

REGIMENTAL

NAME **COUSINS**

ERNEST

REGT. NO. **3205254** UNIT **31st Bn** H. Q. FILE NO.

5/4/17
PP

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
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1 C.A.D. 5009 A

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1 C.D. 3

1 S.C.R. 132

Handwritten: 47
Handwritten: 2/21

Handwritten: 40095

DEATH

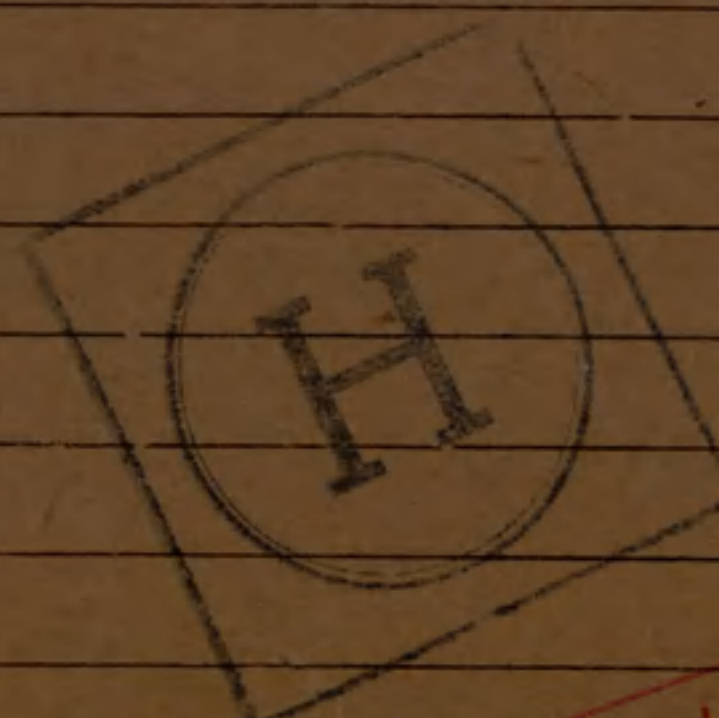
Category

DISCHARGE

Category

Handwritten: Remob.

DESERTION



Large handwritten note: Deceased
19-10-60

Handwritten numbers:
1
2-8
2-8
3-8
/

REGI

M. D. 13. Depot Battalion Regiment

Regtl. No. 320⁵254

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Ally
No. 2 Coy

(Class 1.)

1. Surname..... Cousins,
2. Christian name..... Ernest.
3. Present address..... 1101 Maggie St. E. Calgary, Alta.
4. Military Service Act letter and number..... 191433 MR.
5. Date of birth..... Feb. 15th. 1895
6. Place of birth..... Brandon, Man.
(town, township or county and country)
7. Married, widower or single..... Single.
8. Religion..... Prod.
9. Trade or calling..... Laborer.
10. Name of next-of-kin..... Geo. Cousins.
11. Relationship of next-of-kin..... Father.
12. Address of next-of-kin..... 1101 Maggie St. E. Calgary, Alta.
13. Whether at present a member of the Active Militia..... No.
14. Particulars of previous military or naval service, if any..... No.
15. Medical Examination under Military Service Act:—
 (a) Place..... Calgary. (b) Date..... Nov. 8th. 17 (c) Category..... A2.

DECLARATION OF RECRUIT

I, Ernest Cousins, do solemnly declare that the above particulars refer to me, and are true.

E. Cousins

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 22 yrs..... 8 mths.
 Height..... 5 ft..... 5½ ins.
 Chest measurement } fully expanded..... 30½ ins.
 } range of expansion..... 35 ins.
 Complexion..... Dark.
 Eyes..... Brown.
 Hair..... Black.

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

NONE.

FIRST DEPOT BATT'N ALBERTA REG'T

O. C. *Pamona* Depot Btl.

Regt.

Place..... Calgary. Date..... Jan. 4th/18.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1916

Class 1

1. Name of recruit: [Faint text]

2. Date of birth: [Faint text]

3. Place of birth: [Faint text]

4. Name of father: [Faint text]

5. Name of mother: [Faint text]

6. Name of spouse: [Faint text]

7. Name of children: [Faint text]

8. Name of next of kin: [Faint text]

9. Name of employer: [Faint text]

10. Name of service: [Faint text]

11. Name of medical officer: [Faint text]

12. Name of medical officer in charge: [Faint text]

13. Name of medical officer in charge of hospital: [Faint text]

14. Particulars of medical history: [Faint text]

15. Medical examination and physical fitness: [Faint text]

(b) Name of medical officer: [Faint text]

DECLARATION ON RECRUIT

I, [Faint text], hereby declare that the above particulars are true and correct.

[Faint signature]

DESCRIPTION OF CALLING UP

Applicant's name: [Faint text]

Height: [Faint text]

Weight: [Faint text]

Complexion: [Faint text]

Build: [Faint text]

Age: [Faint text]

Education: [Faint text]

Occupation: [Faint text]

Service: [Faint text]

Medical officer: [Faint text]

Medical officer in charge: [Faint text]

Medical officer in charge of hospital: [Faint text]

**CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE**

WAR SERVICE BADGE
CLASS: A' NC

THIS IS TO CERTIFY that No. 3205254 (Rank) Pte
 Name (in full) COUSINS Ernest enlisted in
 the 1st Dep. Battalion Alta Regt.
 CANADIAN EXPEDITIONARY FORCE at Calgary on the 4th
 day of January 19 18.
 HE served in 31st Battalion in France
 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 <u>24 years</u>	Marks or Scars
Height <u>5' 5 1/4"</u>	<u>Scar lt. temple and point of chin - Birth mark rt. side neck.</u>
Complexion <u>Dark</u>	
Eyes <u>Brown</u>	
Hair <u>Black</u>	
<u>E. Cousins</u> Signature of Soldier.	

Date of Discharge July 9 1919

Issuing Officer [Signature] Lieutenant
 Officer i/c Discharge Section, Dispersal Station "F"

Rank [Blank]

Date July 9 1919



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.

1870

THE BOARD OF DIRECTORS

OF THE

AND

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

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

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

No. 200

Unit, Regiment or Corps 4th Bn FIRST DEPOT BATT'N ALBERTA REG'T
 Regimental No. 320525 Rank Pte Name Cousins Ernest
 Enlisted (a) JAN 31 1918 Terms of Service (a) Hofman Service reckons from (a) JAN 31 1918
 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) Labour

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	Canada	19-2-18	Melita
		Disembarked	England	4-3-18	✓
1 MAR '18 2 JUL 1918 CAN. RECORDS, LONDON.	21ST RES. Bn.	Taken on strength on arrival from Canada.	BRAMSHOTT.	4 MAR '18	✓ Pt. II D.O. No. 59
2 JUL 1918 CAN. RECORDS, LONDON.	21ST RES. Bn.	PROCEEDED OVERSEAS FOR SERVICE WITH 50TH BATTALION.	BRAMSHOTT.	JUN 26 1918	✓ Pt. II D.O. No. 151 Aurelsham. Lt. & Asst. Adjt. 21st Reserve Battalion (Alberta.) DO. No. 54 of 5-7-18
8-6-18	C. I. B. D.	T. O. S. 50 TH EN TA R VIL	FRANCE	28-6-18	N. R. 695
	C. I. B. D.	S. O. S. TO C. C. R. G.	H.E.D	14-7-18	N. R. 1306
4-7-18	C. C. R. C.	T. O. S.	"	14-7-18	N. R. 1083
3-8-18	C. C. R. C.	S. O. S. TO UNIT 31st Bn	"	6-8-18	N. R. 1346
	UNIT	JOINED UNIT	"		B. 213

(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, Shoening Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

JUN 26 1918

JUN 26 1918

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				
1-8-18	A.A.G., Can:Sect:	S.O.S. 50th Can.Bn. on transfer to 31st Can.Bn.	Field.	6-8-18	K.R.695 & Can.Corps A.322 3/31-7-18.Pt.2.73 d/14-8-18
14-8-18	A.A.G.	T.O.S. 31st.Cdn.Bn. on transfer from 50th.Cdn.Bn.	Field.	7-8-18	S.O.C., Can.Corps A.322 d/ 31-7-18.A.A.G., file nr.695. Pt.11 ord. No.70 d/15-8-18.
24/8/18	31 st Coy	Joined unit		20/8/18	B 213
21/9/18	667A	albuminuria ad	667A	21/9/18	a 9680
26/9/18	"	myalgia ad	23668	26/9/18	W 9912
27/9/18	7 stat	" ad	7 stat	27/9/18	W 5910
27/9/18	23668	" ad	23668	26/9/18	a 9879
28/9/18	31 st Coy	sick	7 art	26/9/18	B 213
24/10/18	7 th Coy	myalgia ad	7 th Coy	24/10/18	W 9645
24/10/18	7 stat	" ad	"	24/10/18	W 9756
26/10/18	7 th Coy	" ad	10 th Coy	26/10/18	W 9864
26/10/18	10 th Coy	" ad	"	26/10/18	W 255
12/11/18	6630	res. clean A.	6630	12/11/18	NR 506
76/11/18	"	left for 6630	Field	16/11/18	" 01468
9/11/18	10 th Coy	myalgia	7 th Coy	9/11/18	W 2128
16/11/18	6630	arrid. 6630	Field	16/11/18	NR a 1820
8/1/19	"	left for unit	"	8/1/19	" 02283
18/1/19	31 st Coy	Reid unit	"	8/1/19	B 213
18/1/19	"	arrid. 6630	"	8/1/19	"

Sheet 2

Army Form B, 103-II,
Part II. B. 103.)

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 31st Edn Bn Regimental Number 3205254

*Substantive Rank Plt. Surname Beusins Christian Names E

*Acting Rank _____

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

18

To be folded on this line.

Nothing to be written in this margin.

W1889-PP1150 500,000 5/18 G.W.P.Co.(3490)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
<u>23/1/19</u>		<u>O.C.</u>	<u>Trans. to Eng. with "B" wing, 666, & posted to A.R.D., South Africa</u>		<u>28/1/19</u>	<u>a.s.g. 2/554</u> <u>120.3775</u> <u>152/7/19</u>
<u>8.2.19</u>	<u>D'Wingless. No. 1.</u>		<u>D.O.S. of P.O. from 31st Bn B'shott 17.1.19</u>			
<u>26-6-19</u>			<u>S-O-S - O.M.F.C. Proceeded to Canada</u>			<u>22/10/19</u>

Whogan

Major for Lt.-Col., A.A.G.
Canadian Section G.H.Q. 3rd Echelon B.E.F.

D. Chisholm
LIEUT.
ASST. ADJUTANT, "B" WING C.C.G.

EMB CASSANDRA
GLASGOW JUNE 24 19

Date

JUN 26 1918

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received.					
15-7-19	O/S D.O.Pt.II-196.	TOS DD#4 Disp.Stn."F"		Montreal.	25-6-19	
15-7-19	D.O.Pt.II-196.	SOS DD#4 Demob. R.O.1420.		"	9-7-19	
23-7-19	alla K Pers	S.O.S. of om 26 to Can.				

G.H. Fletcher Lieutenant,
of Assistant Adjutant,
District Depot No. 4.

24-6-19 A.O.I.

[Signature]
Lieut.
for D of R

GLASGOW JUN 24 1918

Nothing to be written in this margin.

B wing

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. 3205254 Rank Pvt. Surname COUSINS
(Give name in full)

Unit or Corps 31st Battalion Birthplace Brandon Man.

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

1. GENERAL DESCRIPTION:

Physique good Weight 145 lbs. Height 5 5/4 ft. Colour of Eyes Brown
Nutrition fair
Pulse 84 regular
Condition of arteries soft
Vision Rt. 6/12+ Left 6/12+
Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Scar at temple and point of chin.
Birthmark at side neck

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 No Cardio-Vascular System No
Special Senses No Integumentary System No Respiratory System No
Disturbance of mentality No Muscular System Yes 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.

26-7-18 Myalgia - No disability

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramschott (Overseas)

Date 2-6-19

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 E. Cousins

(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 Medical Board.)

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

[Handwritten mark]

No. 2 Coy.

ORIGINAL

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 FIRST DEPOT BATT'N ALBERTA REG'T

(2) Regimental Number 3205254
~~3202254~~

(3) Full Name of Soldier Ernest Cousins,

(4) Place of Birth Brandon, Man.

(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?

(8) Have you any children?

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

Also their names and ages.....

ORIGINAL

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

If so, state name and address George Cousins, 1101-Maggie St. E.
Calgary, Alta.

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

If so, state name and address Josephine Cousins, 1101- Maggie St.E.
Calgary, Alta.

(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.

Date Jan 4th. 1918.

[Signature]
.....
Officer Commanding.
Commanding 1st Depot Batt'n, Alta. Reg't

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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

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

1. Christian names Earnest 2. Surname Cousins
3. Rank Pte. 4. Original Unit 1st D Bn 5. Reg. No. 3205254
6. Address, in full, to which future payments of gratuity are to be forwarded
1030 21st St East
Calgary, Alta.
7. Date of enlistment in the C.E.F. Jan. 4 1918
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
9. Relationship of such dependent.....
10. Address, in full, of such dependent.....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? no not applicable
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 1 year - 92 days
31st Bn
1st Depot Bn
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

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? *no*~~
21. Have you, during the present war, served in the Imperial Forces? *no*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*
- (b) If so, was such reversion in consequence of misconduct or inefficiency? *not applicable*
- ~~24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge
(b) Reason for discharge~~
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. *no*
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. *no*
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: *E. Cousins*
 Place of Residence: *Calgary, Alberta 1030 - 21st Ave. East*
 Declared before me at: *Bramshott Camp, England*
 This *25* day of *April* 19*19*

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.

[Signature]
 MAJOR,
 COMMANDING "B" WING, C.C.C.

POST DISCHARGE PAY.				COMMANDING "B" WING, C.C.C.	
Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due	
.....	
.....	
.....	
Certified Correct			District Paymaster.		

Questions 12, 13, 14, 20, 24, 25, 26 & 27 are unanswered.

NOV 10 1917

MILITARY SERVICE ACT, 1917.

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.

- 1. Surname Cousins Christian name Ernest
- 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)..... 1101 Maggie Street East Calgary Alta.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 8th. day of Novr. 1917, by the undersigned medical board sitting at Calgary Alta.

- 5. Age as stated 22 Years 8 Months.
- 6. Apparent age 22 Years 8 Months
- 7. Height 5' Feet 5 1/4 Inches.
- 8. Weight 120 Pounds.
- 9. Chest measurement { Minimum 30 1/2 Ins. Maximum 35 Ins.
- 10. Complexion Dark { Eyes Brown Hair Black
- 11. Physical development Fair { Good Fair Poor
- 12. Smallpox marks Nil

- 13. Number of vaccination marks { Right arm - Left arm 1
- 14. When vaccinated last 1907

15. Distinctive marks and marks indicating congenital peculiarities or previous disease none

16. Slight defects but not sufficient to cause rejection none

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (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 A II hearing normal

R. Robinson President. W. G. Gault Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
JAN 2 8 1918	U. Renewed	Capt. C.A.M.O.	JAN 7 1918	U. Renewed	Capt. C.A.M.C. M.O.
		M.O.	JAN 14 1918	U. Renewed	Capt. C.A.M.C. M.O.
		M.O.	JAN 2 8 1918	U. Renewed	Capt. C.A.M.C. M.O.

Joined 1st day of Jan 1918 at Calgary

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
Transferred to.....	<u>1st Sep</u>	<u>300574</u>		<u>1/1/18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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.

Duplicate

37206 2254 CALGARY

Signature of Man E. Cousins

No. 6

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

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) COUSINS, E.

REGIMENT 31 Bn RANK PLT No. 3205254

Date of Examination in England 20/5/19 Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

B

PRESENT DENTAL REQUIREMENTS

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

R. Simpson
 for A. D. S., M. D. Lt. Col. R.C.D.C.

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 *Yes*
- (c) In France

Signature of Dental Officer *[Signature]*

Bliss
Cousins, E.
Pte 350544
8/11/19

B

1/10/19
Bliss

LTR

Rank *1st Lt* Name *COUSINS, Ernest* Reg'l No. *3205254*
 Unit *1st En Alta* If in perm. Corps, }
 What Unit? } Married or Single *Single.*
 Place and Date of Enlistment *Calgary Jan. 4th, 1918.* Place of Birth *Brandon Man.*
 Name and Address, Next-of-Kin *Geo. Cousins*
1101 Maggie St. E. Calgary Alta. Relationship *Father.*

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

N/E. B.B. No. *15221*
 File No. *GAN, OR*

Alta

Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

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.				
<i>11.8.18</i>	<i>2nd Lt</i>	<i>Trained in England</i>	<i>4-3-18</i>	<i>S/S MELITA</i>	
<i>27-6-18</i>	<i>50th Bn</i>	<i>S.O.S. to 50th Bn. 9s.</i>	<i>BSHOTT</i>	<i>4.3.18</i>	<i>PTM 69</i>
<i>14.8.18</i>	<i>50th Bn</i>	<i>S.O.S. to 31st Bn.</i>	<i>Field</i>	<i>14.8.18</i>	<i>73 & 70. 31st Bn. 2/16/18.</i>
<i>5-2-19</i>	<i>31st Bn</i>	<i>Ltd to M.R.S. Sick?</i>	<i>"</i>	<i>5-2-19</i>	<i>DO 7</i>
<i>8-2-19</i>	<i>B Wing</i>	<i>T.O.S. of P. Cadore</i>	<i>- Bshott</i>	<i>17-1-19</i>	<i>DO 1.</i>
<i>30-4-19</i>	<i>"</i>	<i>For willfully damaging government prop</i>	<i>"</i>	<i>19-4-19</i>	<i>DO 81</i>
<i>20-6-19</i>	<i>A Wing</i>	<i>T.O.S. from B Wing R.I.C.</i>	<i>"</i>	<i>13-6-19</i>	<i>DO 34</i>
<i>8-6-19</i>	<i>B Wing</i>	<i>S.O.S. of P.C. to A Wing for de"</i>	<i>"</i>	<i>6-6-19</i>	<i>DO. 20 A Wing DO. 34</i>

A.F.B. 103 CHECKED
 JUL 1918

Mine

S.L. 79-F-16. D/24-6-19.

Date of Enlistment 4-1-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

C

OVERSEAS CONTINGENTS

11004 1st June 18

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

#15.00			
--------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *3205254*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Cousins E.*
 Battalion *1st Depot Battn Alta Regt*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Josephine Cousins*
 Address *1101 Maggie St. E. Calgary Alta*
 Change of Address
 1 *MRS. JOSEPHINE COUSINS, 1030-21st. Ave. E.*
 2 *1101 MAGGIE ST., E.,*
CALGARY, ALTA. 15 15.00
 3 *A-C 3205254 PTE E. COUSINS*
FIFTEEN DOLLARS
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1918				
June 7	26036		15	15
July 2	31236		15	15
Aug. 2	41155		15	15
Sept. 2	43026		15	15
Oct. 11	50956		15	15
Nov. 2	59009		15	15
Dec. 2	66599		15	15
1919 Jan. 14	71441		15	15
Feb. 2	80975		15	15
March 2	89305		15	15
Apr 8	2130		15	15
MAY	H 7478		15	15
JUN	G 11100		15	15
July	D 12405		15	15
			210	210

REMARKS *File-3783-E-26 N. R. 13-13-1*

1. Cm R.O. 51581

M. F. W. 128
400M-6-17-1772-39-141
L. L. 2330-M. & D. 7493.

Acc Closed *31-7-19*
 Ret'd per *Northland*
AUDITED. *22/18/19*
 Date *5/2/19* M.F.W. 187 *18/2/19*
 Clerk *W. M. Phillips 1254*
L.H. 100 x 55.5. Dexting

AUTHORITY } *2 m 10 April 18*
 FOR }
 NEW ACCT. } *W. Gagne 12-6-18*

Surname

Christian Name or Names

Reg. No.

bousius

E

3205254

Rank

Unit

9th

alpa 31.

Cas. List.

27 9 18 a329

66.7 amb

21 9 18

albuminuria

h. Myalgia

2.10.18 A 333

2 7 Statey. Beneque 27.9.18

31-10-18 a358-3

7 bonw. Dep Bogue 24.10.18

5-11-18 a362⁽²⁾

10 Con. Dep. Ecault. 26-10-18

22-11-18 a377-2

Dis: 5 B. Ch. M. Martinis 9-11-18

A.M.D. 2 Dept.

Dep. of D.G.M.S. Q.M.F.C. London

~~1012~~
Number

3205254

Rank

pti.

Surname

COWSTNS

Christian Name

Ernest.

Units

50th Bn Can Inf

Theatre of War

France.

Date of Service

26-6-18.

Remarks

Latest Address

1030 - 21st Ave E.

Calgary, Alta.

Roll No.

R. Page 20680

200m. - 6-21.M.

DISEASE OR INJURY.....

OPERATIONS.....

RESULT OF OPERATIONS.....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION.....

(B) AS A TRANSFER (STATE WHERE FROM).....
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT..... IN CA

DATE OF DISCHARGE AS AN INVALID.....

DATE OF DEATH.....

DATE OF TRANSFER (STATE WHERE TO).....
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED.....

NEXT OF KIN..... ADDRESS.....

..... HOSPITAL.....

DEF. REGN. No. 34115
MAR 27 1923

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 333 ⁽²⁾	No. 7. Stat. Hosp. Boulogne	27-9-18	Albuminuria + myalgia
A 358	" Discharged	24-10-18	" " " "
A 362 ²¹	10 Cosw Dept Exult	26-10-18	Albuminuria + myalgia
A 377 ²	5 Rest Camp. St Martino	9-11-18.	" " " "

NAME

Cousins E.

REGT. No.

3205254

RANK AND UNIT

Pte. 31st Bn.

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

M.S.A.

1344
CARD NO.
SOS Dis 9-7-19
20/196 FOLL 15-7-19
Demerit 400

SURNAME. Cousins
CHRISTIAN NAMES Ernest
REGL. NO. 3205254 RANK Pte.
UNIT Alta Regt. 1st Dep Bn
FORMER CORPS Nil

NEXT OF KIN.
NAMES IN FULL Cousins, George
RELATIONSHIP TO SOLDIER Father
ADDRESS ~~1101 Maggill St E, Calgary, Alta~~
1030 - 21st Ave, East, v

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Brandon, Man DATE Feb 15th 1896
PLACE OF ATTESTATION Calgary, Alta DATE Jan 4th 1918
o/s 21-2-18 $\frac{1153}{3}$ RIC 9-4-19 $\frac{358}{12}$ Pte

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

Cousins

Rank

Ernest
Pte.

Reg. No.

3205254

Unit

3rd Bn.

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
21-9	to Camp Field Amb.	Alkuminiuria		A 329		37115
27-9	7 Sty Hosp.	Belogne	do	A 333		4415/10
		4 Malgria				
24-10	9 Con Dep.	Belogne	do	A 358		5172/11
26-10	10 Con Dep.	Beault	do	A 362		5204/11
9-11	Dis to 5th RC	St. John	do	A 377		5649-

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- COUSINS Ernest			
EFFECTIVE DATE:- 1 June 1918		EFFECTIVE DATE:-		NUMBER:- 3205254			
AMOUNT:- 15 ⁰⁰		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.			
Mrs. Josephine Cousins (Mother) 4274 1101, Maggie St. E. Calgary Alta. <i>Stopped 1/7/19</i>				AUTHORITY			
				DATE EFFECTIVE			
				RANK OR APPOINTMENT			
				UNIT AND TRANSFERS			
				ORIGINAL UNIT:- 1 Depot Bn Alta Reg			
				DATE ACCOUNT FIRST OPENED:- 1-3-1918			
				AUTHORITY			
				DATE EFFECTIVE			
				DATE LEDGER SHEET T'S'P'D			
				UNIT TRANSFERRED TO			
				2054. 5/7/18 28/6/18 22/7/18 50 Bn			
				40 16/8 1-9-18 31 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
9.5	1144	Mum	72			Regimental Co	84.97
24.5	1311	-	73			S.P. Co	365
7.6	9979	-	73				13
			87.60				
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY				PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
				1-	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis. Canada 1/7/19 Bn 10688 9/6 Willey M.D. 11*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Balance forward								30.35	15	
April	P Pay	33		AR 49. 15.4.18. 21 Yes	973					30	
				AR 212 29.4.18. 16	2190				3172	30	
		33			3163						
May	P Pay	34	10	AR 005. 22.5.18. 21 Yes	117						
				AR 478. 30.5.18. do	1947				4518	45	
		34	10		2064						
June	P Pay	33		Can. A.P.				15			
				AR 636. 15.6.18. 21 Yes	730						
				AR 717. 22.6.18. do	1947				3641	45	
		33			2677			15			
JUL 1918	Do	34	10	Can A.P.				15			
				AR 1187 5/7 CIBD.	446				5105		
		34	10		446			15			
AUG 1918	Do	34	10	Can A.P.				15			
				AR. 1041 4/8 4 cere	354						
		34	10	PN 788 17/8 31 Bn	354			15	6301		
		33		cap	714			15			
				AR 832 30/8	357						
				1014 19/9	357				7387	45	
		33			714			15			
Oct	P P	34	10	Can AP				15			
				AR 2097 31/10/18 Can Del	466						
		34	10		466			15	8831	45	
Nov	P P	33		Can AP				15			
				AR 4666 10/11/18 cere	1399						
				AR 2955 17/11/18 cere	373						

E. Macdonald
[Signature]

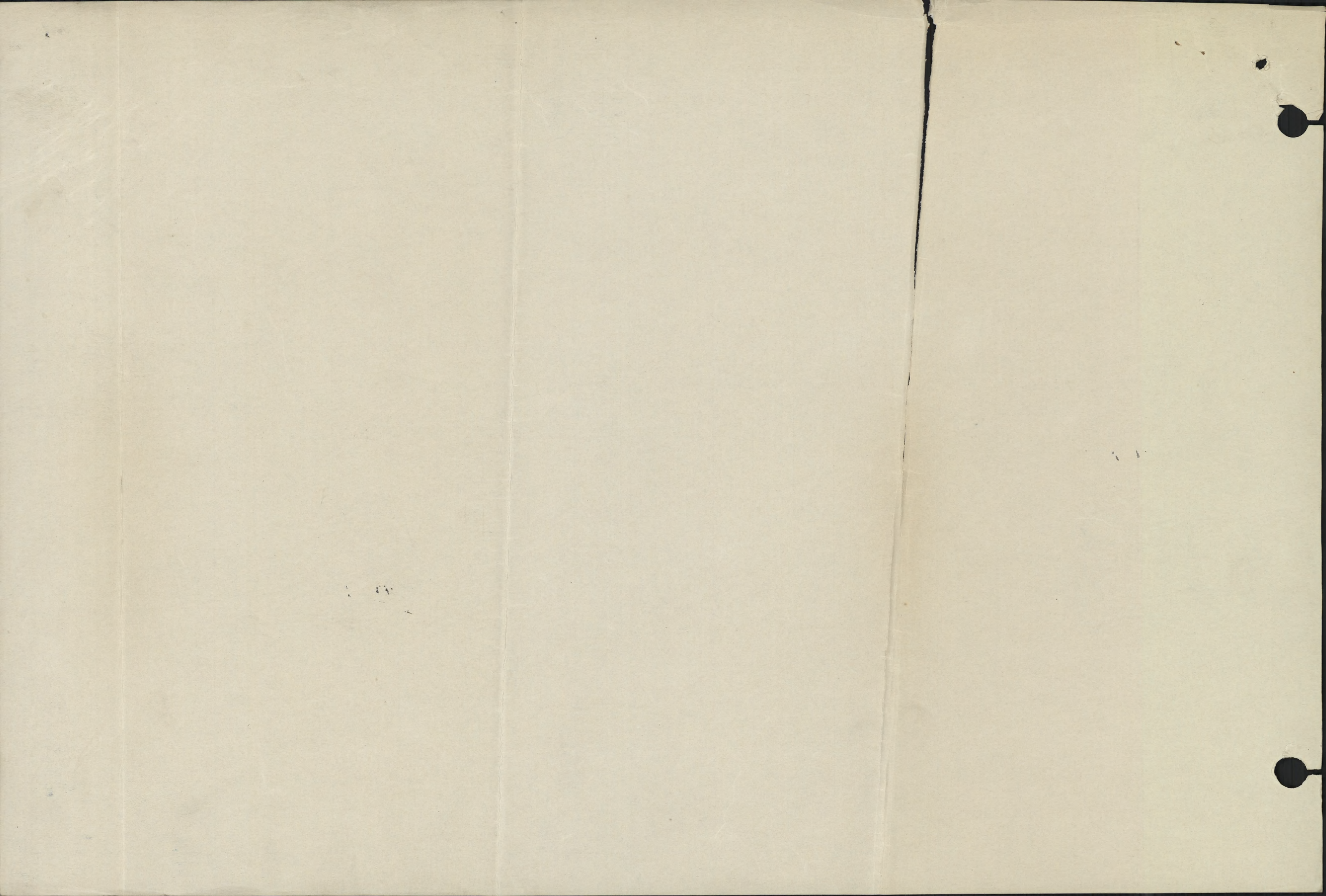
COMPILED BY
CHECKED BY

NUMBER 3205254 RANK

NAME COUSINS. E.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov	Brought forward	33 -		Brought forward	17 72			15 -	88 31	45 -	
Dec	p.p	34 10		Can AP				15 -			
Jan	✓	34 10		AR 3856 10/12/18 CAC	3 73						
				Can Jan				15 -			
		101 20			21 45			45 -	123 06	45 -	
Feb	✓	30 80		AR 5187 4/1/19 31 st Feb	3 73				64 90		
				AR 4488 10/12/18 CAC	3 73				187 96		
Mar	✓	34 10		AR 5339 29/1/19 31 st	3 73				148 34		
				✓ 73 7/2/19 Bldg. Co.	9 73				44 51		
				Can AP Feb				15 -			
				✓ Can Mar				15 -			
				AR 521 23/2/19 CAC	9 73						
				✓ 626 27/2/19	48 67						
				✓ 803 11/3/19 Bldg	7 30						
				✓ 930 21/3/19	26 77						
		64 90			113 39			30 -	44 57		
Apr	✓	33		CAP				15 -	67 10		
May		34 10		3 dep F.P. 2 19/4/19 2013 30/4/19		3 30			111 67		
				CAP				15 -	47 90		
				AR 94 9/4 Bldg	7 30				63 77		
				✓ 478 24/4	7 30						
		67 10			14 60	3 30		30 -			
June		33		CAP				15 -			
	Int or def pay	3 20		AR 1144 9/5	7 30						
				✓ 1311 24/5	7 30						
				✓ 9979 1/6 a wing	73 -				2 63		
		36 20			87 60			15 -			

SOS Can 2/6 SL 99



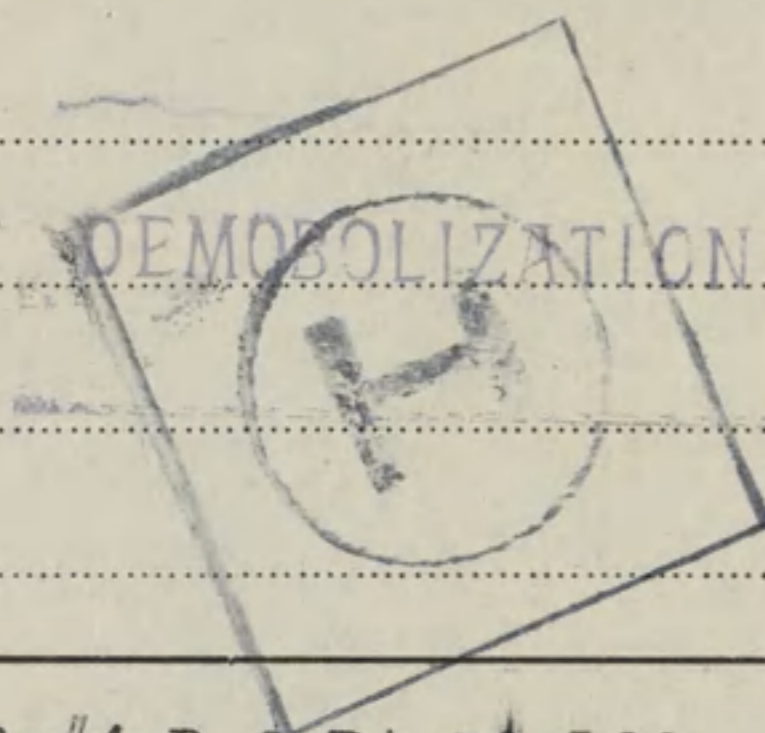
LIST OF DISCHARGE DOCUMENTS.

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

Group.....
 Checked by No. *[Signature]*
 Date 23 JUN 1919

WAR SERVICE BADGE CLASS-A-NO. 3205254
 SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)
 D.A. R.F.
 O.G. 4

1. No.	3205254		
2. Rank.	Pte		
3. Name.	COUSINS, Ernest.		
4. Unit.	31 st Bn.		
5. Date of Discharge	9-7-19	Place	MONTREAL.
6. Reason for Discharge.....			
7. Authority.	R.O.1420. D.D.#4 D.O.Pt.II-196.		
8. Proposed Residence after Discharge.....	1030 21 st Ave East, Calgary, Alta.		
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	<p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. 39 Montreal July 9 1919 E. Cousins Signature of Soldier.</p>		
10. CONFIRMATION.	<p>The discharge of the above named man is hereby confirmed.</p> <p>Place..... EMB CASSANDRA GLASGOW JUNE 24 19</p> <p>Date..... July 9 1919</p> <p>Signature..... (O. C. Discharging Unit.)</p>		

