

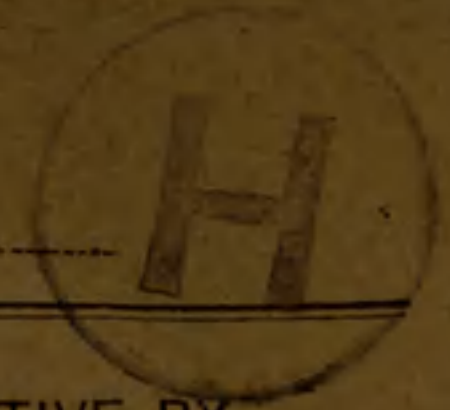
REGIMENTAL DOCUMENTS


Wac
 NAME **CLARKSON** *James Allen*

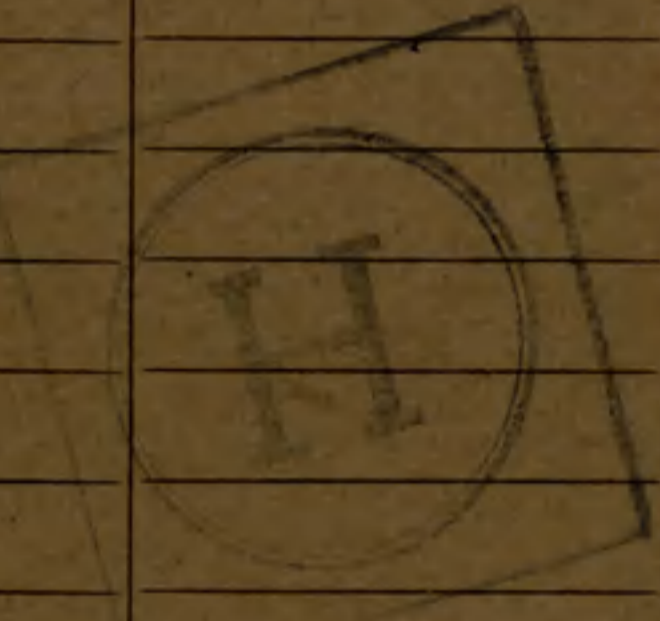
REGT. NO. *3108107*

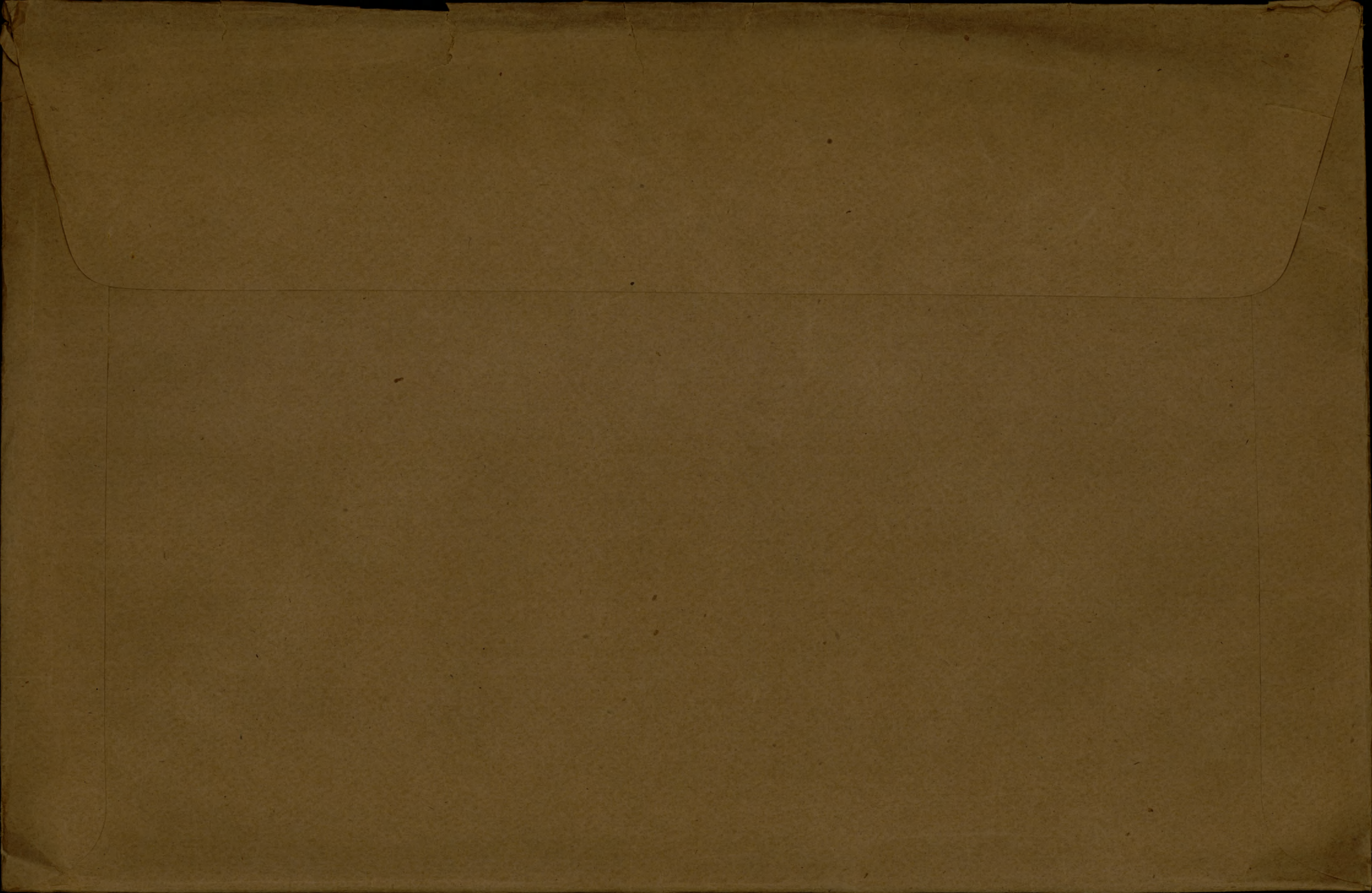
UNIT *3rd Res Bn*

H. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
<i>2</i> ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<i>18-7-19</i>			<i>23574</i>	DEATH
<i>2</i> CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			Category		
TRAINING HISTORY SHEET (M.F.W. 113)					
<i>1</i> FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
<i>1</i> REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
<i>1</i> COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
<i>3</i> MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
<i>1</i> DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Bomb</i>
<i>1</i> MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
<i>1</i> COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					<i>30-12</i>
<i>2</i> <i>C-23</i>					<i>4-12</i>
<i>1</i> <i>M.F.W. 67</i>					<i>6-12</i>
<i>1</i> <i>Cert Re Category</i>					<i>J</i>
<i>2</i> <i>A.F.B. 120</i>					
<i>1</i> <i>A.F.B. 121</i>					
<i>1</i> <i>...</i>					
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<i>1</i> <i>...</i>					





RR.

D. D

No. 2 M. D. 1st Depot Battalion 2nd. C.O.R. Regiment
Regtl. No. 3108-107.

M.S.A.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

ORIGINAL

1. Surname..... Clarkson,

2. Christian name..... James A *initial only*

3. Present address..... 2072 Angus St. Regina Sask.
267256 BC.

4. Military Service Act letter and number.....

5. Date of birth..... 18th March 1891.

6. Place of birth..... Midland, Ont. Canada.
(town, township or county and country)

7. Married, widower or single..... Single.

8. Religion..... C. of E.

9. Trade or calling..... Clerk.

10. Name of next-of-kin..... Allan Edwin Clarkson,

11. Relationship of next-of-kin..... Father.

12. Address of next-of-kin..... *S13W L. MOC. R. D. B.*
Midland, Ont. Canada. 2nd C.O.R.

13. Whether at present a member of the Active Militia..... No.

14. Particulars of previous military or naval service, if any..... None.

15. Medical Examination under Military Service Act:—
(a) Place Regina Sask. (b) Date 7th. November (c) Category A-2

DECLARATION OF RECRUIT

I, James A Clarkson, do solemnly declare that the above particulars refer to me, and are true.

James A Clarkson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	26	yrs.	8	mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease. Hearing normal. Visual acuity, normal. Complains of pleurisy seven years ago. Left side no evidence. Wears a suspensary.	
Height.....	5	ft.	4	1/2		ins.
Chest measurement } fully expanded.....			32	1/2		ins.
	range of expansion.....			1		1/2
Complexion.....	Fair.					
Eyes.....	Grey.					
Hair.....	Brown.					

Wm Stewart
O. C. 1st DEPOT BN., 2nd C. O. R. Depot Btln.
Regt.

Place Hamilton, Ontario. Date 25th. February 1918.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class: _____

1. Name of recruit	James A. ...
2. Name of father	...
3. Name of mother	...
4. Address of recruit	...
5. Date of birth	...
6. Place of birth	...
7. Height	...
8. Complexion	...
9. Eyes	...
10. Hair	...
11. Education	...
12. Occupation	...
13. Address of next of kin	...
14. Relationship of next of kin	...
15. Whether present a member of the Armed Forces	...
16. Particulars of previous military service	...
17. Medical examination under Military Service Act	...
18. (a) Date of last medical examination	...
(b) Name of doctor	...

DECLARATION OF RECRUIT

I, James A. ... do hereby declare that the particulars given above are true and correct to the best of my knowledge and belief.

Signed: James A. ...
 (Signature of recruit)

DESCRIPTION ON CALLING UP

Age	...
Height	...
Complexion	...
Eyes	...
Hair	...
Build	...
Strength	...
Endurance	...
General appearance	...
Remarks	...

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3108107 (Rank) Pte.

Name (in full) James Allan Clarkson enlisted in

the 1st Central Ontario Regt.

CANADIAN EXPEDITIONARY FORCE at Hamilton on the 25th

day of February 1918

HE served in 1st C.O. Regt. D.

Demobilization.

and is now discharged from the service by reason of

Medical Unfitness.

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

Age 29 years

Marks or Scars

Height 5ft 5ins

None

Complexion Fair

Eyes Blue

Hair Brown

J. Clarkson Signature of Soldier.

[Signature] Issuing Officer.

Date of Discharge NO. 2 DISTRICT DEPOT JUL 4-1919 TORONTO

For O.C. No. 2 District Depot Rank

Date JUL 4-1919 19

NB.- 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.

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

DEPT. OF DEFENSE

JUL 4 - 1919

RECEIVED
JUL 1 1919
TORONTO

13-1-0.

West Cliff Canadian Eye & Ear Hospital.

Folkestone. 17-4-17.

OP.

From O.C. West Cliff Canadian Eye & Ear Hospital.

To: S.M.O. C.A.S. C.T.D.

The marginally named man complains of deafness and sore ears.

His hearing is normal, but he has slight eczema of the external ear, for which I have given him some treatment.

Pte Crocker. C.

513372.

C.A.S.C.

Recommend patient for class A.1

W. G. G. G. G. G.

Captain. C.A.M.C.
for O.C. West Cliff Canadian Eye & Ear Hospital.

COU/V.

M.S.A. REGIMENTAL No. 3108107

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917.

CLASS.....

1. Surname..... Clarkson
2. Christian name..... James A.
3. Present address..... 2072 August St. Regina Sask.
4. Military Service Act letter and number..... 26 72 56 B.
5. Date of birth..... 15th March 1891
6. Place of birth..... Midland Ont. Canada
(town, township or county and country)
7. Married, widower or single..... Single
8. Religion..... C.P.C.
9. Trade or calling..... clerk
10. Name of next-of-kin..... Allen Edwin Clarkson
11. Relationship of next-of-kin..... Father
12. Address of next-of-kin..... Midland Ont. Can.
13. Whether at present a member of the Active Militia..... No
14. Particulars of previous military or naval service, if any..... None
15. Medical Examination under Military Service Act:-
 (a) Place..... Regina Sask. (b) Date..... 7th Nov. (c) Category..... a 2

DECLARATION OF RECRUIT

I, James A. Clarkson, do solemnly declare that the above particulars refer to me, and are true.

James A. Clarkson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 26 yrs..... 8 mths. Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Height..... 5 ft..... 4 1/2 ins.

Chest) fully expanded..... 32 1/2 ins.
 measurement)
 range of expansion..... 1 1/2 ins.

Complexion..... Fair

Eyes..... Grey Hair..... Brown

Having normal comp. of Pharynx 7 yrs. ago no evidence was a suspension

Certified true copy W. H. B. Holt Capt. O.C. 2nd Reg. Bn. 2nd C.O.B. Depot BtIn.

for Col. i/c Records, on file

Place..... Hamilton Ont. Date..... 25 Feb. 1918 Regt.

M.F.W. 133. 3M-19-4-18.

PARTICULARS OF RECRUIT

CLASS

CLASS

Recruit name

Recruit address

Military service and number

Date of birth

Place of birth

State, township or county and country

Height

Weight

Complexion

Hair

Eyes

Build

Education

Previous military or naval service, if any

Reason for calling

Date

DECLARATION OF RECRUIT

I do solemnly declare that I

am the person named in the foregoing particulars, and are true

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height

Weight

Complexion

Hair

Eyes

Build

Education

Previous military or naval service, if any

Reason for calling

Date

Signature of Recruit

Signature of Recruiting Officer

Date

Place

Signature of Recruiting Officer

Date

Place

Certified this document checked with Regimental documents

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

2

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 James Allan 2. Surname Clarkson

3. Rank Pte 4. Original Unit 1st C.O.T.R. 5. Reg. No. 3108107

6. Address, in full, to which future payments of gratuity are to be forwarded. British Bank North America Montreal

7. Date of enlistment in the C.E.F. February 25 1918

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. No

9. Relationship of such dependent. No

10. Address, in full, of such dependent. No

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. (Canada) 1st C.O.T.R. 2 months (England) 1st C.O.T.R.D. 14 months (France) Nil

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

5134 Wt. /30P. 250,000(8). 2/19. S.O.,F.Rd. 6624 Wt. /P56. 20,000(4). 5/19. 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? If so what class?.....

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

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

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

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

24. Are you now serving in the C.E.F.?..... If not, give: (a) Date of discharge

DEMOBILIZATION (b) Reason for discharge.....
JUL 4 1919

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?.....

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: *J. A. Clarkson*
 Place of Residence: *Midland, Ont.*
 Declared before me at: *Witley Surrey*
 This.....*6th* day of.....*June* 19*19*

QUESTIONS No. 12, 13, 14, 20, 23, 25, 26 AND 27, ARE UNANSWERED

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.

E. Chadwin
Magist

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

MILITARY SERVICE ACT, 1917.

3108107

MEDICAL HISTORY SHEET.

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

ORIGINAL

1. Surname Clarkson Christian name James
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) 2072 Angus St. Regina Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7th day of Nov. 1917, by the undersigned medical board sitting at Regina Sask.

5. Age as stated 26 Years 8 Months. 6. Apparent age _____ Years _____ Months
7. Height 5 Feet 4 1/2 Inches. 8. Weight 115 Pounds.
9. Chest measurement { Minimum 31 Ins. Maximum 32 1/2 Ins. } 10. Complexion fair { Eyes grey Hair brown
11. Physical development fair { Good Fair Poor } 12. Smallpox marks _____
13. Number of vaccination marks { Right arm _____ Left arm _____ } 14. When vaccinated last childhood
15. Distinctive marks and marks indicating congenital peculiarities or previous disease Vision and hearing normal.

16. Slight defects but not sufficient to cause rejection Complains of Pleurisy seven years ago
The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis } Left side no evidence. Wears a suspensary.
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

M.C. Roberts President. D. Birney Member. Seymour Ross. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1-3-18</u>		<u>DR Holmes M.O.</u>	<u>26-2-18</u>		<u>M.O.</u>
		<u>M.O.</u>	<u>1-3-18</u>		<u>DR Holmes M.O.</u>
		<u>M.O.</u>	<u>5-3-18</u>		<u>TAB M.O.</u>

Joined 25 day of Feb 1918 at Hamilton Ont

CORPS	REG'TL NUMBER	HABITS	DATE
<u>203 2nd COR</u>	<u>3108107</u>		<u>28/5/18.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD:
STATION ST. JOHNS, P.Q. DATE MAY 4 1918 RESULT as above
President Medical Board, St. Johns, P.Q.

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

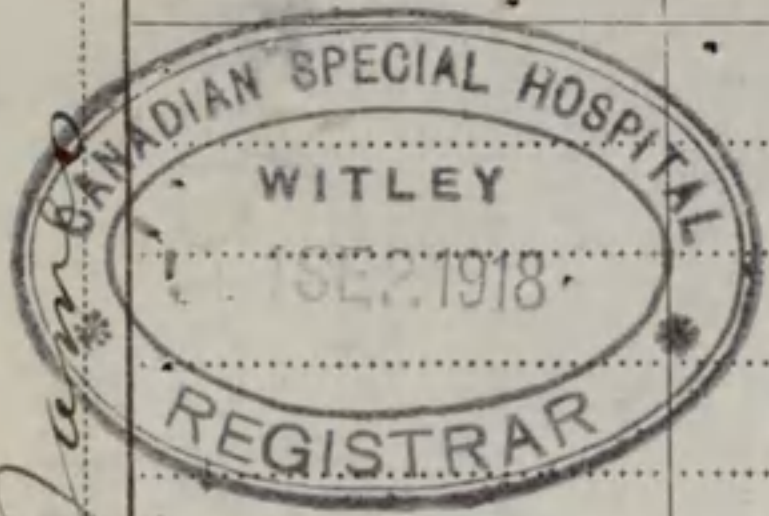
Signature of Man James A. Clarkson

31-3-19 A. McLean mjr

CAPT. O. C. Mobilization Centre HAMILTON, ONT.

ST. JOHNS, P.Q. MAY 4 1918

Surname *Clarkson* Christian Name *Jam*



STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		31	8	18	12	9	18	V.S.S.	14	Healed. 2 July 1908 + 149 DOHP AS OUT PATIENT Stoppages as per dates	<i>J.H. Wilson</i> Capt. C.M.B.
		7	10	18	30	12	18	Gonorrhoea V.S.S.	85	apparently cured. Injections local treatment & mild diet Still requiring V.S.S. treatment as out patient. See preceding entry. Stoppages as per dates.	<i>J.H. Wilson</i>
		14	2	19	22	2	19	Bronchitis	9	Cough & expect. Mucus, thin, white. Drugs & Boreschogate Me.	<i>W. H. Wilson</i>
		22	2	19	3	4	19	Bronchitis	40	on admission. acute. cough, chest pain, etc. respiratory apparatus - etc. coughing, chest now clear, temp. normal. Other symptoms nil.	<i>W. H. Wilson</i> Capt. C.M.B.

NO 12 CAN. GENERAL HOSPITAL

By a Canadian General Hospital
Witley, Surrey

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. *3108 107*
 Rank. *Pte* Surname. *Clarkson* Christian Name. *J. A.*
 Unit. *3rd Cav Res.* Age. *27* Service. *10/12*
 Year. *BIT. 541*

Station and Date.
22. 2. 19

Disease *Bronchitis.*

OCCUPATION *clerk (hardware store.)*

NEXT OF KIN

ENLISTED *Feb 18/18*

ENGLAND *May 27/18*

FRANCE *nil.*

WOUNDED

PREVIOUS ILLNESS

breast. - Typhoid + Pleurisy 1917.
War - nil.

OPERATIONS *Reported illness. - Feb 11/19*

HOSPITALS

Branshott Hospital. Feb 14/19.
admitted here. Feb 22/19.

CHIEF COMPLAINT (on admission)

cough.
Soreness on left side.

SUMMARY OF F.H.C.A.R.F.F. *not available.*

PRESENT CONDITION

Reported ill with severe cough.
aching throughout body, pain in both

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420) (P.T.O.)

Station
and Date.

and nausea

Examination.

Chest.

Coarse rales in left base - inspiratory
and expiratory - better on coughing.

Heart - nil.

Abdomen - nil.

Nervous System - not any organic change
found.

Lymphatic System.

Epitrochlear glands enlarged,
hard.

Other Systems.

not any organic change found.

2.3.19.

Temperature & pulse normal.

Height.

Medison, Capt. C.A.M.S.

26.3.19.

Chest clear. Temperature & pulse normal.

Discharge to duty.

Medison, Capt. C.A.M.S.

REMARKS OF S.M.O. (I.C.)

THE HON. SECRETARY

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B: 181.

Corps 3rd Reg. Military Hospital 12th C. H.
 No. 3106107 Rank and Name Clarkson J. A. Age 37 Service 10/2
 Disease Bronchitis Date of admission 15. 2. 09. Date of discharge _____ Result Improvement

Dates of Observation	Time																													
	A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.			
X 15 16 17 18																														
Days of Disease																														
Temperature Fahrenheit																														
107°																														
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute																														
Respirations per Minute																														
Motions per 24 hours																														

Signature Arthur J. [unclear] In charge of case.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 1081 Year 1919	Regimental No. 3108107	Rank. Pvt.	Surname. Clarkson	Christian Name. J. A.
	Unit. 3 Res.	Age. 27	Service. 10/12	
Station and Date.	Disease <u>Bronchitis</u>			
<u>Complaint</u>	Cough - slight expect ^m			
<u>Duration</u>	2 wks.			
<u>I. H.</u>	negative			
<u>P. H.</u>	Syphilis followed by plunging 10 yrs ago.			
	No other illness -			
	Catches cold rather easily			
<u>Present Illness</u>	Began 2 wks ago. Soreness left side of chest - cough & some pain left side			
	<u>Resp. System</u>			
	Well developed chest. Expansion good & equal. No areas of dullness noted. Many rhonchi & ribrant rales particularly especially at upper parts.			
	Heart & lungs. Digest, Nerv. Musc. & system normal			
<u>Treatment</u>	R 413 3; 9 & hrs			
20.2.19	Improved. Drows. & Barium sticks			
	L.A.S.			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station
and Date.

2

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

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block letters)

CLARKSON

S. A.

REGIMENT

10th C. P. R. A.

RANK

PL-1

No.

3108107

Date of Examination in England

26/4/19

Date of Examination in France

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

11, 13, 6, 7, 19.

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

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

(c) In France

Signature of Dental Officer

FORM 10
OFFICERS

CANADIAN ARMY DENTAL CORPS (C.A.D.C.)
DENTAL CERTIFICATE FOR DEMOBILIZATION

The following information is to be filled in by the dental officer in charge of the dental clinic at the time of the dental examination of the patient.

NAME OF PATIENT
SERIAL NUMBER
REGIMENT
BRANCH
GRADE
DATE OF EXAMINATION
DENTAL OFFICER'S NAME
DENTAL OFFICER'S GRADE
DENTAL OFFICER'S SIGNATURE
DENTAL OFFICER'S ADDRESS
DENTAL OFFICER'S TELEPHONE NUMBER
DENTAL OFFICER'S MAILING ADDRESS

[Handwritten signature]

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. 3108109 Rank Plt Surname CLARKSON
 (Given name in full)
JAMES
 Unit or Corps R.D.W.G. Birthplace MIDLAND. ONT.

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

I. GENERAL DESCRIPTION:

Physique Good Weight 125 lbs. Height 5 ft. 3 1/2 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 78
 Condition of arteries Normal
 Vision Rt. 6/12 Left 6/12
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

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

Opinion as to general health and physical condition Good

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 Yes Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System Yes
 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.

U. S. Sept. 1918
Bronchitis Feb. 1919 Recovered

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Hyson.....(Overseas)

Date 22. 4. 19..... Signed [Signature].....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 [Signature].....

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

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 a Medical Board.)

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

[OVER]

M.S.A.

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.....

1st Depot Btn., 2nd C. O. R.

(2) Regimental Number D3108107.....

(3) Full Name of Soldier..... Clarkson, James ALLAN.....

(4) Place of Birth..... Midland, Ontario, Canada.....

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

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

(b) Present Postal Address.....

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

(8) Have you any children? No.....

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

Also their names and ages.....

A.2.11

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

If so, state name and address Allan Edwin Clarkson. Midland, Ontario, Canada.

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

If so, state name and address Lucy Jane Clarkson.

Midland, Ontario, Canada.

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

Are you her sole support, or not?.....No.....

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

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

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

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

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

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

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

Eric Stanton Major
Officer Commanding.

Date February 26th. 1918.

M.S.A.

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

1st Depot Btn., 2nd C. O. R.

Unit, Regiment or Corps.....

Regimental No. *3108107* Rank *Pte* Name *Clarkson, James A*

Enlisted (a) *25-2-18* Terms of Service (a) *Draft* Service reckons from (a) *25-2-18*

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

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

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				
Transferred to <i>Draft</i> From 1st Depot Batt'n, 2nd C. O. R. <i>Halifaxe</i> <i>Liverpool</i>			<i>Canada</i>	<i>15-5-18</i>	<i>H. J. T</i>
			<i>England</i>	<i>27-5-18</i>	<i>Ajanta</i>
<i>11-6-18.</i>	<i>O.C. 3rd Res. Bn.</i>	<i>T.O.S. from Canada,</i>	<i>Witley.</i>	<i>28-5-18.</i>	<i>Pt. 11.D.O. 162.</i>
<i>31-3-19</i>	<i>3rd. Res.</i>	<i>S.O.S. to 2nd. R.D. Ripon</i>	<i>Witley</i>	<i>31-3-19</i>	<i>D.O. 90</i>
<i>4-4-19.</i>	<i>1 CORP.</i>	<i>Y.O.S. from 3rd. Res. Batten.</i>	<i>Ripon.</i>	<i>4-4-19.</i>	<i>D.O. 76</i>

A. J. Stoddart
Lieut.
O.C. 3rd RESERVE BN. O.C.F.

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

Casualty Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
24/5/19	1st CO Rtd	QOS to O wing	Repton	24/5/19	LIEUT. OFFICER I/c RECORDS,
14/6/19	O'Wing	LOS from 1st Lt Col	Witley	24/5/19	D.O. 55
	ING	S.O.S., O.M.F.C, ON PROCEEDING TO CANADA	WITLEY	JUN 18 1919	D.O. PT. 2 N 36
					Lieut., OFFICER I/c RECORDS, "O" Wing C.C.C.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1.
Part I.

Important
Original not available

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

Nothing to be written in this margin.

W1889-PP1150 IM 5/18 G.W.P.Co.(3490)

<p>(1) *Substantive rank</p> <p>*Acting rank [To be entered in pencil to facilitate alteration.]</p> <p>(4) Surname <i>Clarke</i></p> <p>(5) Christian Names <i>James A.</i></p> <p>(6) Army Form, number of, Attestation Form or Record of Service paper }</p> <p>(7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918]</p> <p>(8) Date of birth as stated on enlistment</p> <p>(9) (a)</p>	<p>(2) Regiment or Corps</p> <p><i>Wpt. 1st Bn 2nd C.O.R.</i></p>	<p>(3) Regtl. No.</p> <p><i>3108107</i></p>
--	---	---

<p>(10) Enlistment (b)</p> <p>(12) Service reckons from (date)</p> <p>(14) Any subsequent variations (if any) of conditions of service }</p>	<p>(11) Engagement (c)</p> <p>(13) Special conditions (if any) of enlistment (d)</p>	<p>Initials and Rank of an Officer.</p>
(Authority)	(date)	

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

(17) Next of Kin

(18) Demobilizer (f) (Place)

(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, Shoing-smith, &c.

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

Arrived in England 27-5-18

11-6-18 3rd Res. W.O. 162 T.O.S. Witley 28-5-18

2-1-19 " W.O. 2 Pay stopped at rate of 60th Pw
Dinner

" 2-1-19
W. Lockhart Capt

FOR LT: COL: I/C RECORDS, C.O.M.

JUN 25 1919 O.S. T.O.S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. 189

JUL 4 1919 S.O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. 189

W.C. Roberts
Lieut.
For O. C. No. 2 District Depot.

Nothing to be written in this margin.

Canadian Special Hospital,

Witley, ¹⁰⁻⁹⁻¹⁸.....

Patient

This should report to the Special Hospital, Witley, at 9.30.a.m. on the dates mentioned overleaf, for the purpose of receiving treatment. He should be given light duty on the day of treatment and on such other days as his Medical Officer finds there is a temporary disability arising from his treatment.

Major, C.A.M.C.
Officer i/c. V.D.S. Clinic.
for O.C. Canadian Special Hospital, Witley.

51462-18

Army Form I. 1239.

FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

3rd Reg Bn.
 16. 9. 18 72 & 84
 23. 9. 18 84 only
 30. 9. 18 72 & 84
 7. 10. 18
 14. 10. 18
 21. 10. 18
 23. 10. 18 Was
 27. 10. 18 obs.

Corps	Company	Regimental No.	Rank and Name	* Date on which case originally came under treatment
		3108107	Pte Clarkson J.A.	31. 8. 18
				REMARKS

To M.O.

Station and date 10/9/18

[Signature]

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.

* When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphilis register, irrespective of the number of registers the case may have passed through.

P.T.O.

31 0810 J.
P. Clark

Charles
Clark

Pt Clutson. J.

3108107.

V.D.S. CLINIC,
Hut 34, Camp 38,
R I P O N, Yorks.

The marginally named other rank has received a full Army course of treatment for V.D.S. and is free from syphilitic lesions. He may be permitted to proceed to Canada, where he should be placed under observation, and given treatment, if necessary.

Chas. J. Stone

Capt.
Major, C.A.M.C.
Officer i/c V.D.S. Clinic

OVERSEAS MILITARY FORCES OF CANADA

Date

For Hospital Representative

Hospital

The originally named soldier has since
been medically examined and placed in Category
A. and is now available to be discharged.

For your information and necessary

action please

Officer Commanding

Hospital

A.G. 10410. 25M.

OVERSEAS MILITARY FORCES OF CANADA.

31 MAR 1916
Date

To:- Hospital Representative,

No. 4 Canadian Gen. Hosp.
..... Hospital.
Basingstoke.

3108107 PTE CLARKSON J.
3 RES. BN. CANADIANS.

The marginally named soldier has this day
been medically examined and placed in Category
A. A and is now available to be discharged.

For your information and necessary
action please.

McSharpe
MAJOR CAMC FOR

Officer Commanding,
No. 4 Canadian Gen. Hospital
..... Basingstoke. Hospital.

Case No. and Name

Corps

Hospital

Ward

of the Laboratory

to be sent out an examination of the accompanying specimen of

with special regard to

Date

1875

01/15

LABORATORY REPORT

HN

of the Laboratory

Date of Examination

12
Regtl. No. Rank and Name Pt. Clapson 3108107 Corps 3 Co.

Disease Bronchitis Hospital 13th C. G. H.

To Officer i/c Laboratory. Ward 7

Please carry out an examination of the accompanying specimen of urine
with special regard to Microscopic

Date 15. 2. 19 Clapson Capt.
O. i/c Ward.

LABORATORY REPORT.

Reaction acid
sp gr 1020
Sugar neg
albumen trace

Microscopic a few Pus Cells
Epithelial Cells
Red Blood Cells

Date of Examination 15/2/19 14 A. Montgomery Capt.
W. 3212. 50M-4-4-18. O. i/c Laboratory.

LTR Rank Name CLARKSON, James A. Reg'l No. 3108107
 Unit Dft 1st Bn 2nd C.O.R. If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Hamilton, 25th Feb, 1918. Place of Birth Midland Ont. Can.
 Name and Address, Next-of-Kin Allan Edwin Clarkson
 Midland Ontario Canada Relationship Father.

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E R.B. No. 28880
 File R.L.
 Category CAN. OP

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England		27-5-18	S/S AJANA
11-6-18	3rd Res	T O S	Witley	28, 5, 18	Pt 2.0, 162
2-1-19.	✓	Pay stopped @ rate of 60 per dem for 25 days (VD)	✓	Pt. 2-1-19	- 2
14-4-19	ICORD	TOS from 3 Res.	Ripon ✓	31-3-19	D081 (3 Res. D090, d/31-3-19)
7-4-19	ICORD	TOS from Hoop.	Ripon ✓	4-4-19	- 76
29.5.19	ICORD	S. O. S to ICORD ^{O'wing}	Witley	25.5.19	- III (D055, d/13-6-19)
26 6 19	OWING	SOS TO CAN		23 6 19	Pt 62 S.L. 84-1-63 25/6/19

MSP

ICOR

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Clarkson.

J.A.

3108107

RANK

UNIT

Co.

TROOP

BATTY.

pte
HOSPITAL

Mb.O. 3R.

DATE OF ADMISSION

1-9-18.

1.

Can. spec. Witley

HOSP. 8-10-18

2.

12. Can. Gen. Bramshott

HOSP. 15-2-19

3.

4 Lt Col. Basingoloke

HOSP. 23.2.19

4.

HOSP.

DIAGNOSIS

1.

~~Myd A.~~ V.D.S. b

2.

V.D.S. b
V.D.S. b
V.D.S. b

3.

V.D.S. b
Bronchitis

DISPOSITION

Dis 13-9-18
" 30.12.18
" 3.4.19

DATE

REMARKS

C. L. 3-9-18 C309

14.9.18 C319 note. diag:

18-9-18 C322

11.10.18 C324

6.11.18 C364

Note. change diag on

2.1.18 C410

C342. to: V.D.S.

8.1.19 C415

NOTE C.410 Diag: now V.D.S. & V.D.S.

21-2-19 C453

27.2.19 C458

8.4.19 C492

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.

"A" Form.
MESSAGES AND SIGNALS.

Army Form C, 2121.
 (In pads of 100.)

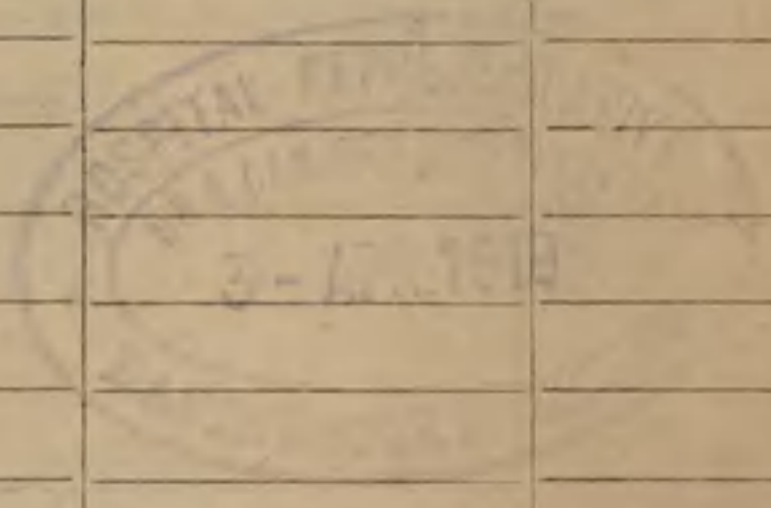
No. of Message

Prefix	Code	m. Words	Charge	Received	Office Stamp.
Office of Origin and Service Instructions.			Sent	At.....m.	
<i>O. H. M. S.</i>			At	Date	
			To	From	
			By	By	

TO { *O. C. 3rd. Res. Bn.*
~~*Witley Camp,*~~
~~*Surrey.*~~ *Ripon*

Sender's Number. Day of Month. In reply to Number. **AAA**

Bas-C-355 aaa 3108107 Pte. Clarkson, J. A.,
3rd. Res. Bn. discharged hospital and instruct
-ed to report to you by 21.00.0'Clock. April
3rd. 1919 aaa Category A aaa



Hospital Representative, primary, Basingstock.

From

Place

Time

The above may be forwarded as now corrected. **(Z)** *[Signature]*

..... Censor, Signature of Addressor or person authorised to telegraph in his name.

* This line, except **AAA**, should be erased if not required.
 (7/1/64). Wt. W 3351/P1522. 500,000. 8/18. B. & S. Ltd. (E3588.)

SURNAME. *Clarkson*

CHRISTIAN NAMES *James A.*

REGL. No. *3108107* RANK *Pte*

UNIT *2nd Cen. Ont. Regt. 1st Depo. Bn.*

FORMER CORPS *Nil.*

2.
CARD NO. *2-2*
4
100189
FOLL. *4-7-19*
8-7-19 *4102*

T. O. S. *Feb 27. 1918.*
D. O. Part II No. *58.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Clarkson, Allan Edwin.*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *Midland, Ont.*

COUNTRY OF BIRTH *Canada, Midland Ont.* DATE *Mar. 18th 1891.*

PLACE OF ATTESTATION *Hamilton Ont.* DATE *Feb. 25th 1918.*

0/5 16-5-18 1256
1

R/L 2-7-19 360
Pt

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Name CHARKSON Rank Pte ^{James A} Reg. No. 3108107
 Unit 3 Res
 Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
1 9	Can S.H. Withey	Q	Q	C309		25467
	Note, Refer Chest	C309	3/9/18			
	Report NYD changed to	V.D.S.		C319		1879
13 9	Discharged		do	C322		8645
8 10	Can S.H. Withey		V.D.S.	C342		28532
	Note Refer C342 of 11/11/18 report		do			
	changed to	(42)	V.D.S.	C364		4865
30 12	Discharged		do	C410		753
	Note Refer C410 of 2/1/19 report		42			
	changed to "50 and		42	C415		6141
15.2.19	N. 12. Can. G. H. Bramsott,		Bronchitis	C433		7188

- P.T.O. -

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
6309.	Campes. Withey	1-9-18	v. N. S. as Per list N. Y. 10. " 9" 6319
6322	Discharged	13-9-18	v. N. S.
6342	Campes H. Withey	8-10-18	I. D. H. 42. Per 6344
6410.	Discharged	30-12-18	42. 7 20 Per 6415
6453.	2 Can Gen Bronchett.	5-2-19	Bronchitis
6458	4 Can Gen Boingetake	23-2-19	Bronchitis
6492.	Discharged	3-4-19	Bronchitis

NAME

C. Jackson. J. A.

REGT'L. No. 3108107

RANK AND CORPS

Pvt (5 Res.)

H. Q. FILE NO 649

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

No. 4 Canadian Gen. Hospital,

Basingstoke HOSPITAL.



AT B. 1. 51.

A. & D. No. PK. PL. OF ACTION UK.

RANK 1st Lt. REG. No. 3108107. UNIT 3. Ban. Res. Bn. SICK OR WOUNDED

NAME Clarkson, J.A. AGE 27. RELIGION C. C.

PLACE IN HOSPITAL 1.

DIAGNOSIS Bronchitis.

ADMITTED 22. 2. 19. FROM 12 Coy. 4th, Bramshott.

DISCHARGED 3 - APR 1919 TO 1. Co. R. S. Ripon

TRANSFERRED

SERVICE AT HOME at home. IN FIELD

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

No 12 CAN. GENERAL HOSPITAL.

HOSPITAL.

**A. & D.
CARD**

AT.....

A. & D. No.

1081

PL. OF ACTION.....

RANK.....

Pte

REG. No.

3108107

UNIT.....

9th Res. Batt.

SICK OR
WOUNDED

NAME.....

J. A. Jackson

AGE.....

27

RELIGION.....

E.C.

PLACE IN HOSPITAL.....

Ward 7

DIAGNOSIS.....

Bronchitis

ADMITTED.....

14-2-19

FROM.....

DISCHARGED.....

TO.....

TRANSFERRED.....

22 2 19

Basingstoke

SERVICE AT HOME.....

10/12

IN FIELD.....

RESULTS.....

(See Document Card for M.H. Sheet and other Documents.)

WAB.
Number 3108107 Rank ~~PLB~~
Surname CLARKSON
Christian Name James A.
Units P.C.O.R. Theatre of War England
Date of Service 27-5-18.
Remarks 230 Elizabeth
Latest Address Gen Off. Midland Dist

Roll No A Page 4762

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

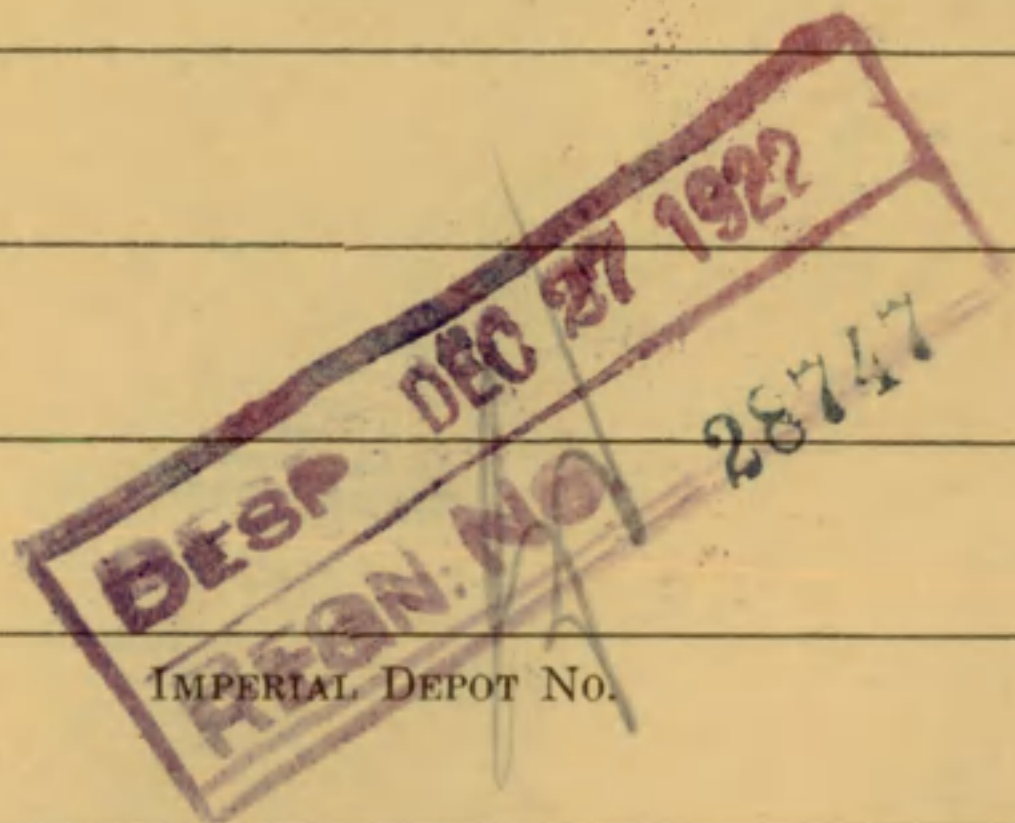
PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

DATE RECEIVED FROM REG. DEPOT.

IMPERIAL DEPOT No.

DATE FORWARDED TO OTTAWA



Date of Enlistment 25.2.18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

1.4.18

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

7324
7324

20 ⁰⁰			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 3108107

Rank *pte* Promoted Reverted Discharge

Soldier's Name *1st Dpt. B.N., 2nd C.O.R., 5 Dpt*

Battalion *Clarkson, James Allen*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MISS MARGARET CLARKSON
MIDLAND

2 ONT 20 20.00

3 % 3108107 PTE JAMES ALLEN CLARKSON
TWENTY DOLLARS

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Apr</i>	<i>71222</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>K. 19445</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>G. 23399</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>T. 33413</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Aug</i>	<i>G. 36570</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Sept</i>	<i>G. 44954</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Oct</i>	<i>I. 54150</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Nov</i>	<i>D. 54134</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Dec</i>	<i>M. 68684</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>1919 Jan</i>	<i>J. 74322</i>		<i>20</i>	<i>20</i>	<i>✓</i>
FEB	<i>M. 78460</i>		<i>20</i>	<i>20</i>	<i>✓</i>
MAR	<i>H. 85480</i>		<i>20</i>	<i>20</i>	<i>✓</i>
APR	<i>J. 3918</i>		<i>20</i>	<i>20</i>	<i>✓</i>
MAY	<i>H. 4894</i>		<i>20</i>	<i>20</i>	<i>✓</i>
JUN	<i>G. 9487</i>		<i>20</i>	<i>20</i>	<i>✓</i>
JUL	<i>D. 11385</i>		<i>20</i>	<i>20</i>	<i>✓</i>
			<i>320</i>	<i>320</i>	

x3256-2-27.

M. F. W. 128
4006, 6-17-1772-58-1141
L. L. 22320-M. & D. 1888.

A/c Closed *31.7.19*

Ret'd per *Caromia*

Date *2.7.19* M.F.W. 187 *to 2*

Closed *Belefort*

M.R.O. 97129 Dept 11.7.19

AUDITED.
20/14/19

AUTHORITY FOR NEW ACC'T. *M.A. 2-B.3*
Perit. Amistony
3-5-18

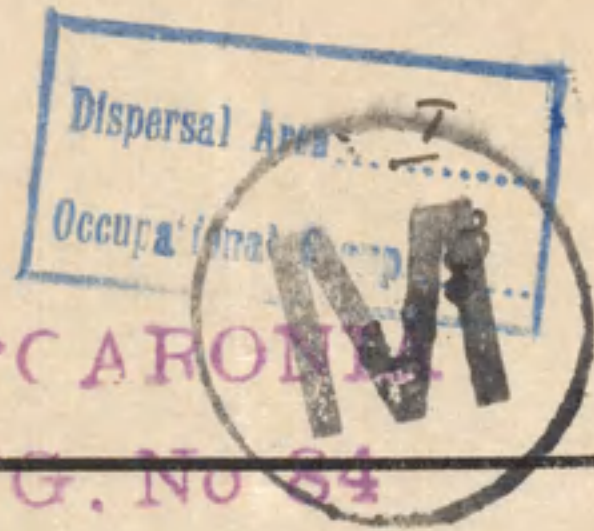
LIST OF DISCHARGE DOCUMENTS.

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 (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing
12. Last Pay Certificate (F. 51).
13. Pay Book (A.B. 32) + Dupl
14. War Services Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... B
 Checked by No. 9
 Date..... 16 JUN 1919

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)



HM T. CAROLINE
 SAILING No 84
 Embarked 25, 6, 19.

1. No.	3168107
2. Rank	Pte
3. Name	CLARKSON James Allan
4. Unit	2nd Res. Bn
5. Date of Discharge	JUL 4 - 1919
Place	Toronto out
6. Reason for Discharge	Demobilization
7. Authority	No. 2, D.D., Part II, D.O. No. 189
8. Proposed Residence after Discharge	850 Midland out
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. ? J. Clarkson Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Date..... No. 2 DISTRICT DEPOT JUL 4 - 1919 TORONTO Signature..... For O.C. No. 2 District Depot. (O. C. Discharging Unit.)	

ASSIGNED PAY. ENGLAND CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA. NAME: **CLARKSON, James A**
 EFFECTIVE DATE: **1 JUN 1918** EFFECTIVE DATE: NUMBER: **3108107**
 AMOUNT: AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.
Miss Margaret Clarkson (Sister)
Midland Ont.
Stopped 11/7/19
 AUTHORITY: **L.F.C. FROM CAN.** DATE EFFECTIVE: RANK OR APPOINTMENT: **Private**

UNIT AND TRANSFERS
 ORIGINAL UNIT: **2nd B.O.R. 20th Regt.**
 DATE ACCOUNT FIRST OPENED: **1 JUN 1918**
 AUTHORITY: **D.O. 62** DATE EFFECTIVE: **28/5/18** DATE LEDGER SHEET T'5'0: **3** UNIT TRANSFERRED TO: **3rd Res Bn.**

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
		C.S.H. Witley				Diagnosis changed to V.D.	
		C.S.H. Witley				Discharged	
		Witley				Witley	
		Witley				Witley	
		Witley				Witley	

PARTICULARS OF RENDERING NON-EFFECTIVE: **Cancelled M. Ripon 4/5/19 Debit Bal 4 1/2**

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31/5/18	BALANCE FROM CANADA			AR 1037 27/6 3 Res					17 35		
June	P. Pay	33		AR 1037 27/6 3 Res	2 43						
				v 816 10/6	2 43						
				b.a.p. June				20	25 19		
		33						20			
				b.a.p.				20			
July	P. Pay June July	64 10		AR 1191 12/7 3 Res	11 87				84 42		
		34 10							34 72		
				AR 1347 24/7 3 Res	11 87				29 85		
		34 10			9 44			20			
Aug	P. Pay	34 10		b.a.p.				20	43 95		
				AR 1498 14/8 3 Res	14 87				39 08		
				AR 21/6/2 28/8 3 Res	24 33				14 45		
		34 10			29 30			20			
Sept	P. Pay	33		b.a.p.				20	27 45		
				AR 2026 24/9	11 87				22 88		
		33			11 87			20			
Oct	P. P.	34 10		b.a.p.				20	36 98		
		34 10						20			
Nov	P. P.	101 20		2544 C.S.H. Witley 18 1/2	2 43				60		
				b.a.p.				60	75 75		
		101 20			2 43						
Feb	P. P.	30 80		H.S.V. 7/10 - 30/11/18 85 days				51 00			
				60 D.O. 3. 3 Res - 31/1/19							
				4477 3 Res 19/12	4 99						
				4913 C.S.H. Witley 31/1/19	23						
				3380 3 Res 10/1	4 87						
				3845 29/1	12 73						
		30 80			12 52 51				75 75		

act. Extracts - NR Mt. 1/6 Witley 72.5584. 973 4/6. 75.6632. 2433 34.06

Cancelled by [unclear] 28 1/2

