	1918			280.00 Sf.
Feb.				
March				
April				
May				
June				
July				

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... Job 88773—M. & D. 6195.

1.3.16

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Gladys Clare

Address ~~529 Hill St~~ 6/4/17 66 Carling St London Ont.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Clare, Leonard J.

Regtl. No.

Rank Pte

Corps 142nd Battn

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		J 29228	20 -	20

CONSOLIDATED ACCOUNT 4

MILITIA AND DEFENCE

1-3-16.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2. Gladys Clare

Name of Soldier Clare, Leonard J. Pte

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	F1825	20	20
May		L5538	20	20
June		L8183	20	20
July		W8866	20	20
Aug.		K13732	20	20
Sept.		14241	20	20
Oct.		18335	20	20
Nov.		B21183	20	20
Dec.		24727	20	20
Jan.	1917	Y28661	20	20
Feb.		Y31644	20	20
March		Y34340	20	20
April		Z4633	20	20
May		Y3697	20	20
June		C7761	20	20
July		B12077	20	20
Aug.		F14576	20	R
Sept.		E17845	20	B
Oct.		K22797	20	T
Nov.		Y25451	20	K
Dec.		J25768	20	F
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

66 Carling St 6/11/17

440.00

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.				

Number 823,184 Rank Pte.

Surname CLARE

Christian Name Leonard James

Unit 18th Bn Can Inf. Theatre of War France.

Date of Service 9-5-17

Remarks

Latest Address 16 York St

~~66 Carling St.~~

Roll No. B. Page 4289 London. Ont.

Ч 37349 Декр 13.6.21

No. 167 Rank Private Name Clare L. G.

T. O. S. Unit 7th Regt - Canadian Mounted Rifles.

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHAGES, ETC. PARTICULARS	AUTHORITY
1915	1915			
Jan 12	Jan 31	V		
Feb 1	Feb 28	V		
Mar.	no a/c	N	14 days deten. 1-3-15. Dischgd 15-3-15	DO 30-28. Mar. paylist

SURNAME. Clare

CHRISTIAN NAMES Leonard James.

REGL. No. 823. 184 RANK Pte.

UNIT 142 nd Batt.

FORMER CORPS 7th Mounted Rifles (3 mos)

3/9 CARD No. ✓ Demob

SOS Dis. 19-5-19 FOLL. 147 & 27-5-19 No 3

NEXT OF KIN.

NAMES IN FULL Clare, Mrs Gladys

RELATIONSHIP TO SOLDIER Wife

ADDRESS ~~529 Hill St.~~

66 Carling St, London. Ont.

Saa P. 23/11/17

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, London, Ont DATE Feb, 12th, 1893

PLACE OF ATTESTATION London, Ont. DATE Dec, 8th, 1915

Sailed from Halifax Per S. S. "Metagama"

31/10/16 R/C. 16-5-19 324/17

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

Prev. att. in 1st Bn. at London, Ont. 14-1-15 with #7967. S.O.S. Dis Drunkeness 15-3-15

MARRIED yes SINGLE WIDOWER

TRADE OR CALLING Shipper RELIGION Baptist

DESCRIPTION.

APPARENT AGE 22. YEARS 10. MONTHS

HEIGHT 5 FEET 10½ INCHES

CHEST MEASUREMENT 40 INCHES EXPANSION 4 1/4. INCHES

COMPLEXION Fair EYES Bluish Grey. HAIR Lt. Brown

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE London, Ont. DATE Dec, 9th, 1915.

NAME Clare L. J.

REGT'L NO. 823184

H. Q. FILE NO. 649.

RANK AND CORPS Pte 18th Bn.

CABLE NO.	CABLE DATE	NATURE OF CASUALTY

FOLLOWS NO.

FOLLOWS

L. L. 20197—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-853.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A-10 (3) & No 6 Cas. Cl. Stat.			
A-10 (3) & #20 Gen. Carriers		4-9-17	Otitis Media (West Ontario)
A-10 (3) & # "6 C" Conv. Depot Etaples		4-9-17	" " (West Ontario)
A13 (2) "Discharged to Details Camp.		8-9-17.	" " (West Ontario)

NAME Clark Leonard James

RANK AND CORPS Pte West Ont. Reg.

REGT'L No. 832184

H. Q. FILE No. 649.

FOLLOWS NO.

FOLLOWS

CABLE

NO. DATE

NATURE OF CASUALTY

19-5-19

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
3-1	#6 Cas Clear Stat	30-8-17	Otitis. Meded West Ont.

FORM R. 149.
7106—250m—7/2/17.

Leonard James

Name Clare Rank Pte Reg. No. 823184

Unit 18th Bn.

Next of Kin Canada

AB

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
30-8	No. 6. Cas Clg. Stn.	Otitis Media	A3			R 221 1859
1-9	× No 20. Gen. H. Carriers	Do	A10			?
4-9	No. 6 Con Depot Etaples	Do	A10			HA 13760
8.9	Dis to Details Camp	do	A13			13905
						R 21/11/17
						C 24.11.17

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

No. 823184 RANK Pte. NAME Clare. Leonard James.

T. O. S. UNIT 142nd O/s Battalion. C. E. F

9/12/15 D.O. 12 (9/12/15)

M. D. I

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 9 1916	1915 Dec 31 1916	~		
Jan		N		
Feb		N		
Mch		~		
April		~		
May		~	To be L/Corpl 29-6-16	DO 190 of 29-6-16
June		~		
July		~		
Aug		~		
Sept		~		
Oct				

Date of Enlistment 1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C

5873

Date of Assignment Nov 1/16

RATE OF SEPARATION ALLOWANCE

~~20~~	~~25~~	30	

~~1-12-17~~ 1-9-18
~~P.C. 3257~~ P.C 2753
M.O. 41655

RATE OF ASSIGNMENT

20			

C080

9 of 15 6 10

PARTICULARS OF SEPARATION ALLOWANCE

No. 823184

Rank Pte Promoted Reverted Discharge

Soldier's Name Leonard J. Clare

Battalion 142nd Battn

Beneficiary Gladys Clare.

Relationship wife.

Address

M F W 2554

PARTICULARS OF ASSIGNMENT

Name Mrs Gladys Clare wife

Address ~~529 Hill St London Ont~~

Change of Address

1 66 Carling St. London Ont.

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31		440	280	720	
Jan.	M 63948	30	20	50	Br.
Feb.	D. 94358	25	20	45	
Mar.	A 112538	25	20	45	✓
Apl.	M 7884	25	20	45	
May	K 18612	25	20	45	
June	G 22597	25	20	45	✓
July	J 32594	25	20	45	✓
Aug	G 35735	25	20	45	✓
Sept.	J 44105	25	20	45	✓
Oct	I 53303	25	20	45	✓
Nov.	D 53300	25	20	45	✓
Dec	D 64270	45	20	65	✓
JAN	J 73565	30	20	50	✓
FEB	M 77778	30	20	50	✓
MAR	H 84857	30	20	50	✓
APR	I 3439	30	20	50	✓
MAY	F 8658	30	20	50	✓
		915	620	1535	

3237-L-8

REMARKS MFW 2554 Ret'd O.K. 19 4/8 L.S.

A/c Closed 31-5-19

Ret'd per Olympic

Date 16/5/19 M.F.W. 187 M-P. 1

Clerk T. Shanahan 8/19

M.R.O. 108436 issued 23

AUDITED

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
27					

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22780—M. & D. 7693.

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.

Concurs.

19. Is the invalid fit for
(a) General service, (Category A) (Yes ~~or No.~~) yes A.
(b) Service abroad, not general service, (" B) ~~(Yes or No.)~~
(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.)

R.T.C. Auth. A.G. Tel. 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.

H H MacKenzie Capt. President.

PLACE Witley

DATE 3-5-19

C E Main Capt. Can. } Members

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 .....

DATE ..... } Members

APPROVED BY [signature] A.D.M.S. HEADQUARTERS CANADIAN CORPS CAMP. 3 MAY 1919 WITLEY SECTION. Assistant Director of Medical Services.

DATE .....

APPROVED BY ..... Director-General of Medical Services.

DATE .....

3075

23

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 initialled 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 3. 5. 19

1. 1 (a) Unit 2ND Div. Tool (b) Regimental No. 823184 (c) Rank Pte
(d) Surname CLARE (e) Christian name Leonard James
(f) Home address 66 Carling St. London Ont Can.
(g) Next of Kin Gladys Clare (h) Relationship Wife
(i) Address of Next of Kin 529 Hill St London Ont
2. Age last birthday 24 Date of birth Feb 12. 1895
3. Enlistment, or Appointment (if an Officer) (a) Place London Ont (b) Date Dec 9. 15
4. Personal description:
(a) Height 5' 11" (b) Weight 160 (stripped) (c) Complexion fair
(d) Colour of hair black (e) Colour of eyes blue (f) Identification marks, Scars, etc. Tallos hands - heart flags.
5. Former trade or occupation Shipper

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	144

	Periods From	Periods To
Canada	Dec 9-1915 Arrived in	11-11-16 England
England	11. 11. 16	10-5-17
France or other theatres of War	10-5-17.	Apr 16-1919

7. Original disease, or injury REFRACTIVE ERROR.

(a) Date of origin Adolescence (b) Place of origin Canada
(c) Cause unknown

M. F. B. 227.
400M.—11-18.
1772-39-117.

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.)

Partial loss of function both Eyes.
(Defective vision)

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.)

Specialists Report Willey 2-5-1919
Without glasses — With glasses
Visual acuity Rt 6/18 — Sph -1.00 — axis 6/9
" " Left 6/18 — -1.00 — 6/9
Category Recommended is A
Original disease or injury Refractive Error
Date of origin — adolescence
Present disability: myopia
Condition was present previous to enlistment and has not been caused by service. Has not been aggravated by service. W M A MacDonald Capt
Subj: Invalid ~~has~~ cannot see objects at a 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 (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System no (Albumen and Sugar will be excluded.)

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

Urine normal

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

Eye condition has existed since Childhood. Not getting worse

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).)

Pneumonia 1903 - no disability
Otitis media Rt. 30-8-17 - no disability now
1907 - Enlarged glands of L neck.

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

Large scar left neck. ~~no disab~~ good condition

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.)

(b) no

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

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

nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations

W A Christie Capt
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 Leonard James Clare 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

Leonard James Clare Rank.
Signature of invalid examined.

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.

Concur.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No)	Yes. "A"
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)	
(*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.)

R.T.C. Auth. A.G. Tel. 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.

H.H.MacKenzie. Capt. CAMC *President.*

PLACE Witley C.E.Frain. Capt. CAMC } Members

DATE 3-5-19.

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 ..... APPROVED BY .....

Assistant Director of Medical Services. *Director-General of Medical Services.*

DATE..... DATE.....

CERTIFIED TRUE COPY

A.D.M.S. HEADQUARTERS CANADIAN CORPS CAMP. 7 MAY 1919 WITLEY SECTION.

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."
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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 initialled 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 3-5-19

1. 1 (*a*) Unit 2nd. Div. Pool. (*b*) Regimental No. 823184 (*c*) Rank Pte.

(*d*) Surname Clare. (*e*) Christian name Leonard James.

(*f*) Home address 66 Carling Street London, Ontario, Canada.

(*g*) Next of Kin Gladys Clare (*h*) Relationship Wife.

(*i*) Address of Next of Kin 526 Hill Street. London Ontario, Canada

2. Age last birthday 24 Date of birth Feb. 12th 1895

3. Enlistment, or Appointment (if an Officer) (*a*) Place. London.Ont. (*b*) Date Dec.9th 1915.

4. Personal description:

(*a*) Height 5' 11" estimate (*b*) Weight 160 (stripped) (*c*) Complexion Fair

(*d*) Colour of hair Black (*e*) Colour of eyes Blue (*f*) Identification marks, Scars, etc. Tattoo, Hands, Heart & Flags.

5. Former trade or occupation Shipper.

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	144

	Periods	
	From	To
Canada	Dec.9th 1915	11-11-16
England	11-11-16	10-5-17
France or other theatres of War	10-5-17	Apr.16th 1919.

7. Original disease, or injury Refractive Error.

(*a*) Date of origin Adolescence (*b*) Place of origin Canada

(*c*) Cause Unknown.

M. F. B. 227.
400M.—11-18.
1272-39-117.

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.)

Partial loss of function both eyes. (Defective Vision)

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.)

Specialists Report, Witley. 2-5-1919.

	Without Glasses	With Glasses. Sph.	Axis.
Visual acuity. Rt.	6/18	-1.00	6/9.
" " Lt.	6/18.	-1.00	6/9.

Category recommended is "A"
Original disease or injury. Refractive Error.
Date of origin. Adolescence.
Present disability. Myopia.
Condition was present previous to enlistment and has not been caused by service. Has not been aggravated by service. Sgd. Wm.A.MacDonald. Capt.CAMC.

Subj:- Invalid cannot see objects at a 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. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (Albumen and Sugar will be excluded.)

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.

Urine normal.

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

Eye condition has existed since childhood. Not getting worse.

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*).)

Pneumonia 1903. No disability.
Otitis Media Rt. 30-8-17. No disability now.
1907 Enlarged glands of L. neck.

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

Large scar of left neck. Good condition.

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.)

b. No.

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

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

Nil.

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

N.A.Christie. Capt. CAMC
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 Leonard James Clare 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

Leonard James Clare. Rank.
Signature of invalid examined.

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.

Concur.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)	Yes. "A"
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)	
(*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.)

R.T.C. Auth. A.G. Tel. 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.

H.H.MacKenzie. Capt. CAMC *President.*

PLACE Witley

C.E.Frain. Capt. CAMC } Members

DATE 3-5-19.

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.....

DATE.....

Members

APPROVED BY ..... APPROVED BY .....

Assistant Director of Medical Services. *Director-General of Medical Services.*

DATE..... DATE.....

CERTIFIED TRUE COPY
D.M.S. HEADQUARTERS
CANADIAN CORPS CAMPS
2 MAY 1919
WITLEY SECTION.

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.
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5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled 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 3-5-19

1. 1 (*a*) Unit 2nd. Div. Pool. (*b*) Regimental No. 823184 (*c*) Rank Pte.

(*d*) Surname Clare. (*e*) Christian name Leonard James.

(*f*) Home address 66 Carling Street London, Ontario. Canada.

(*g*) Next of Kin Gladys Clare (*h*) Relationship Wife.

(*i*) Address of Next of Kin 526 Hill Street. London Ontario, Canada

2. Age last birthday 24 Date of birth Feb. 12th 1895

3. Enlistment, or Appointment (if an Officer) (*a*) Place London.Ont. (*b*) Date Dec.9th 1915.

4. Personal description:

(*a*) Height 5' 11" estimate (*b*) Weight 160 (stripped) (*c*) Complexion Fair

(*d*) Colour of hair Black (*e*) Colour of eyes Blue (*f*) Identification marks, Scars, etc. Tattoo, Handsm Heart & Flags.

5. Former trade or occupation Shipper.

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	Periods From	Periods To
	3	144		
Canada			Dec.9th 1915	11-11-16
England			11-11-16	10-5-17
France or other theatres of War			10-5-17	Apr.16th 1919.

7. Original disease, or injury Refractive Error.

(*a*) Date of origin Adolesence (*b*) Place of origin Canada

(*c*) Cause Unknown.

M. F. B. 227.
40UM.—11-18.
1772-39-117.

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.)

Partial loss of function both eyes. (Defective Vision)

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.)

Specialists Report, Witley. 2-5-1919.

	Without Glasses	With Glasses. Sph.	Axis.
Visual acuity. Rt.	6/18	-1.00	6/9.
" " Lt.	6/18.	-1.00	6/9.

Category recommended is "A"
Original disease or injury. Refractive Error.
Date of origin. Adolescence.
Present disability. Myopia.
Condition was present previous to enlistment and has not been caused by service. Has not been aggravated by service. Sgd. Wm.A.MacDonald. Capt.CAMC.

Subj;- Invalid cannot see objects at a 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.. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System..No.. (Albumen and Sugar will be excluded.)

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..

Urine normal.

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

Eye condition has existed since childhood. Not getting worse.

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*).)

Pneumonia 1903 No disability.
Otitis Media Rt. 30-8-17. No disability now.
1907 Enlarged glands of L. neck.

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

Large scar of left neck. Good condition.

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.)

b. No.

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

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

Nil.

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

N.A.Christie. Capt. CAMC
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 Leonard James Clare 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

Leonard James Clare. Rank.
Signature of invalid examined.

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 (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (.D.3)
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (F.851). & Dup
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
Checked by No. 18
Date 9/5/19
GSB

M 11-2-35 OG 3
WAR SERVICE BADGE,
CLASS No. A
184558

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 823184
2. Rank. PC
3. Name. Clare Leonard James
4. Unit. 18th Can Bn
5. Date of Discharge MAY 19 1919 Place ~~London~~ Ottawa
6. Reason for Discharge Demobilization
7. Authority. RO 1470
8. Proposed Residence after Discharge 66 Carling St London 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.? 31

Leonard James Clare
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on Date JUN 25 1919

Place

Date

Dispersal Station "G" Military District No. 8 MAY 19 1919

Signature [signature] Captain for O. C. Dispersal Area Station G.
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

(21100) Wt. W8466—P 1968 250m. 1/19. D & S. (E 1256)

Army Form W3997.

Regtl. No. 7164 Rank Pte

Name Leonard James Clare
(Christian Names in full) (Surname)

Unit 7th Regt. or Corps CMR

Date of { Discharge* / Disembodiment* / Transfer to the Reserve* } .....191.....

* Strike out whichever inapplicable.

COVER

FOR

DISCHARGE DOCUMENTS.

NOTE.—In every case where A.F. Z. 22 is included among the documents the letter Z is to be stamped in the space provided below.

WAR SERVICE BADGE
CLASS A.

No. 9

Regtl Number 853035 Rank ~~Pte~~ L/cpl

Name EADE (Surname) HAROLD JOHN (Christian Name in full)

Regt or Corps COR

Unit 4th Battn

Original Unit 177th Battn

Category A

Occupational Group Sailor 22

Next of kin Mother

Religion Cof E.

Place of Residence Barrie Ont

Documents	Date
Trip Attestation Paper	26/4/19
Casualty form (A.F.B.)	30.3.19
Medical History Sheet	30.3.19
Proceedings of Medical Board	30.3.19
Dental Board Certificate (C.A.D.C.5009a)	27.3.19
Field Conduct Sheet (A.F.B.122)	1-4-19
Proceedings on Discharge (M.F.B.218a)	28-3-19
Discharge Certificate (M.F.B.39)	28-3-19
Copy of Discharge Certificate (M.F.B.39a)	28-3-19
Special Envelope	30.3.19
Q.M.G. Form (L.D.S.2)	2/4/19
Last Pay Certificate (F.651)	9.4.19
Pay Book (A.F.64)	9.4.19
War Service Gratuity (P.480)	27/3/19
Dispersal Certificate (C.D.3)	27.3.19

OLYMPIC
SOUTHAMPTON
15.4.19

AUDITOR | PAYMASTER

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

M. OR S.

REGT. NO. 823184 RANK Pte. NAME (IN FULL) CLARE Leonard James. (BLOCK LETTERS SURNAME FIRST)

IF IN P.F. WHAT UNIT?

NEXT OF KIN: Mrs. Gladys Clare, RELATIONSHIP: Wife
ADDRESS: 66 Carling St., London, Ont.

IS SEPARATION ALLOWANCE PAID? Yes DATE EFFECTIVE 1-3-16

TO WHOM PAID: Mrs. Gladys Clare, RELATIONSHIP: Wife
ADDRESS: 66 Carling St., London, Ont.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Pte. Leonard James Clare, 66 Carling St., London, Ont.		

ORIGINAL UNIT C.E.F.: 142nd Bn.
PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY
DATE OF ATTESTATION: 9-12-15. TRANSFERRED TO — DATE — AUTHORITY
ASSIGNED PAY $ 20.00 DATE EFFECTIVE 1-11-18.
PAYABLE TO — ADDRESS: Mrs. Gladys Clare, 66 Carling St., London, Ont. RELATIONSHIP: Wife
ANY CHANGE IN ASSIGNEE OR ADDRESS
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE
DISCHARGED — PLACE: Kingston. DATE: 19-5-19. REASON: Demob. AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY: 1363

MONTH	PAY AND F.A. No. of Days	Rate	Amount	Other Credits		Total Credits	Acquittance Rolls Col. 1	Col. 2	Col. 3	Cash Payments Col. 1	Col. 2	Col. 3	Assigned Pay	Regimental Charges	Other Charges		Total Debits	Balance Debit	Balance Credit	Particulars or Remarks
BALANCE FROM PREVIOUS ACCOUNT																				Returned "Olympic".
																6.29		6.29		Bal. per Eng L. P. C.,
May	25	1.10/11	27.50	35.00 70.00		132.50				4.87	5.00	96.34	20.00				126.21			Clothing Allce. and 1st Payment W. S. G. Pay to Estimate date of discharge. Advances in England. Boat Money, Train Money.
															6.60		6.60	6.60		Overpaid 6 days on discharge.
																				M.90 2595 RC
			W.S.G.	S.A.		War Service Gratuity							W.S.G.	S.A.						
183 days at minimum			420.00	180.00									70.00	30.00			100 ~~70~~	350	150 ~~350~~	1st Pay.t. W.S.G. + S.A. (Chq. 274074) 16/6/19.
														30.00						2nd Pay.t. S.A. (Chq. 274156) 18/6/19.
													70.00				200 ~~140~~	280	120 ~~280~~	2nd Pay.t. W.S.G. (Chq. 274157) 18/6/19
															11.00					O/P. S.A. — 11 days.
															6.60					Balance as above.
													63.40	19.00			300 ~~210~~	210	90 ~~210~~	94 62 89-90 July 16/19.
													70	30			400	146	60	964975-76 Aug 16/19
													70	30			500	70	30	1311581-82 Sept 17/19
													70	30			600	—	—	1324881+82 Oct 15/19

200M-3-19.—L. L. 58786-H. & D. 9985.
M. F. W. 2596.
1772-39-1390.

P. 559
MARRIED OR SINGLE Married

PLACE OF BIRTH "London" Ont. Canada

NAME AND ADDRESS OF NEXT OF KIN Mrs Gladys Clare
529 Hill St, London, Ont, Canada

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ 20.00 EFFECTIVE (DATE) 1-3-16

PAYABLE TO Mrs Gladys Clare
529 Hill St, London, Ont, Canada

RELATIONSHIP OF DEPENDANT Wife

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO 823184 RANK ~~Lance~~ Pte/Cpl. NAME Clare, Leonard James

IF IN PERMT. CORPS / WHAT UNIT — UNIT 142nd Bn. TRANSFERRED TO 23rd Res. Bn. DATE 12-11-16 AUTHORITY 30.182.

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO 4th R. Bn. DATE 11-2-17. AUTHORITY 30.1046/17

PLACE OF ATTESTATION London, Ontario — TRANSFERRED TO 18 Bn. DATE 1-11-17 AUTHORITY N.R.

DATE OF ATTESTATION 9-12-15 — TRANSFERRED TO Can. V.H. Field. DATE 1-2-18. AUTHORITY 3rd Can. Sch. Pond 140. 15/11/17

M Stop Y.M.C.A 1-4-18. L R

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1-11-16

PAYABLE TO Mrs Gladys Clare, 529 Hill St, London, 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 L

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) 61

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	No.	REMARKS
1916														14 50	14 50									Balance from Canada							14 50					
Nov 1-11	11	1.00	11	-	11	10	1	10							12 10													20 -		20 -	6 60					
" 12-30	19	1.00	19	-	19	10	1	90							20 90			3894	15/11					14 60						14 60	17 90				
Dec 1-31	31	1.00	31	-	31	10	3	10							34 10			3095 / 3016	15.12					2 43 / 4 87				20		27 30 / 61 90	19 70				
" " "			6	10			6	10							81 60																				
1917			67	10																															
Jany 1-31	"	1.00	34	10											34 10	3146	31.12							2 43				20		22 43	31 37				
Feby 1-10	10	"	11												11													20		20	22 37				Left Res. Bn. 11-2-17 Wid 4-4-17
															45 6 70															104 33				
	11.28	18	19	80											19 80	128	30/1	45	16/1					4 87	4 87					9 74	32 43				
	Mch 1-31	31	34	10											34 10	222	15/2	4334 / 345 / 363 / 417	27/3 / 15/3 / 13. / 22/3					4 87	4 86 / 4 87 / 17 30 / 17 03.			20.		58 93	7 60				
	Ap 1-30	30	33												33													20		20	20 60				
	May	31	34	10											34 10	163 / 39	28/4 / 14/4							2 43 / 4 87				20		27 29	27 41				
	June	30	33.												33.	238	9/5							4 87				20		24 87	35 54				
	July	31	34	10											34 10													20		20.	49 64				
			300	30										14 50	314 80									24 33	60	83		180		265 16					
			300	30										14 50	314 80									24 33	60	83		180		265 16					

823184 Pte Clare Leonard. James

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.	Date	2 No.	Date	3 No.	Date	4 No.	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
			300	30										14 50	314 80									24 33	60 83			180		265 16	49 64				
Aug	31	1/10	34	10											34 10					1139 291	22/5 6/6	GBD 2nd Cut				4 46 2 68		20		27 14	56 60				
Sept	30		33												33													20		20	69 60			69 60	
			367	40										14 50	381 90									24 33	60 83	7 14		220		312 30					

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
		~~69 60~~							69 60		
Oct.	31 days @ Pte 1/10	34 10		Can. A.P.				20			
				23592-239 19.6.17. 18 Bn	2 68						
				DN aR 449 5/8/17 ✓ ✓	2 67						
				" aR 2367 8/9/17 G.B.D.	7 14				71 21		
		34 10			12 49			20			
Nov.	30 ✓	33		C aP				20			
				aR 798 13/10 2.1.B.D.	4 46						
				" 686 22/9 "	4 46						
					8 92						
				304 8/7 18 Bn	2 68						
				367 20/7 ✓	2 68						
Dec.		34 10						20			
				" 868 30/10 2 I.B.D.	4 46				79 57		
1918		67 10			18 74			40			
Jan 31	✓	34 10		C aP.				20			
				· 862 15/11/17 C.O.H.	13 38						
				· 907 30/11. 1 CVH.	4 46						
				· 4289 10/11. C.G.B. Depot.	4 46						
				· 936 15/12. 1 CVH.	4 46				66 91		
		34 10			26 76			20			
								20			
Feb.	KP	30 80		I. on R. aRW 3069. "a" Vchr.	35						
				DN 972. 31/12. 1 CVH.	5 35						
				aR 1011 1 Coth. 15/1	4 46						
				· 1089 " 31/1	4 46				63 09		
		30 80			14 62			20			

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
1918				Balance					63 09		
Mar	KP	34 10		C aP				20			
				(33) aR Dn 488. 24/8/17. 18 Bn.	2 68						
				45 Ct Lan 7150 17/3.	14 60						
				45 Dn 7761 16/2 C.G.B.D.	4 46						
				54 aR 3841 14/3 2 D 2 Amb.	53 53						
				62 · 1751 26/3 do.	4 46						
		34 10			79 73			20	2 54		

P 820
12474--375H--13-2-18.

* Strike out whichever is inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.11.16		EFFECTIVE DATE:-	
AMOUNT:- 20 00		AMOUNT:-	

NAME:- CLARE Leonard Jas.

NUMBER:- 823184

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.

Mrs Gladys Clare (wife)
529 Hill St. London Ont

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 142nd Bn

DATE ACCOUNT FIRST OPENED:- 1.11.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
do 140. 15.11.17	1.2.18		6 Can'd
4 R.	1-4 18	25/4	MSDep 1/11CA

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
~~28/3~~	~~2476~~	~~Reg~~	~~7 50~~			Ledger Balce	5 4 3 4
~~10/4~~	~~865~~	~~Interest~~	~~4 66~~			Ledger	6 29
~~23/4~~	~~1165~~		~~48 67~~				
			60 63				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis Canada per R. 76th. Broomhold Hosp 1.25.4.19

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Balance forward			C.A.P.				20 00	2 54		
Apl	P. P.	33		75 16/4 2 Fd. Am	8 92						
		33			5 92			20 00	1 54		
				C.A.P.				20			
May	P P	34 10		171 9/5 Fd am. 2nd Dn	3 57						
				264 19/5 "	8 03				4 04		
		34 10			11 60			20			
				C.A.P.				20			
June	P.P.	33		581 25/6 "	7 14				9 90		
		33			7 14			20			
July	P.P.	34 10		C.A.P.				20			
				445 15/7 "	8 03				15 97		
		34 10			8 03			20			
Aug	P.P.	34 10		C.A.P.				20	30 07		
		34 10						20			
Sept	P.P.	33		C.A.P.				20			
				AR 892 6 C.F.B. 1.9.18	7 14						
				" 653 HQ 24 Bde 18.8.18	3 57				32 36		
		33			10 71			20			
Oct	P/P	34 10		C.A.P.				20	46 46		
		34 10						20			
Nov	P. P	33							79 46		
				1262. 12/11/18. 8 Rde CFA	7 46				72.		
				2255 12/11/18 2 Cdn Sig Co	7 46				64 54		
				C.A.P.				20	44 54		
				891. 28/11/18. 13 Rde CFA	18 66				25 88		
		33			33 58			20			

NUMBER 87318 RANK NAME CLARE Leonard Jas

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov	B. Ford	33			33 58			20	25 88		
Dec	" "	34 10							59 98		
				Cad				20	39 98		
Jan	" "	34 10							74 08		
				Cad				20	54 08		
		101 20			33 58			60			
				1443. 18.12.18. HC/Bde 2.	6 49				47 59		
				1185. 17.1.19. 13 Rhodes 3	5 03				42 56		
Feb	" "	30 80		Cad				20	53 36		
				5632. 21.2.19. Brusses 9	18 66				34 70		
				2199. 19.2.19 Bellevue 10	3 73				30 97		
Mch	" "	34 10		Cad				20	45 07		
				3564. 8.2.19. 18 Bn 13	3 73				41 34		
		64 90			37 64			40			
Apl	" "	33		Cad				20	54 34		
				2476. 28.3.19. 3 H Dn 1	7 30						
				865 10.4.19. 6 EC 2	4 56						
				465. 22.4.19 Wiring 4	48 67				6 19.		
		33 33			60 53			20 20			

Cad. 10.5.19. 64. 3.