Regt. No. 522101.

ORIGINAL

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? — Henry Samuel Cousins,
2. In what Town, Township or Parish, and in what Country were you born? — Leeds, Yorkshire, England.
3. What is the name of your next-of kin? — Henry L. Cousins, Father.
4. What is the address of your next-of-kin? — 38 Chad St., Leeds, Eng.
5. What is the date of your birth? — June 16th, 1888,
6. What is your Trade or Calling? — Tailor,
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? — No,
    If so, state particulars of former Service.
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,

Henry Samuel Cousins (Signature of Man.)

W. J. Martin (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Henry Samuel Cousins, do solemnly declare that the above answers made by me to the above questions 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.

Henry Samuel Cousins (Signature of Recruit)

Date November 12th, 1915. W. J. Martin (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henry Samuel Cousins, 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.

Henry Samuel Cousins (Signature of Recruit)

Date November 12th, 1915. W. J. Martin (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 Halifax, N. S. this 12th. day of November 1915

E. H. Morrison (Signature of Justice)

J. P. in and for the County of Halifax, N. S.

I certify that the above is a true copy of the Attestation of the above-named Recruit.

John Stewart (Approving Officer)

Lt. Col., A.M.C.

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of Henry Samuel Cousins, on Enlistment.

Apparent Age 27 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 3½ ins.

Chest measurement.
- Girth when fully expanded ..... 35½ ins.
- Range of expansion ..... 3 ins.

Complexion Dark,

Eyes Hazel,

Hair Dark Brown,

Religious denominations.
- Church of England Yes,
- Presbyterian .....
- Wesleyan .....
- Baptist or Congregationalist .....
- Other Protestants (Denomination to be stated.) .....
- Roman Catholic .....
- Jewish .....

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).

Weight 135 lbs.,

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 h'm* fit for the Canadian Over-Seas Expeditionary Force.

Date November 12th, 1915. C. M. Murray

Place Halifax, N. S. Capt. A.M.C.
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Henry Samuel Cousins, 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.

John Stewart (Signature of Officer)
Lt. Col., A.M.C.

Date November 12th, 1915.

REGIMENTAL DOCUMENTS

NAME COUSINS HENRY SAMUEL REGT. NO. 522101 UNIT C.A.M.C. 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)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				40115	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	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)					
	DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category
1	MEDICAL EXAMINATION (M.F.W. 129)					Demobd
	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
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	A.F.W. 3997					
1	M.F.W. 192					
1	D.M.S. 1375					
1	C.A.M.C. 5809A					
1	D.S. Form 48					
1	Pay card					

W 2589
100M-11-18
1772-39-1377

*Name COUSINS. HENRY. SAMUEL. Rank CADET. Regtl. No. 522101

Fyle Depot 74-C-977

Original unit C.A. M.C. Present unit #6 D. D. M. or S. Age 27 Religion C.E. Ref. H.Q.

Port, ship and date of arrival

Next of kin Father. Henry. L. Cousins.

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Tailor. Date and place of enlistment Halifax. N. S. 12-11-15.

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
29-1-19	T.O.S. #6 D. D. and posted to CASY. COY. 7-2-19	D.O.38
6.3.19	DISCHARGED at Halifax, N. S	D.O. 56

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

(over)

Date.	Remarks	Pt. 2 Order No.

M. F. W. 192
150m.—5-18
1772-39-1243

Number 522101 Rank Pte

Surname COUSINS

Christian Name Henry Samuel.

Units C.A.M.C. Theatre of War France

Date of Service 18-6-16.

Remarks

Latest Address 38 Jackville St.
Halifax, N.S.

Roll No. R. Page 20683

200m.-6-21.M.

AND HOW LONG

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 CAT

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 .....

* CROSS OU

RECEIVED DEC 12 1921

M. F. W. 142.

1772—39—1171.
50m.—2-19.

CARD No. 1

SURNAME. Cousins.

CHRISTIAN NAMES Henry Samuel.

REGL. No. 5-22101. RANK Pte.

UNIT No. 7 Stat. Hosp.

FORMER CORPS Nil.

To Ld. Dis 6-3-19
Demob FOLL.
006 of 25-2-19

NEXT OF KIN.

NAMES IN FULL Cousins Henry L.

RELATIONSHIP TO SOLDIER Father.

ADDRESS 38 Chad St. Leeds Yorks. Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England Leeds DATE

PLACE OF ATTESTATION Halifax N.S. DATE Nov. 12th. 1915.

O/S. 1-1-16 309/2

R/C 5-2-19 6 26 2/8

L. L. 90589.—M. & D. 6312.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

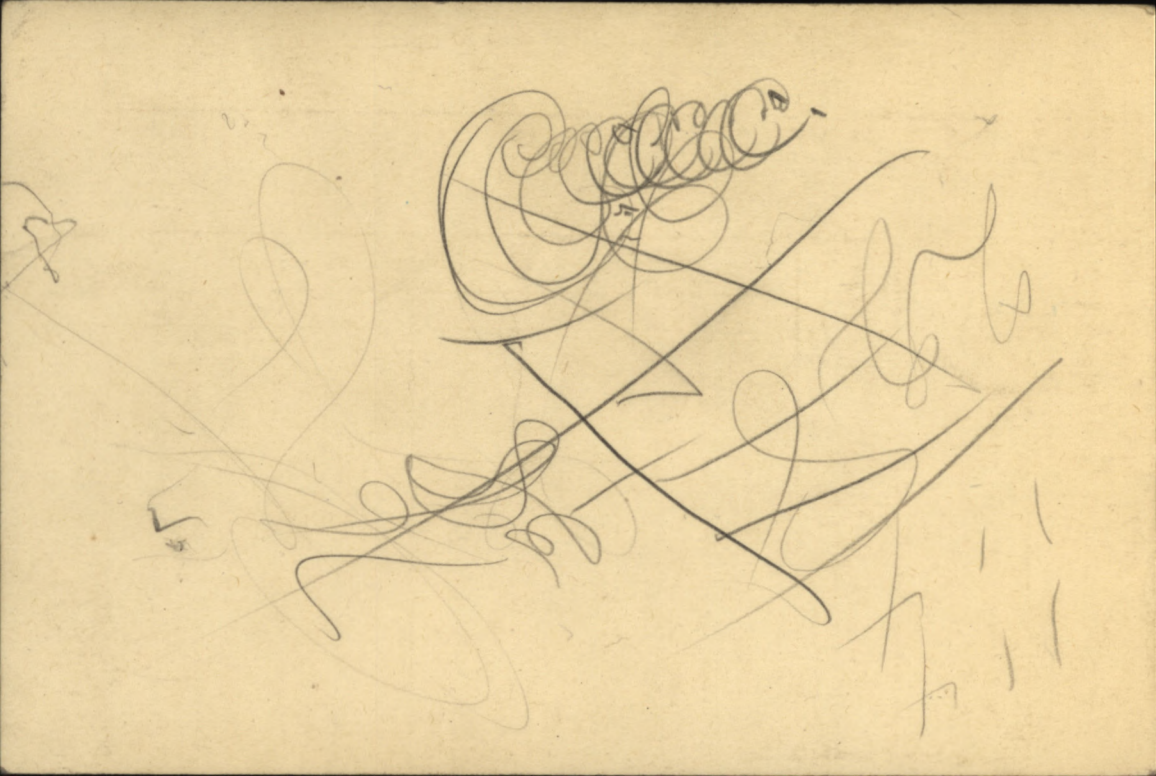
MEDICAL EXAMINATION. PLACE DATE

No. 522101. Rank Pte. Name Bousino. Henry Sam

T. O. S. 12-11-15. (Do 13-12-11-15). Unit 7th Stat. Hosp. Overseas C.O.M.C.

M. D. 6

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915 Nov 12	1915 Nov. 30 Dec.	✓ ✓		



Test

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

CERTIFIED CORRECT
Canadian Records Office,
Westminster House,
7a Millbank, S.W.

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No.7 "Overseas" Stationary Hospital.

Regimental No. 522101 Rank Private Name Henry Samuel Cousins.
C. E. F.

Enlisted (a) 12-11-15. Terms of Service (a) Duration of War, Service reckons from (a) 12-II-15.

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

Extended Re-engaged Qualification (b) Tailor.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
I-I-16.		Embarked, Canada,	St.John,	I-I-16.	
IO-I-16.		Arrived, England.	Plymouth,	IO-I-16.	
				John Stewart Lieut. Col. O.C. No 7 "Over Seas" Stationary Hospital.	
20.6.16	M.L.O.	arrived in France	Havre	19.6.16	HK.5821.
9.9.17	7 Gen Stat Hosp	Granted 10 days leave	-	9.9.17	B213 H.T. 45 d/18.9.17
23.9.17	" -	Rejoined from leave	-	19.9.17	B213. H.T. 48 d/2.10.17
2.12.17	" "	Granted 14 days leave	W.K.	2.12.17	B213. H.T. 61 d/15.12.17
23.12.17	" -	Rejoined from leave	Arques.	17.12.17	B213.
12.4.18	A.A.G. 6th Sect.	S.O.S. of No 7 Gen Stat Hosp and posted to 6 a M.L. Depot Shoreliffe with a view to commission in Royal Air Force. (auth: A.G. 2148/265(o) d/5/4/18.	England	9.4.18	file HK.27096. H.T. 15 d/13/4/18.
				H A Christie Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. 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.

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				
4-5-18	A.M.C. Dep	T.O.S. from #7 City Hosp.	Shorncliffe	9-4-18	P.H.D.O. 124 HB.
4/5/18	do	An Command to Rat Portobello Seaforth	do	9/4/18	Ph 2-56 124 H.S. Moody LIEUT. FOR LT: COL: I/C RECORDS, C.O.M.F.
9/5/18	do	S.O. Sanpatient Sto 6 am 6 Con. Depot		9/5/18	Ph 2-56/128
10/5/18	Can 6 Con Depot	T. 6 Sanpatient from 6 Can 6 Depot	do	9/5/18	Ph 2-56 1
13.12.18	do	apt & apt	do	7.9.18	— 188
29-1-19	do	dos to rate to Can Canada (Tous C)	do	29.1.19	— 24 J. Mould Capt Conv Comdr
29.1.19	O/seas. T/O/S. Con. 60. D. Hfx.		Cosy Co.	7.2.19	Do 38. A.M. Ferguson ASST. ADJT. No. 6 DISTRICT DEPOT.
6.2.19	DISCHARGED at Halifax, N. S		Do #56	for	R L Chester LIEUT O.C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT

R—122.

Rank **Pte.** Name **COUSINS Henry Samuel** Reg'l No. **522101**

Unit **No.7.Stat.Hosp.** If in perm. Corps, What Unit? Married or Single **Single**

Place and Date of Enlistment **Halifax,N.S. 12 Nov.1915.** Place of Birth **Leeds Yorks,Eng.**

Name and Address, Next-of-Kin **Henry L.Cousins**
38 Chad St, Leeds, Eng. Relationship **Father**

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

N/E. R B No 4968
File R.L.
Category OR CAN

A/Sgt.

Discharge, Date and Place Reason Character

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
		Arrived in England per SS Metagama		10.1.16	
29.1.16	7 Stat Hosp	Granted leave of absence	Bandgate	29.1.16 to 3.2.16	P II D 15
27.2.16		On Nom. Roll 7 Sta Hosp	Shorncliffe		
2.4.16	"	Granted leave of absence	"	1.4.16 to 3.4.16	" 54
17.6.16	"	Proceeded on duty to Southampton	"	16.6.16	" 93
20.6.16	"	Embarked for France.	Havre	18.6.16	Ft. H Order 94
13.4.18	"	10 Sta Com Depot Candidate for Commission	Etaples	9.4.18	P II D.O. 15 cancd A II D.O. 124 dd 4/5/18
4.5.18	Cancd	"On Comm." to R.A.F. Firth Hill Barracks, Blackdown Hants	S'cliffe	9.4.18	— 124
9.5.18	Cancd	TOS from Com Dep	do	9.5.18	— 1 cancd P II D.O. 125 dd 13/5/18
13-18.18	"	Appt Ld A/Sgt with pay	"	7.9.18	— 188

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				
18.12.18	Camberley	Leaves on com[missio]n to R.A.F.	A/Sqdr Sciffe	16.12.18	Do. 192.
29.1.19	do	SOS of O.M.T.C. on trans[fer] to R.A.F. in Canada (M.D.6)	" do	29.1.19	— 24.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 522101 (Rank) Cadet

Name (in full) Henry Samuel Cousins enlisted in

the Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE at Halifax N.S. on the 12th

day of November 1915

HE served in France

and is now discharged from the service by reason of Demobilization

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

Age 30 years 8 months

Height 5 feet 4 inches

Complexion Dark

Eyes Hazel

Hair Dark Brown

Marks or Scars Nil

H. S. Cousins
Signature of Soldier

C W MacAdam CAPTAIN.
O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.
Rank

Appointment

Date of Discharge March 6, 1919

Signed at Halifax N.S. this 22nd day of February 1919

in Military District No. 6 Nil

File Reference No.

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 application to the nearest Recruiting Depot particulars called for on the back of this certificate will not be completed.

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District.

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. 5-72101 Rank Cadet Surname Cousins
(Given name in full) Henry Samuels

Unit or Corps D D #6 Birthplace England

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

1. GENERAL DESCRIPTION:

Physique Good Weight 147 lbs. Height 5 ft. 4 in. Colour of Eyes brown

Nutrition Good

Pulse Normal

Condition of arteries Normal

Vision Rt. 20 Left 20

Hearing (conversational voice) Rt. / ft.

Left / 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 No 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 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.

History of tonsilectomy while in the service.

70 Spring Garden Rd. Halifax N.S.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

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

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Valcartier (Canada)

Date Feb. 21, 1919 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 H. S. Conners

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

Canadian Form 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 Cadet (G/Sgt) Name HENRY, SAMUEL Surname COUSINS

Unit or Corps C2 Dne (If a soldier) Regtl. No. 5-22101

Born at Leeds, England on, date June 16th 1889

Signature (for identification) H. S. Cousins

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

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. None

Weight 146 lbs.

Height 5 ft. 4 in.

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?** Normal.

4. **RESPIRATORY SYSTEM?** Normal.

5. **HEART?**

Abnormal Sounds? None

Abnormal Size? No

Pulse Rate? 100 Intermittence or irregularity? None

6. **ARTERIES.**—Any hardening? None

7. **DIGESTIVE SYSTEM?** Normal

8. **GENITO-URINARY SYSTEM?** Normal.

Urinalysis—S.G.?..... Reaction? Acid Albumen? Neg. Sugar? Neg.

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

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. None.

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

Examined at Shorncliffe Signed Lieut & Qrs M.O.

Date 10/1/19 Signed H. D. Veitch 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.*

ORIGINAL. 9

MEDICAL HISTORY SHEET.

Surname Cousins, *Christian Name* Henry Samuel.

Examined { on 12th day of November 1915
at Halifax, N. S.

Birthplace { City or Town Leeds, Yorkshire,
County England.

Apparent age 27 years,

Trade or occupation Tailor,

Height 5 Feet 3½ Inches.

Weight 135 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 35½ inches.

Physical development Fair,

Small-Pox Marks Nil,

Vaccination Marks { Arm Right. Left.
Number

When Vaccinated last

(*a*) Marks indicating congenital peculiarities or previous disease Nil,

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

Approved by
L. M. Murray
Rank Capt. A.M.C. M.O.

Date	Fit or Unfit	Examined for Re-engagement,
		9 - MAY 1918 M.O
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
17-12-15		V. N. MacKay Capt M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
15-11-15		Dunn Lieut Capt M.O.
27-11-15		J Jenkins Capt M.O.
		M.O.

Enlisted on 12th *day of* November *191* 5 *at* Halifax, N. S.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	No.7 Stationary Hospital, C.E.F.	522101		Nov. 12th, 1915.
Transferred to..				

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 Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
100M.—5-15.
H. Q. 1772-39-439.

Surname Cousins, Christian Name Henry Samuel,

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				

A.D.C.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) COUSINS H.S.

REGIMENT Can Rle RANK Sgt No. 572101

Date of Examination in England 17-1-19, 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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 18.
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 Yes

Signature of Dental Officer A W Sinclair Capt

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
Year (	522101	Cdt.	Cousins.	H. S.

Unit.	Age.	Service.
R. A. F.	29.	3 years.

Station and Date.

Disease Hypertrophy of Tonsils. 476

Sept Operation - Removal -

W. B. Hogg

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10933). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	

MARRIED OR SINGLE: S

PLACE OF BIRTH: Yorks. Eng

NAME AND ADDRESS OF NEXT OF KIN: N.L. Cousins
38 Chad St Leeds Eng
Father

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 522101 RANK Rte. NAME Cousins Henry Samuel

IF IN PERMT. CORPS } WHAT UNIT } UNIT #7 Stat. Hosp. TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Halifax NS TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 12 Nov 1915 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ ~~20 1.10~~ 1.10 DATE EFFECTIVE ~~1/4/16~~ 1/4/17

PAYABLE TO Royal Bk of Can., Spr Garden Rd., Halifax NS RELATIONSHIP

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 1916	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 C	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS C
Mar 31	31		91				9	10						10	110	10										43	80	Ret		43	80	66	30	HS		
April	30	1	30		30	10	3								33		270	14/4	280	28/4				973	17	04		15		41	77	57	53			
May	31	1	31		31	10	3	10							34	10	354	15/5	365	30/5				730	12	17		15		34	47	57	46			
June	30	1	30		30	10	3								33				376	15/6					9	74		15		24	74	65	42			
July	31	1	31		31	10	3	10							34	10					4160	24/6				34	1	15		18	41	81	11			
Aug	31		31		31		3	10							34	10			740	31/8	5676	29/8	5131	29/7		34	9	43	6	15		15		100	21			
Sept	30	30		30	30		3								33				5319	14/8	4559	14/7	6293	14-9		34	9	26	1	15		28	95	104	26			
Oct	31	31		31	31		3	10							34	10					6986	28-9	7291	14-10		34	8	34	9	15		25	45	112	91			
Nov 1/30	30		30		30		3								33						7824	28-10	9439	14-11		34	6	34	6	15	04	28	99	116	92	45	101	92
Dec 1/31 1914	31		31		31		3	10							34	10	1	28/11						348				15		18	48	132	54			
			3660														15	81/2						349												
Jan 1/31	31	1.10	34	10											34	10	8	14½	22	15/1				436	349			15		26	34	140	30			
Feb 1/28	28		30	80											30	80	31	30/1						349				15		18	49	157	64			
Mar 1/31	31		34	10											34	10	48	27/2	94	30/3				349	348			15	06	29	01	157	70	45	00	
																	40	14/2	71	14/3				349	344											
Apl	30		33												33													20		20		170	70			

Issues on Repayment 3069 30/9/16

Refd 3069 Issue on repayment Sept 30

1/10

No. 522101 Pte Cousins H.E.

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
May	31	1.00/10	34	10											34 10	25	30/4							4 36				20		28 72	176 08				
June	30		33												33	2	14/4							4 36											
July	31	"	34	10											34 10	71	30/5							4 46				20		28 92	180 16				
Aug	31	"	34	10											34 10	49	15/5							4 46				20		20 00	194 26				
Sept	30	"	33	00											33 00	121	30/6							4 46				20		28 92	199 44				
																146	15/7	192	14/8					4 46	4 47									
																169	30/7	215	30/8					4 47	4 46			20		37 86	194 58		45 00	

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. SEP. REG. ALLCE. PAY ENG.
1917										
Oct. 6	Bal 30/9/17	~~$60~~							$194 58	
Oct.	Pte Pay.	34 10							$20	
				To State Hosp. AR 239 10/9/17	3569					
				TH AR3621-8GH-10-9-17	71 38				$20 101.61	
Nov.	P 6	34 10			107 07					
		33		A.P.C.					20.	
				266 QR 28.9.17 T.AC.H	4 46					
				301 " 15.10.17 do	4 46					
Dec	P O	34 10		329 " 29.10.17 "	4 46					
				356 " 15-11 "	13 38					
									20 101 95 45	
1918		67 10			26 76				40	
Jan	P O	34 10		2343 2/12 "	53 53				20	
				431 30/12 "	4 46				58 06	
		34 10			57 99				20	
Feb.	P O	3080		497 30/1/18 Hosp.	4 46				8886	
				454 15/1 do	4 46				289	
									20 5994	
		3080		AR.571 C2 14/2/18 7 C.C.H.	892				20	
Mar.				AR.582 C13 28/2 7 "	4 46					
	P.P.	34 10		AR.623 C27 14/3 do	4 46					
				AR.661 C36 27/3 do	4 46					
					17 84				56 39	
		34 10		CAP.	17 84				20 56 20	

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. SEP. REG. ALLCE. PAY ENG.

$10 13/4/18

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* [redacted] OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	4/4/17 1/7/18	EFFECTIVE DATE:-	
AMOUNT:-	~~$20.00~~	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.

Royal Bank of Canada
Spr. Garden Rd.
Halifax, N.S.

Stop 1/7/18

RTO 13/12/18 DO 39. C Holt.

Cousse 9-4-18. D.O. 124 6a M.G. D. 4-5-18

Ant'agued 31-10-18 Peso 20-12-18.

NAME:- COUSINS, Henry Samuel

NUMBER:- 522101 198

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte
D.O. 188 6a M.G.G. 13 12/18	7-9-18	a/Sgt

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:- 1/1/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			7th Stat Hosp
N.R. 24/4/18	1-4-18	25/4/18	Imp. Cadets

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 -	- 10		
	1 35	15		

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~28/6/18~~		~~London £10 0 0~~	~~48 67~~	9/4/18	106/9/18 = 151 days @ 1/10		166 10
~~24/9~~	~~3rd~~	~~Camb. Rd B £2 0 0~~	~~9 73~~	1/9/18	13/12/18 = 98 " " 1/5		147 00
~~4/10~~		~~London £5~~	~~24 33~~				
~~16/11/18~~		~~Camb Road £1 6 0~~	~~6 33~~				
			89 06				

PARTICULARS OF RENDERING NON-EFFECTIVE: Dis. to Canada 31/1/19. Authy:- NR. 1949 6a M.L. 16/1/19 NR. 19 Pg 6 Camc 16/1/19 MD. 6

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Balance forward								56 20	45.	
Apl	Pay	33.		CP 1692 London 13-4-18	48 67						
				b.a.P.				20	20 53	✓	
		33			48 67			20			
May	P + a	34 10		CP H224. 1 5/18. CRM	19 47						
				a/c Can				20	15. 16 / 25 90	P.	
		34 10			19 47			20			
June	✓	33.		b.a.P.				20			
				CP 9694 London 8.6.18	9 73						
				✓ 13434 ✓ 28.6.18	4 87				13 56	✓	
		33.			14 60			20			
July	✓	34 10		aR. 18139. CRM. 22 7/18	9 73.			—			
				CP 16164 " 12 7/18	9 73.				28 20		
		34 10			19 46			—			
Aug	✓	34 10		C.P. 20320 CRM 1 8/18	9 73						
				CP. 22759 London 12.8.18	9 73						
				CP. 25758 " 22.8.18	9 73				33 11		
		34 10			29 19						
Sep		33		CP. 29906 " 2.9.18.	487						
				CP. 40275 " 30.9.18	487						
				aR 35722 " 19.9.18	973				46 64		
		33			19 47						
Oct		34 10		CP 41761 London 3-10-18	973						
				✓ 46751 ✓ 14-10-18	14 60						
				✓ 52651 ✓ 24-10-18	973				46 68		
		34 10			34 06						
Nov	adj of Pay 7-9-18 to 31-10-18 Pte to Sgt	22		A.R. 65126 Cheltenham 11-11-18	973						
	Sgt Pay	45		" 74352 " 26-11-18	19 47						
	carried forward	67			29 20						

4.87
1.46
6.33

NUMBER 522101 RANK NAME COUSINS H. S.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal Fwd.	67			29 20				46 68		
	Interest on Def'd Pay	6 27		a.R. 82983 6 Helletham 14-12-18	9 73						
Dec.	Sergts Pay	46 50		" 87199 Ldn 20-12-18	24 33						
Jan	" "	46 50		HNR 3631 6 a m.6b. 19.12.18	24 44				125 28		
		166 27			87 67						
				a.W.L. M/N 13.12.18. until reporting at 1400 4/4/1 arb. 17.12.18. 3 days pay. D.O 197. C.A.M.C 6 a 6b. 24/12/18		4 50					
Feb				6 L 99529. London. 6. 1. 19.	24 33						
"				6 L 93569. " 28. 12. 18	48 67						
				a.R. 3584. 6 a.M.6. Deptt. 28/1/19. End on 186	14 60						
				D.N.a.R. 3143 " 2-1-19	9 73						
				" 3324 " 15-1-19	4 99				18 46		
					102 32	4 50					

A.3.M. FORM REN'D ✓ EFFEC. ✓
DISCHARGED TO Canada DATE 31/1/19.
PAY BOOK VERIFIED 17/1/19.
Cr. BAL. 36 22 L.P.C. REN'D 17/1/19
AUTHY N.R. 1949 Caml 16/1/19
M.D.6.

COMPILED BY... J.A. Surgeoner.
CHECKED BY.....

P868 18 3/19 a.R. 3324 extracted as £1-6-0 instead of £1-0-6 Diff 1.34 Con Bal 6 ✓ 37 56
P868 11 4/19 Taff Pay 4 50 Con Bal 6 ✓ 33 06

S.O.S. to Canada m.d. 6 29/1/19 S.L. #8

PC.

DUPLICATE.

522101

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname GOUSINS *Christian Name* Henry Samuel

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Leeds, Yorkshire County England

Examined ... ... on 12th day of Nov. 1915,
at Halifax.N.S.

Declared Age ... ... 27 years days.

Trade or Occupation ... Tailor

Height ... ... 5 feet 3½ inches.

Weight ... ... 135 lbs.

Chest Measurement — Girth when fully Expanded 35½ inches.
Range of Expansion 2½ inches.

Physical Development ... Fair

Vaccination Marks — Arm ... Right Left
Number

When Vaccinated ...

Vision ... ... R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

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

Approved by (*Signature*) J.M.Murray,
(*Rank*) Capt.A.M.C.
Medical Officer.

Enlisted ... ... at Halifax N.S.
on 12th day of Nov. 1915.

Joined on Enlistment ...	Corps.	Regtl. No.
	No7 Stationary Hosp.C.E.F.	522101
Transferred to		

Became non-effective by

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in re have been taken from the Attestation Paper.

on day of 191 .

(*Signature*) H.Emmis Lieut.-Col.
In Charge of Records
Canadian Contingent

(*Rank*)

(B 99129.) W. 15297/M127. 500M. 1/16. J. P. & Co., LTD.

Forms B. 178 39

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remark u s h
	Day	Month	Year	Day	Month	Year			

the Sick List in the case of Warrant Officers treated in quarters.

umber days in spital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
17.12.15	Vacc. V.N.Mackay, Capt.
15.11.15	Inoc. ?
27.11.15	do J.Rankine, Capt.

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.

C.A.M.C.
Officer in Charge of Records
for the
Canadian Contingents.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

This space to be for numbers. War Service Badge class "A" 76628 issued

Proceedings on Discharge.

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

No. 522101

Rank Cadet

Surname Cousins, Henry Samuel

Christian name

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) Canadian Army Medical Corps

Date of discharge March 6, 1919

Place of discharge Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 30 years 8 months.

Height 5 feet 4 inches.

Complexion Dark

Eyes Hazel

Hair Dark Brown

Trade Tailor

Intended place of residence (To be given as fully as practicable.) c/o Royal Bank of Canada Vancouver B.C.

Descriptive marks

Nil

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

Demobilization

Authority for discharge

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.

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.

200M.—5-18.
H. Q. 1772-39-113.

20

(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, and that I have received my permanent discharge certificate.

(Place) Halifax N.S. H. J. Cousins *(Signature of Soldier.)*

(Date) February 1919 *(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) Halifax N.S.

(Date) March 6 February 1919

(Signature) D. M. Ross Lt Col O.C. No 6 D.A.

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.)

nil

H. S. Cousins

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

1918-19 No. 6 DISTRICT DEPOT

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

Regimental No. 422101 Rank Q/Sgt. Name H.H.S. Cousens

Corps Imp Cadets who was* Discharged

On 6/3/19 191...., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 191....

to 6/3/19 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month	8	25	Balance Cr. from prev. month		
Advances by Cheques No.			Regt'l. Pay 34 days at $ 1 35 c.	45	90
Advances by Cheques No. W.S. Gratuity	70	00	Field Allow. 34 days at $ 15 c.	5	10
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Clothing	35	00
Payment on transfer or discharge No. 1522	88	95	Other Credits* Leave	11	20
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	70	00
Total	167	20	Total	167	20

*Give particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned

Pay for the month of Nil 191...
and Sep'n Allce. for month of 191...

(to) Assignee Nil

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment

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

(3) cause of discharge Demob authority D.O. 5-6

(4) authority for transfer

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

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

Date 26/2/19

Place Halifax N.S.

W W Dingwall CAPT

Paymaster No. 6 District Depot
Paymaster.

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

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

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

M. F. W. 44.

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

F.S. Form 39.

ROYAL AIR FORCE.

Discharge Card, U.K.

All Air Force Cases except from Expeditionary Forces.

Name of Hospital or Station MILITARY HOSPITAL. LEWISHAM.

Serial No. in Admission List (F.S. Form 38) 468

Unit R A F

Offl. No. or Date of Commission 522101

Squadron, Wing, &c. R D 1

Rank Cadet

Grading

Name Cousins A. G.

Age 19 Total Service (in R.A.F., R.F.C., or R.N.A.S.) 3 years

Date of Arrival at Hospital (a) as an Admission 24-8-18

(b) as a transfer (state where from)

Date of discharge to duty 27 SEP 1918

" " " by change of disease

" " " as an invalid

" " death

" " transfer (state where to)

No. of days under treatment 35

Observations :—

To be filled in by the Medical Officer in charge of case

Disease* Sinus 476

Operations

Result of operation Removed

Complications in order of occurrence

Signature of Medical Officer

*To be in accordance with the official nomenclature.

One of these cards is to be completed for every patient of Air Forces received into hospital, except those from Expeditionary Forces.

(15363) Wt. 8273—799. 500 pads. 5/18. Av. P. (126).

(20760) Wt. 11857—896. Rpt. 1000 pads. 6/18. Av. P. (243).

Entry Card, Royal Air Force. F.S. Form 35.

Unit RXXX. C. D.D. Date 19.8.18.

Squadron, Wing, &c. Height 5ft 4½ins

Rank Cdt. Official No. or Date of Commission 522101

Name COUSINS H.S.

Age 29 Weight 142.lbs. Where recruited

Residence (Town and County only)

Address of nearest relative

Body marks 6/6

Vision, R.E. 6/6+3 B1. With Glasses
L.E.

* Colour vision N.

Physique F.

Wounds and injuries

Surgical Abnormalities

Mentality

Summary (Surgical)

* Habits—Smoking 20- 30 Cigs.

* Alcohol Mod.

* Any special Athletic record Mod.

Previous occupation (Civil) Tailors Cutter.

Army, Period & Unit 2.yrs 9 mths. Foreign Service 22 mths.

Illnesses Treated for Scabies.

* Family History

Heart. Size N.

Sounds N.

* Rate (*see* F.S. Form 36)—I. 96 *II. 120 *III. 25

Pulse—* I. V.N. T.S. *II. S.

Thorax—Expansion G. * Vital capacity

* Breath held—(i) At rest 87 * (ii) After exercise

* Reasons for giving up N.

* Abdomen G.

* Nervous system—Deep reflexes K.J.N.

* Tremor Fine.

* Mentality

* Summary (Medical) Fit.

Hearing N.

Teeth 1.

Nose Nil.

* Muscle Sense G.

* Nervous Stability G.

* Mentality

Summary (Aural)

FIT AS O. OR P.

Signature of Medical Officer R.W Stephenson.

*** These items need not be filled up for ground duty candidates.**

30042T5727. Wt. 15722/347. 200,000. 1/18. A. P. & S., Ltd.

Entry Card, Royal Air Force. F.S. Form 35.

COPY.

F.S. Form 192. *(a)*

ROYAL AIR FORCE.

No.; Name, Rank & Regiment 52210 Capt Cousins H.S.

has been examined as to his fitness as pilot

and found { fit as Pilot
~~unfit in any capacity as flying officer.~~
~~temporarily unfit.~~

His acuteness of vision is as follows :—

V.R. without glasses 6/6 With + 2 lens 6/6

V.L. without glasses 6/6 With + 2 lens 6/6

Remarks :—

Toronto Jct removed

Head of Tel O.D.

28/9/18

Signed H R Carter Capt

For Presdt. Aviation Candidates Medical Board.

Date 19 Aug 1918

No candidate is allowed to fly without having this form in his possession. No duplicate will be issued.

(162311) Wt. 6431/733. 15,000. 5/18. P. & P. Ltd.

ROYAL AIR FORCE.

F.S. Form 269.

From AVIATION CANDIDATES MEDICAL BOARD,
9, ARKWRIGHT ROAD,
HAMPSTEAD, N.W. 3.

Date 19-8-18.

To
The Officer in Charge,
Lewisham Military Hospital.
Lewisham

Rank and Name Cousins H.S. Cadet. Regiment R.A.F.

Has been ordered to report to you on 22/8/18

He has been examined by the Aviation Candidates Medical Board and found to be in need of

ops Tonsils

It is requested that you will instruct him to report to Adjutant R. A. F., 63, Fitzjohn's Avenue, Hampstead, N.W. 3.

(*a*) Forthwith, if you are unable to admit him;
(*b*) On his discharge from hospital, if admitted.

C W Jones 2 Lieut

For President,
Aviation Candidates Medical Board
R. A. F.

(I62379.) Wt. 7732/765. 2,000. 5/18. P. & P., Ltd

CRD

COPY.

F.S. Form 192. *(a)*

ROYAL AIR FORCE.

No., Name, Rank & Regiment 122101 Cdt Cousins H.S.

has been examined as to his fitness as pilot

and found { fit as P & O
~~unfit in any capacity as flying officer.~~
~~temporarily unfit.~~

His acuteness of vision is as follows :—

V.R. without glasses 6/6 With + 2 lens 6/6

V.L. without glasses 6/6 With + 2 lens

Remarks :—

Tonsils for removal.

Signed H.P. Carter Capt
For Presdt. Aviation Candidates Medical Board.

Date 19 AUG 1918

No candidate is allowed to fly without having this form in his possession. No duplicate will be issued.

(162311.) Wt. 6431/733. 15,000. 5/18. P. & P., Ltd.
(162633.) Wt. 11236/878. 50,000 6/18. P. & P., Ltd (1)

AUDITOR | PAYMASTER

Ballic 6.2.19

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

M. OR S. | REGT. No. 522101 | RANK a/Sgt. | NAME (IN FULL) Bowers Hy. S. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP | PARTICULARS | EFFECTIVE DATE | AUTHORITY

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

ORIGINAL UNIT C.E.F. Imp. Cadets | IF IN P. F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Royal Bank Halifax B.C. | 339 70 Spring Garden Rd Halifax N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE | EFFECTIVE

English

DISCHARGED | PLACE | DATE 6/3/19 | REASON Demob. | AUTHORITY D056 | IF ENTITLED TO POST DISCHARGE PAY

L. F. & MONTH adjusted to	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	Credit 8.2.16 $ 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.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
Balance from previous account	31.1.19		1.50			36 22	36 22				14 60										
											29 84						44 44	8 25		b.a.m.b h r t. D. On boat
	1-2-19	34	1 50	51 00	11 20 35 00		97 20			175 22	88 95					8 25				
	6-3-19									175 23	70 00					167 20	70 00			
										War Service Gratuity										
		183	1 20			1 20				Mar. 18/19. 145390	70		70					28 0		5 81533 2/5/19
										Apr. 6/19 F.150644	70							210		x A.W.L. 3 days pay 16/12/18 - 17/12/18
											70							140		593701 5/6/19
											65 50		4 50 x					70		8 46000
											70 00							Nil		
		420 00				420 00					375 50		74 50			420 00				

Completed

Certified that all payments due on this acct. have been paid.

.....CAPT.
For Senior Officer Pay Services, M. D. 6

P.T.O

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

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 RCLLS COL. NO. 1 NO.	ACQUITTANCE RCLLS COL. NO. 1 DATE	ACQUITTANCE RCLLS COL. NO. 2 NO.	ACQUITTANCE RCLLS COL. NO. 2 DATE	ACQUITTANCE RCLLS COL. NO. 3 NO.	ACQUITTANCE RCLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 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
									Eligible to be Reimbursed for Outfit Purchased up to a limit of £35 = #170.33 Under his Ministry Order 808. 1918.																												
1920																																						38.93. Outfit issued by Officers Repayment Store. 6W7C. London. Eng.
Jan					111	93			111	93											73	00							38	93			111	93				78.00 Payment to Cadet.
1921																																						58.40. = £12.0.0 Paid to Messrs Carr & Son
Feb.					58	40			58	40																			58	40			58	40				for Outfit Supplied this Cadet.
					170	33			170	33											73	00							97	33			170	33				

Rank Pte. Name COUSINS Henry Samuel Reg'l No. 5[illegible]2101

Unit No.7.Stat.Hosp. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Halifax,N.S. 18 Nov.1915. Place of Birth Yorks,Eng.

Name and Address, Next-of-Kin Henry L.Cousins
38 Chad St, Leeds, Eng.

Relationship Father

Assigned Pay Monthly $ 1 15[00] From 1st Apr 1916 Payable to Mgr. Royal Bank of Can Spring Garden Road Halifax N S Can.

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
1/1/16	31/1	31.	1.	31.	31.	10	3 10	10	44 10			17 03			17 03	27 07	Clothing Allowance
1/2	29	29		29.	29		29 0		5 89 7			7 30			7 30	5 16 7	
1/3	31/3	31	1	31	31	10	3 10	51	64 85 4			19 47			19 47	66 30	
				91			9 10	10	110 10			43 80			43 80	66 30	

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

L. L. Job 95618—M. & D. 6555.

Bank Account.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
15m.—3-16.
H. Q. 1772-39-819.

To Whom The Manager

Address Royal Bank of Canada
Spring Garden Road
Halifax, N.S.

By Whom Assigned Cousins, H. S.

Regtl. No. 522101

Rank Pte.

Corps 7th Stationary Hospital

Rate 15ᵒᵒ Oct. 1/16
$20.00 April 1/17.

PAYMENTS 2M 14 3/16 H.S.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			2-M- 9/3/17. 4/5/17.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT

make envelope
Dec

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
15m.—3-16.
H. Q. 1772-39-819.

Sheet No. 2.

L. L. Job 95618—M. & D. 6555.

The Manager
Royal Bank of Canada

PAYMENTS.

Name of Soldier Cousins D. S.
#7 Stationary Hospital

20.00 1/4/17.
15.00 Apl. /16

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	[illegible] 1031	15	
May		M5721	15	
June		R8013	15	
July		78072	15	
Aug.		I13196	15	
Sept.		X16707	15	
Oct.		Z21673	15	
Nov.		G25653	15	
Dec.		K32469	15	
Jan.	1917	A39495	15	
Feb.		a44472	15	
March		B49485	15	15R
April		Z917	15	15. 15.
May		~~12818 W7744~~	~~15~~ 2500 25.00	W7794 Cancelled. W7793 Canc W.A.
June		N16928	20	Re adjust pay 4/5/17.
July		B22458	20	20.00 June + future.
Aug.		H28053	20	
Sept.		G34659	20	
Oct.		T47845	20	
Nov.		A36987	20	
Dec.		K51999	20	360
Jan.	1918			
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.				

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C 11016

Date of Assignment Apr. 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

Bank Account. Bank Account for Credit.

PARTICULARS OF SEPARATION ALLOWANCE

No. 522107

Rank Pte. Promoted Reverted Discharge

Soldier's Name H. S. Cousins

Battalion #7 Stat. Hosp.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name The Manager Royal Bank of Canada

Address Spring Garden Road, Halifax

Change of Address N. S.

1

2

3

4

3755-H-3

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31			360	360		
Jany 31	A 57310		20	20	8	A.P paid 15ac from 1/4/16 to 31/3/17. 20ac from 1/4/17.
Feb	D 99584		20	20		A.P. account closed. born in
March	A 117752		20	20	Tyrrell	Emp army. auth cable 89614
April	B 265		20	20		A.F.M. 12-7-18.
May	M 16320		20	20		
June	200 31		20	20		
July	~~L 31247~~		~~20~~	~~20~~		
			480	480		

3402-8 7/18

#5901 Cheque $31247 - born. 16-7-18.

M8 #6

A/c Closed 21/6/18

Ret'd per Ballie

Date 6/2/16 M.F.W.187 11/2/19

Clerk

M. F. W. 128
400M.—6-17—172-39-141
L. L. 22320—M. & D. 7563.

CONSOLIDATED AC

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—1772-39-141
L. L. 22230—M. & D. 1583.