REGIMENTAL DOCUMENTS

NAME COLLINSON ROBERT FREDERICK REGT. NO. 2136361 UNIT 7th Cadn. Bty C.E.F. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	18-3-19				DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				30027	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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1	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)					
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1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
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1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					3
1	A.F.W. 3997					
1	M.F.W. 192					2 22
1	Z.W.V. 1375					
1	C.D.C. 5009					2 22
1	[illegible]					
1	Pencil					7 22
1	M.F.W. 67					
1	Pencil			403808		3
1	[illegible]					

W. 2539
100M-11-18
1772-35-1377

1866

2136361

ORIGINAL

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Collinson.
1a. What are your Christian names? Robert Frederick.
1b. What is your present address? Box 348 Souris, Manitoba. Canada
2. In what Town, Township or Parish, and in what Country were you born? Newcastle, Northumberland. England
3. What is the name of your next-of kin? Mrs J Collinson. Mother.
4. What is the address of your next-of-kin? Souris, Manitoba. Canada
4a. What is the relationship of your next-of-kin? Mother.
5. What is the date of your birth? September 7th 1896
6. What is your Trade or Calling? Fireman.
7. Are you married? No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
9. Do you now belong to the Active Militia? No.
10. Have you ever served in any Military Force? If so, state particulars of former Service. Yes. 1st C.M.R. (2 mos)
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? Yes.
14. If so, what was the nature of the disability? Sickness.
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No.
16. If so, what was the reason? None.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Frederick Collinson, 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.

Robert F. Collinson (Signature of Recruit)

Date April 7th 1917. Geo Pond (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Frederick Collinson, 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.

Robert F. Collinson (Signature of Recruit)

Date April 7th 1917. A. W. Amos. (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 Souris this 7th day of April 1917.

Jas H. Bartlett J.P. (Signature of Justice)

M. F. W. 28
750M—3-16
H. Q. 1772-39-341

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.

4
17
21

Description of Robert Frederic Collinson on Enlistment.

Apparent Age 20 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9½ ins.

Chest measurement: Girth when fully expanded 36 ins.
Range of expansion 3¼ ins.

Complexion fair

Eyes Hazel

Hair light brown

Religious denominations:
- Church of England yes
- 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).

Two small brown moles on back of neck. The larger one pigmented dark brown & to left of 7th cervical. One smaller & right of 7th & less pigmented. Linear scar 1½" to left of centre of upper lip. Scar from above downward & slightly outward.

Vision is 20/30 in both eyes.

Vision R. Eye 20/30
" L. Eye 20/30
Hearing R. Ear
" L. Ear

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 April 7th 1917. W. A. Sherrin M.D.

Place Souris Souris Man.

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:—

APR 19 1917

MOBILIZATION MEDICAL BOARD APPROVED FIT

R. Cunnell Capt. PRESIDENT

C. W. Burns Lt. MEMBER

J. Picard Capt. MEMBER

CERTIFICATE OF OFFICER COMMANDING UNIT.

R. F. Collinson 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. Sharpe (Signature of Officer)

Date Apr 30th 1917

Commanding No. 1 Independent Co'y C. E. F. Major

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

10054

No. 10 DISTRICT DEPOT DISCHARGE SECTION

This is to Certify that No. 2136361 (Rank) Pte.

Name (in full) Robert Frederick Collinson enlisted in

the No. 1 Ind. Co. C.E.F.

CANADIAN EXPEDITIONARY FORCE at Louris Man on the 7th

day of April 1917.

HE served in France - 43rd Bn - 3 mos.

and is now discharged from the service by reason of Demobilization R.O. 1420 (c)

☆ C.O. 40 - 490 D.O. 48 ☆

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

Age 22 yrs. 5 mos.

Height 5 ft. 11 in.

Complexion Fair.

Eyes Brown.

Hair Lt. brown.

Marks or Scars S. w. left leg.

R F Collinson
Signature of Soldier

A Forbes
Issuing Officer
Officer Commanding No. 10 District Depot
Rank

Date of Discharge 19. 2. 19.

Appointment

Signed at Winnipeg this 19th day of February 1919.

in Military District No. 10

File Reference No. 44-C-1540

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C

8115

Date of Assignment Oct- 1917

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 2136361

Rank Lcp. Promoted Reverted Discharge

Soldier's Name R. F. Collinson

Battalion 1st Independent Co

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Margt Collinson

Address P.O. Box 348

Souris Change of Address Man

1

2

3

4

3468-R-13

Date 1917.	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31			45	45		
Jan 18	C 67349		15	15	L	
Feby	G 96247		15	15	F	
Mar	a 115081		15	15	F	
Apr	W 8443		15	15	F	
May	m 13519		15	15	F	
June	G 25121		15	15	F	
July	S 28511		15	15		
Aug	G 38349		15	15	L	
Sept	J 46845		15	15	L	
Oct	L 56053		15	15		
Nov	D 56141		15	15		
Dec	64508		15	15		
Jan 19	J 76071		15	15		
			240	240		

W.B.

31/1/19 A/c Closed

Ret'd per Olympic

Date 12/1/19 F.X. 23/1/19

Clerk

656132 23/1/19

M. F. W. 128.
4'OM. 6-7-1772-33-1141.
L. L. 22320—M. & D. 1993.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 1933.

ORIGINAL

MEDICAL HISTORY SHEET

Surname COLLINSON, *Christian Name* ROBERT FREDERICK,

No. 1 INDEPENDENT COMPANY C. E. F.

Examined { on 13th day of April 1917 / at Winnipeg,

Birthplace { City or Town Newcastle, / County Northumberland, Eng.

Apparent age 20 years, 7 months.

Trade or occupation Fireman,

Height 5 feet 9 1/4 Inches

Weight 142 lbs.

Chest measurement { Minimum 31 inches / Maximum expansion 35 inches

Physical development

Small-pox Marks

Vaccination Marks { Arm Right Left / Number

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Vision R. Eye 20/30

" L. Eye 20/30

Hearing R. Ear N

" L. Ear N

Approved by

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
28/11/18	"A"		M.O.
		MOBILIZATION MEDICAL BOARD APPROVED FIT	M.O.
		President	M.O.
		Member	M.O.
		Member	M.O.
			M.O.

Date	Result	Vaccinations	
6/8/17		Vaccinated	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
19/6/17		Vaccinated	M.O.
27/6/17			M.O.
4/7/17			M.O.
30/9	11-4-18		
27.11.18			

Enlisted on 7th day of April 1917 at Winnipeg.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	No. 1 Independent Co. C.E.F.	2136561		April 7. 1917
Transferred to	11th CR Bn			
	43 Bn			3-7-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Callaman Christian Name Robert Alexander

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
St Charles Hosp		10	8	17	17	8	17	R. foot infected	7	Cured	[illegible] Capt
CANADIAN HOSPITAL, ETCHINGHILL, LYMINGE.		3	2	18	19	2	18	Primary Syphilis	17	Full course Hg + 606	R. Jeffreys Capt. C.A.M.C.
		24	4	18	13	5	18	Pendulous Prepuce.		Treated at Etchinghill for Syphilis 3.2.18 to 19.2.18. Readmitted for circumcision. Circumcised 27.4.18. Result good.	A. B. Honey, Capt. Can.
~~MCH Epsom~~		~~23~~	~~11~~	~~18~~				~~GSW left knee~~			
Mil Hosp. Chatham		3	10	18				~~GSW~~ Shot left knee		Dressed A.P.G. 500 4 X 18	Certified a true copy of temporary M.H.S.
Quarry Hill Tunbridge		4	10	18	9	11	18	"	34	Healed.	Eng.
Military Gravesend		9	11	18	12	11	18	do do	4	Recovered	
MCH Epsom		23	11	18	2 - DEC 1918			GSW. left knee	10	Wound healed. no disability. no impaired movement. Otherwise fit Category "A"	G. Ireland

D.M.S. 1375.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

☛ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Pte. Name Robert. Surname Collinson

Unit or Corps 11th Res. (If a soldier) Regtl. No. 2136361.

Born at Newcastle on-Tyne on, date Sept. 7th 1896.

Signature (for identification) R T Collinson

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

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

Weight 179 lbs.

Height 5 ft 11 ins.

no

2. NUTRITION AND DIATHESIS?

Good.

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM?

no

4. RESPIRATORY SYSTEM.

no

5. HEART?

no

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 84 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM?

Good

8. GENITO-URINARY SYSTEM?

no

Urinalysis—S.G.? 1020 Reaction? acid Albumen? no Sugar? no

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

no

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

no

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

Good

Examined at Kinnes Park Signed H Lecroome R M.O.

Date Dec 19/18 Signed J A Locke Capt M.O.

☛ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Winn. ..... (Canada)

Date Feb. 6/19 ..... Signed J. McCrae ..... 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 R. F. Collinson

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

APPROVED

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

FEB 8 1919

Thurnbrecq

FOR A. B. M. S., M. D. No. 10
WINNIPEG, MAN.

[OVER]

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

C-1540.

S.S. Olympic Sorrie Man

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. 2136361 Rank Pte Surname Collinson
(Given name in full) R. Robert Frederick

Unit or Corps 1 No Inf Co. 11.43 10 DD Birthplace New Castle on Tyne Eng

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

1. GENERAL DESCRIPTION:

Physique Good Weight 159 lbs. Height 5 ft. 10 in. Colour of Eyes Hazel

Nutrition Good

Pulse 68

Condition of arteries Good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Wound scar left leg. Shrapnel. Sept. 1918. France. Well healed no disability

Opinion as to general health and physical condition Good 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 Sytem Yes Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition Yes. as above stated

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.

Contracted Syphilis, Feb. 1918 England. Received Infection. 3 months treatment. Recovery good. No disability

10 M.D. FEB 7 1919 HEADQUARTERS WINNIPEG

Asst. Director Medical Services No. FEB 7 1919 MILY DIST. No. 10, WINNIPEG

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

[OVER]

To be made out in duplicate. I.Q. 51-21-20-53

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.

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(1) Name of Overseas Unit which Soldier joins ..... No.1 Independent Co.C.E.F.

(2) Regimental Number 2136361

(3) Full Name of Soldier ..... Robert Frederick Collinson

(4) Place of Birth ..... Newcastle, Northumberland

(5) Are you married, or not? ..... No.

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

(b) Present Postal Address .....

(7) Are you a widower? .....

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

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

Also their names and ages .....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address Jas. Collinson, Souris - Man Box 348

(10) Is your Mother alive? Yes.

If so, state name and address Mrs. J. Collinson, Souris, Man. Box 348

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

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

(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.

T. L. Langford

Officer Commanding. Major

Commanding No. 1 Independent Co'y C. E. F.

Date September 14th 1917.

Form B 122.
2353—100M—9-12-16.

CR. Rank L/Cpl Name COLLINSON, Robert Frederick Reg'l No. 2136361.

Unit No 1. Indep. Co to Man R. D- If in perm. Corps What Unit? Married or Single Single.

Place and Date of Enlistment Souris. Apr. 7th, 1917. Place of Birth Newcastle, England.

Name and Address, Next-of-Kin Mrs. J. Collinson.

Souris, Man., Canada. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H/E. R.B. No 152 86
File R.L.
Category OR C.A.

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.		Place.	Date.	REMARKS Taken from Official Documents.
C.		Arrived in England			17-10-17	S/S Metagama
29.10.17	11th Res	Taken on strength.	L/Cpl	Sc Cliff	17.10.17	PII D0 254
29.10.17	---	Reverts to Ranks (Surplus to est)	L/Cpl	---	29.10.17	--- 254
4-7-18	—	SoS to 43rd Bn Spec	Pte	Seaford	3-7-18	PIII O.156. 43rd Bn PIII O.60 4/9/18
3.10.18	43 Bn	Wounded	"	Field	29.9.18	CRA. 230
11-10-18	—	Inv. W. & posted to MRD	Pte	—	3-10-18	PIII O.97. MRD PIII O.284 d/11/10/18
6-12-18	M.R.D.	S.O.S on posting to 11th Res Bn	Pte	Seaford	2-12-18	PIII 8 HD-11 Res 287 d/-5/12/18 M.D10
6-1-19	M.D.10.	Attd for all purposes	Pte	Rhyl	18-12-18	PIII 5. A.O.10 11/1/19.
20-1-19	11 Res	SoS. to C.E.F. Canada. MD10	Pte	Seaford	9-1-19	PIII 17

2136361 Collinson: R.F.

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.					

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.
15m.—7-17.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs Margt Collinson

Address P.O. Box 348
Souris Man

Relation to Soldier wife, child or mother } 15.00 OCT 1 1917

Name of Soldier Collinson R. F.

Regtl. No. 2136361

Rank Lcp.

Corps 1st Independent Co.

To what Corps belonging when called out

PAYMENTS

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

CONSOLIDATED ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Mrs Margt Collinson
(Assignee)

Name of Soldier Collinson R. F.

PAYMENTS. Lcp. # 2136361 — 1st Independent Co

.7814.

15.00 OCT 1 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.		F 48743	15	C
Nov.		A39309	15	
Dec.		Q 56169	15	$45.00
Jan.	1918		45	
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.						

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M. D. 10

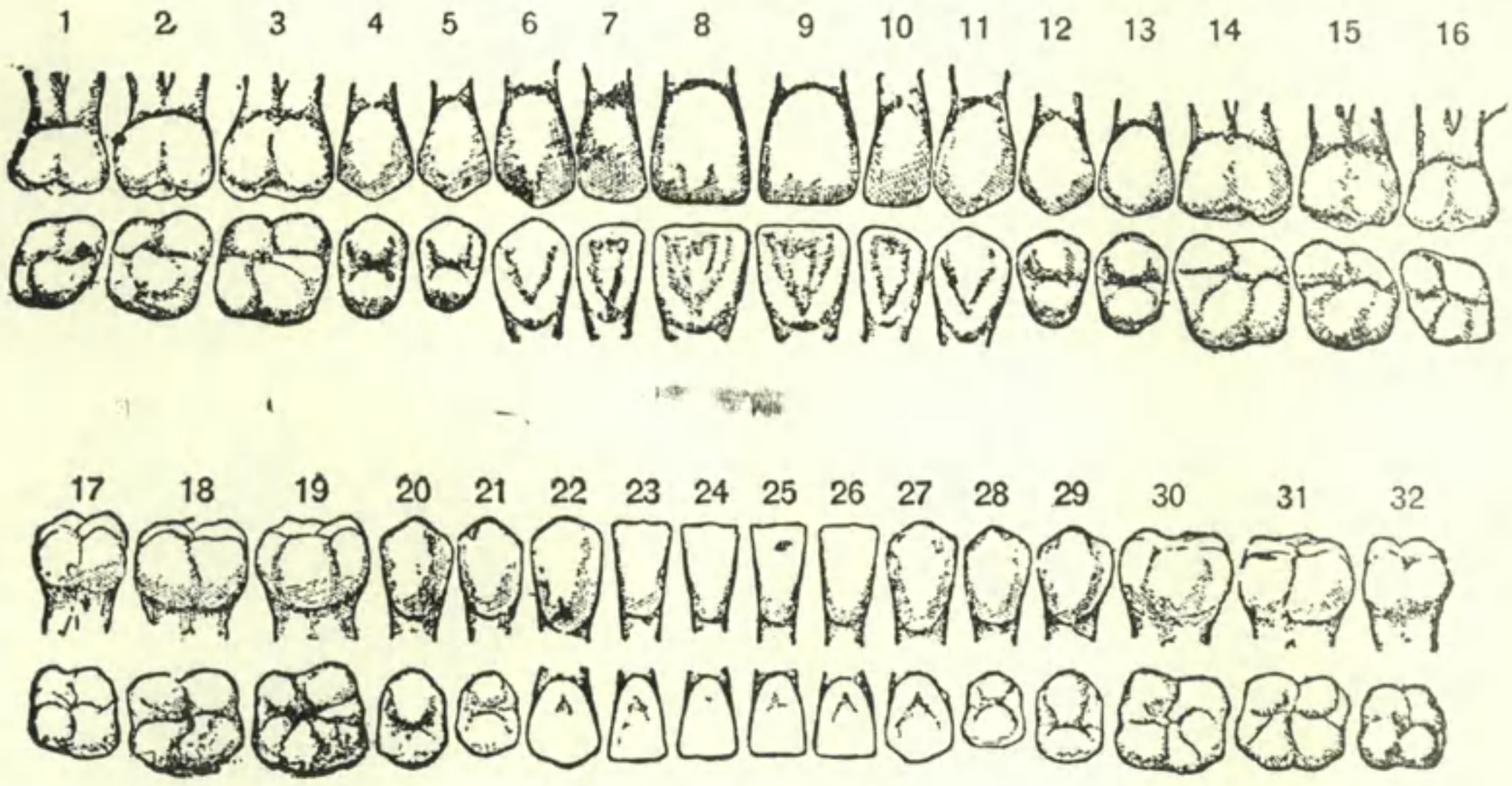
DIRECTIONS TO DENTAL OFFICERS

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.

NAME OF SOLDIER (Block Letters) COLLINSON. R.

REGIMENT 43rd Bn RANK Pte No. 2136361

Date of Examination in England 19-12-18 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

Signature of Dental Officer J. H. Somerville Capt

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 1 Independent Co. C.E.F. to M.B.D.

Regimental No. 2136361 Rank Private Name Collinson Robert Frederick

Enlisted (a) Apl 7 1917 Terms of Service (a) C. E. F. Duration of War Service reckons from (a) Apl 7 1917

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

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				
Embarked Halifax N.S. R.M.S. Metagama				Oct 4th 1917	
Disembarked, Liverpool, Eng. Oct 17th 1917.					
29-10-17	Res Bn	Appmt of L/Cpl held on arrival in England	Dibgate	17-10-17	pt II Bn O 254
29-10-17	Res Bn	O.C. 11th T.O.S. 11th C.R.Bn. Reverted to Ranks	Dibgate	17-10-17	Pt II Bn. O. 254
4.7.18	Res Bn	O.C. 11th SOS on transfer to 43rd Bn. overseas	Seaford	29-10-17	" " 254
				3.7.18	" " 156

CERTIFIED CORRECT. 10 JUL 1918 CANADIAN RECORDS LONDON.

O. C. C. B. D. Landed in France. Taken on strength 43rd Can. Bn. Nom. Roll d/ 5.7.18 Pt II D.O. 6 d/ 9.7.18.

— do. — Left for " 4.7.18 Nom. Roll d/ D 1324

O.C. Bn. Arrived " " " d/ 24.7.18 A 1136

(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.

2136361 Collinson R. H.

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				
6.8.18	[illegible]	Appt for Unit		6.8.18	MR.
17.8.18	4361	award	"	10.8.18	B 213
29.9.18	23661	Gen Rmt to 8th Hgl	Lt adm	29.9.18	K 4895
30.9.18	"	" "	to 11 A.T.	do	K 5466
3.10.18	Stad Antwerpen	" "	to England Seaford	3.10.18	W 3083/6155 Pt II 97/18
		& Posted To Man Regtl Depot			
					E B Ogilvie Lieut for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
1-10-18	M.R.D	T.O.S on posting from 43rd B	Seaford	3.10.18	Ctn O 284 L E Crawley LIEUT: FOR LT: COL: I/C RECORDS. C.O.M.F.
6/12/18	M.R.D	S.O.S Posted to 11th Res Bn	Seaford	2/12/18	Pt II 340 E B Osborne Lt M R D.
5/12/18	O.C. 11th	T.O.S. on Pltg to M.R.D	Seaford	2/12/18	Pt. II B.O 287
16/12/18	OC 11th	on com to Kemmel Park pending despatch to Canada	Seaford	16/12/18	Pt II Bn O 296 Oh Crawthers

M. F. W. 54. (A. F. B. 103.)
500M.—9-16
H. Q. 1772-39-9-20.

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

Casualty Form—Active Service.

Unit, Regiment or Corps. No. 1 Independent Coy C.E.F. to W.R.D.

Regimental No. 2136361 Rank. Private Name. Collinson, Robert Frederick

Enlisted (a) April 7. 1917 Terms of Service (a) C. E. F. D. of War Service reckons from (a) April 7th 1917

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

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

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				
11. 1. 19	T.O.S. No. 10 DISTRICT DEPOT	D.O. 27 PARA. 224			
		H. J. Morgan Capt for Lt. Col. Officer Commanding No. 10 District Depot			
		Discharged 19-2-19 C. O 40 / 490 D. O 43			
		Louis Holloway Lt for Officer Commanding No. 10 District Depot			

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

[P.T.O

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

Canadian Hospital.
Etchinghill, Lyminge.

Date 13/ —.....1918.

TO WHOM IT MAY CONCERN.

Reg. No. 213636.....

Rank. Pte.....

Name. Collinson R.....

Unit. 11th Res.....

This is to certify that the marginally named is free from infectious disease, transmissable skin disease, venereal disease and vermin, and that he is fit to travel.

Capt. C.A.M.C.
for Officer Commanding,
Canadian Hospital,
Etchinghill.

Geo-2184

Canadian Hospital,
Etchinghill, Lymington.
29/4/18 1918

To:- Officer Commanding,
H. Can. Res.

No. 213636

Rank Pte

Name Tollenson B.J.

The marginally named has been admitted to this hospital today. ~~Temporary H.H.S. only has been received.~~ His Original M.H.S. is urgently required.

Your ~~immediate~~ action is requested, plea

Capt. C.A.M.C.
for Officer Commanding,
Canadian Hospital,
Etchinghill.

Receipt sent 2/5/18

South Camp,
Seaford, Sussex.
29-4-18

To :- O. C.
Canadian Hospital,
Etchinghill, Lyminge.

Reference Minute One. Herewith Medical History Sheet as requested. Please acknowledge receipt.

Lieut. & A/Adjutant
For Lieut-Col. Comndg.
11th Can. Res. Batt'n.

Receipt sent 3/5/18

FORM D.M.S. 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
COLLINSON.	R.F.	2136361.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	Man. 11R.		43	

HOSPITAL	DATE OF ADMISSION
Etchinghill. Can.Mil.	4-2-18.
1. 23. C.C. Stn " " "	HOSP. 24. 4. 18. 29.9.18
2. Fort Pitt Mil Chatham	HOSP 3-10-18
3. Woodcote Pk Epsom	23-11-18 HOSP.
4.	HOSP.

DIAGNOSIS V.D.S. no

1 V. D. S. no

2. B. S. Ul. Knee & L. Thigh no

3

DISPOSITION

C.L. 8-2-18. C133.
23-2-18 C146.
29. 4. 18 C199
18. 5. 18 C216.
3-10-18 A335.3
8-10-18 B339 (2)
27-11-18 B382 (3)
4.12.18 B388-3

Dis:- 20-2-18
Dis. 14. 5. 18 DATE
" 2.12.18
REMARKS

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.		

*Name Collinson. Robert, F. Rank Pte. Regtl. No. 2136361

Fyle Depot

Original unit 1st Dft. Ind. Present unit 11th Res. M. or S. Age 20 Religion CofE Ref. H.Q.

Port, ship, and date of arrival Halifax, SS. Olympic" 17-1-19.

Next of kin Mother: Mrs. J. Collinson. Souris Man.

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Fireman. Date and place of enlistment Souris, Man., 7-4-17.

Diagnosis Date of Medical Boards P.M.O.K. 15

Date.	Remarks	Pt. 2 Order No.
11-1-19.	T.O.S. #10 D.D. Posted Cas. Coy. D.O.	27/Pa 224
	14 days landing leave, with subs.	

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Fireman RELIGION Church of England

DESCRIPTION.

APPARENT AGE 20 YEARS 6 MONTHS

HEIGHT 5 FEET 9 1/2 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 1/4 INCHES

COMPLEXION Fair EYES Hazel HAIR Lt. Brown

DISTINGUISHING MARKS 2 small moles on back of neck, the larger one pigmented dark, and to L. of 7th. cervical, one small to R. 7th. and L. pigmented.

MEDICAL EXAMINATION. PLACE Souris Man. DATE Apr. 7th. 1917

Present address, Box 348 Souris Man.

SURNAME. Collinson.

CHRISTIAN NAMES Robert Frederick

REGL. No. 2136361 RANK ~~Pte.~~ L/cpl.

UNIT No 1. Ind. Coy. (Draft.)

FORMER CORPS 1st. C. M. R.

10 CARD NO.

S.O.S. Dis. 19/2/19. Demob.
D.O. 480 FOLL.
10, D.D.

NEXT OF KIN.

NAMES IN FULL Collinson, Mrs. J.

RELATIONSHIP TO SOLDIER Mother

ADDRESS Souris Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Newcastle N. B. DATE Sep. 7th. 1896

PLACE OF ATTESTATION Souris Man. DATE Apr. 7th. 1917

O/S 6-10-17. 938/2.

R/C. 17-1-19 254/144 Pte.

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 IMPERIAL DEPOT NO.

DATE RECEIVED FROM REG. DEPOT. DATE FORWARDED TO OTTAWA

868—D.P.—40M-1-12-19.

M&H

Number 2/36361 Rank Pte

Surname COLLINSON

Christian Name Robert Frederick

Units 43 Bn Cantonment Theatre of War France

Date of Service 3-7-18

Remarks

Latest Address P O Souris Manitoba

Roll No. A.B. Pay 2/8/18

200m.-6-21.

REGT'L. No. 2136361

NAME Collinson, Robert Frederick

H. Q. FILE No 649

RANK AND CORPS Pte (man. Reg) 43rd Bn.

FOLLOWS

No.

(Draft)

FOLLOWS

CABLE		NATURE OF CASUALTY (Form #1, Ind. Coy.)
NO.	DATE	
N. of K.		Mrs. J. Collinson (Mother)
.84-6.		Souris, Man.
A368	5-10-18	Adm. 23 C. C. S. Sept 29, 1918.
		GSW. L. Thigh, Knee.

L. L. 31493. M. & D. 8476.

M. F. W. 42 100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
C133	Can Etchinghill	4-2-18	V. D. S. Man. Regt.
C145	Disch.	20-2-18	" " " " "
C199¼	Can. Etchinghill	24-4-18	V. D. S. " " "
C216	Discharged	14-5-18	V. D. S.
A335 (3)	23 Gen. Cl. Stat.	29-9-18	Gsw Knee & L Thigh
B339	Central Mil H Fort Pitt Chatham	3-10-18	" " "
B282	Mil Boys Woodcote PK.	23-11-18	" " " " "
B388	Discharged	2-12-18	" " " " "

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

Form R. 149.

Robert Frederick.

Name COLLINSON Rank Pte. Reg. No. 2136361

Unit ~~17th Res. Bat~~ 43rd Can.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
4-2	Can Hosp	Etaples	NYD	6133		11923
20-2	Discharged.		(do)	C146		3293
24-4	Can Hosp	Etaples	do.	C194		16948
14-5	Discharged.		(do)	CR16		3095
1918				SE 7.26-5-18		
29-9	23 CCS.		GSW Knee	Thigh R	11325	37427
3-10	Forwarded		"	B339		H 36
23-11	Rec'd C. Epson		do	B382		28056
2-12.	Discharged.			B 388		1781
R.A.M.C.	11-1-19 Stafford					23.

1-19 | AUDITOR | PAYMASTER 16

6.165

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

M. OR S. | REGT. No. 213636 | RANK Pte. | NAME (IN FULL) Collinson Robert Frederick (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. No 1 Ind. Co. C.E.F. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 7-4-17. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Swiss P.O. Man.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE M.D. 10. | DATE 19-2-19. | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH 19.	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
Feb. 19	153		350						350	00					5688		70	00																	280	00	70.00 1st Payment W.S.S.
Mch 19															12578		70	—																	210	—	70 — 2nd " "
Apl. 19															550825		70	—																	140	—	70 — 3rd " "
— —					7	30			7	30																									147	30	7.30 W.S.S. 31/12/18. 17/12/18 as per. A/LPC 1/1/19.
May 19															56772		77	30																	70	—	77.30 4th Payment W.S.S. & adj
— 20																													1	70					68	30	1.70 W.S.S. as per A/LPC. 13.12.18
June 19															76151		68	30																	—		68.30 5th " "
			350	—	7	30			357	30							355	60											1	70			357	30				

A/c. Closed.

AUDITED JUN 17 1919 Audit Clerk M.D. 10

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

AUDITOR	PAYMASTER

~~MAJOR~~ S.

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

REGT. No. 2136361 RANK Pte NAME (IN FULL) Collinson R.F (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? NO DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

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

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 15-00 DATE EFFECTIVE 1-2-19

PAYABLE TO Mrs. M. Collins RELATIONSHIP Sk

ADDRESS Box 348 Souris Man

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE M.D #10 DATE 19/2/19 REASON D. AUTHORITY D.O.48 IF ENTITLED TO POST DISCHARGE PAY yes

153 Days W.S.S.

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. 1 DATE	COL. NO. 2 NO.	COL. 2 DATE	COL. NO. 3 NO.	COL. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. 1 C.	COL. NO. 2 $	COL. 2 C.	COL. NO. 3 $	COL. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																											40	48								Trans. 8th 40 48 for pay on 1-1-19
																																				9 Pt. 1-2-19 to 6
1/1/19 to 19/2	50	1.10	55	-	35	-			101	20			17168		17169				50	72			10	-			40	48			101	20					I.O.S. 66 " 7/1/19 D.O. 27
					11	20																														12 Sub 12 Pt 8 " 12 5027
																																				35 cc C.C. 8.6.48
			55	-	46	20			101	20									50	72			10	-			80	96			141	68	40	48		L. P. E. forward.

30M-11-18.—L.L. 50877-M. & D. 9553.

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

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Newcastle, Cumberland, Eng

NAME AND ADDRESS OF NEXT OF KIN: Mrs Margaret Collinson
P.O. Box 348, Souris, Manitoba

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Reverts to rank (Rifles)	29.10.17	Bo 354 29/10/17 11 Res

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 2136361 RANK ~~Cpl.~~ Pte NAME Collinson, Robert Frederick

IF IN PERMT. CORPS WHAT UNIT UNIT to 11th Res Bn. H. Inf. Co. Dft. TRANSFERRED TO M.R.D. DATE 1-11-17 AUTHORITY N.R.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Souris, Manitoba TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 7/4/17 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00/100. DATE EFFECTIVE 1/10/17

PAYABLE TO Mrs Margaret Collinson, P.O. Box 348, Souris, Man. RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1/10/17	Balance from Canada													10 —	10 —																10 —				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE ENG.
	~~Balance forward~~								10 00		
Oct.	4c pay 28 days P. Pay 3 days	35 50 35 50		A.R.			15 15	30 50	~~34 00~~		
Nov.	30 Days P.P.	33 00		Can. A.P.			15	~~30 50~~			
Dec.	31 " "	34 10		A.R. 226 M.R.D. 25/10/17	4 87						
				" 1344 - 11th Res. 7/11/17	19 47						
				Can. A.P. Dec			15				
		67 10		A.R. 1479 - 11th Res. 29/11/17	7 30 31 64		30	35 94	~~34 00~~		
1918 Jan.				Can. A.P. Jan.			15				
				A.R. 1543 11th Res 6/12/17	9 73						
				" 1609 " " 17/12/17	9 73						
Jan	Forward				19 46		15	35 96			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE ENG.
1918									35 96		
Jan	Forward				19 46		15				
	P.P.	34 10 34 10			19 46 ✓		15		35 60		

124

2136361 Pte Collinson R.F. Can AP 15 00

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
Month	Particulars								Particulars					Cr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Defer. Sec. Reg. Allce. Pay Eng.	Month	Particulars	Cr. 1	Cr. 2	Particulars				Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Defer. Sec. Reg. Allce. Pay Eng.	
1918	Bal Forward																	35 60																	
Feb	P. Pay				30. 80				Can AP									15																	
									AR 1696. 14.1.19. 11R					9 73																					
									1813. 28.1.18					7 30.																					
									1486. 14.2.18. Elect.					1 22				33 15																	
					30 80									18 25	—			15																	
Mch.	P. Pay				34 10				Canteen					—	—			15																	
									5. 2. 18. Pro 42 19/1/19																										
									V.D. 21. 2. 18. 7. 4.					—	10 20																					
									AR 2089. 27.2.18. 11R					7 30																					
									" 2268 13/3 "					9 73																					
									" 2478 25.3.18 "					9 73				15 29																	
					34 10									26 76	10 20			15																	

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-10-17		EFFECTIVE DATE:-	
AMOUNT:- 15.00		AMOUNT:-	

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 Margaret Collinson,
P.O Box 348,
Souris, Man Canada
Mother
Stopped 4/1/19

NAME:- Collinson Robt. Frederick
NUMBER:- 2136361

PARTICULARS OF RANK, OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- #1 Ind Co Draft.
DATE ACCOUNT FIRST OPENED:- 1-10-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			M R D.
1806	1/8/18	22/8/18	43 Bn E

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
~~25/11~~	~~656~~	~~Epsom~~	~~9 73~~			L S 1 Dep 7 11	
~~2/12~~	~~37~~	~~Epsom~~	~~24 33~~			L R C Bal 24 12	
~~2/12~~		~~London~~	~~24 33~~			Diff 7 2 99	
~~13/12~~	~~3015~~	~~Epsom~~	~~11 66~~				
			72 99				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SIBS'CE ALL'CE
	1 -	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans to Canada 1/1/19: RR 1094 13/2 Seaford.

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal. fwd								15 09		
Apr	P-pay	33-		Can A.P.				15-			
				A.R. 100 13/4/18 11 Ra.	7 30						
				D784 5/4/18 "	12						
				" " "	24				25 63		
		33-			7 66			15-			
May	"	34 10		CAP				15			
				AR 374 - 16/5/18 - "	9 73						
				526 29/5/18 "	9 73				25 27		
		34 10			19 46			15			
JUN	"	33		C.A.P.				15			
				808 14.6.18 "	14 60						
				972 28.6.18 "	9 73				18 94		
		33			24 33			15			
JUL		34 10		CAP				15			
				1068 3.7.18 "	4 87						
				DN 1303 20/7 C.A.B.	4 46				28 71		
		34 10			9 33			15			
Aug	P P	34 10		C A P				15			
				AR 733 9 Ba 18 8 18	4 46						
				" 948 " 30 8 18	3 57				39 78		
		34 10			8 03			15			
Sept	P P	33		C A P				15			
				AR 1090 9 Ba 14 9 18	3 57						
				" 1387 " 22 9 18	3 57				50 64		
		33			7 14			15			
Oct	✓	34 10		CAP				15			
				~~Hos~~ Rem 41318 Jonbridge 1510	9 73				60 01		agreed
		34 10			9 73			15			

COMPUTED BY W. Holyman
CHECKED BY W. Ambrold

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									60 01		
Nov	Pte Pay	33		Cap				15			
Dec		34 10						15	97 11		
	S.J. 7/11/18 - 17/11/18 10 days Do. 7/9 11 Rec	7 3a	allowed 29/11/18	6568 Epson 25-11	9 73						
				AR 74745 Lon 21/12/18	24 33						
				" 37 Epson 21/12	24 33						
				3015 11 Rec 13/12	14 60						
				E 12931, a 70 1823 a. 11/11	72 99	85					
				29139. " Fort Pitt Hosp Nov		88			29 72		
		74 40			74 69			30			
Nov				885. Kimpk (Eng 1918) 23/12	9 73						
				@ 70 1813 a Fort Pitt Hosp. Nov		85			19 14		
					1058						

amend 28/8/19

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

17-6-38. 9-9

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	2136361
Rank	Private.
Surname	Collihson,
Christian Name (NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.)	Robert Frederick,
Corps (Squadron, Battery or Company)	No 1 Ind. Co. C.E.F.
Date of Discharge	19-2-19.
Place of Discharge	Winnipeg.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 22 years 5 months.
Height 5 feet 11 inches.
Complexion Fair.
Eyes Brown.
Hair Lt. Brown.
Trade ~~Fireman.~~ Fireman
Intended place of residence (To be given as fully as practicable.) Souris. ~~Man~~ Man

Descriptive Marks

S.W. left leg.

M

★ C.O. 40 - 490 D.O.48 ★

2. The above-named man is discharged in consequence of

Demobilization R.O. 1420 (c)

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

R.O. 18/3/19.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... *Commanding* .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Winnipeg. R T Collinson ..... *(Signature of Soldier.)*

(Date) 10-2-19. Day L. ..... *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Winnipeg.

(Date) 19-2-19.

(Signature) A. Forbes, Major.

O.C. No 10 District Depot.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

R T Collinson

(OVER)