

ORIGINAL

94th OVERSEAS BATTALION  
ATTESTATION PAPER.

No. 199092

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Cunningham
- 1a. What are your Christian names?..... Robert Frier
- 1b. What is your present address?..... 331 E Frederica St, Ft William
- 2. In what Town, Township or Parish, and in what Country were you born?..... Galashiels, Scotland
- 3. What is the name of your next-of-kin?..... Eva Cunningham
- 4. What is the address of your next-of-kin?..... 331 E, Frederica St, Ft William Ont. Canada.
- 4a. What is the relationship of your next-of-kin?..... wife
- 5. What is the date of your birth?..... 23rd Sept 1889
- 6. What is your Trade or Calling?..... Weighman
- 7. Are you married?..... Yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... 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 } Yes  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Frier Cunningham, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Robert Frier Cunningham (Signature of Recruit)

Date 7th March 1916 1916 [Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Frier Cunningham, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Robert Frier Cunningham (Signature of Recruit)

Date 7th March 1916 [Signature] (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 Port William this 7th day of March 1916.

[Signature] (Signature of Justice)

11  
16  
27

Description of Robert Frier Cunningham 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. 9 ins.

Chest measurement { Girth when fully expanded.....35 ins.  
Range of expansion.....5 ins.

Complexion.....Medium

Eyes.....Brown

Hair.....Dark Brown

Religious denominations. { Church of England.....  
Presbyterian.....Yes  
Methodist.....  
Baptist or Congregationalist.....  
Roman Catholic.....  
Jewish.....  
Other denominations.....  
(Denomination to be stated.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Scar irregular across middle of back.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....7th March.....1916

Place.....Fort William

J. J. Nicholas  
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.

Robert Frier Cunningham

.....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.

MAR 15 1916

Date.....1916

J. J. Nicholas Major (Signature of Officer)  
Lieut. Col  
O.C, 94th Overseas Battalion

REGIMENTAL DOCUMENTS

NAME

*Line*  
CUNNINGHAM

ROBERT F

REGT. NO.

199092

UNIT

94<sup>th</sup> Bu.

H. Q. FILE NO.

**I**

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

**M**

**H**

**3**

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.V. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

DEATH

Category

48977

*Died 269-16*

DISCHARGE

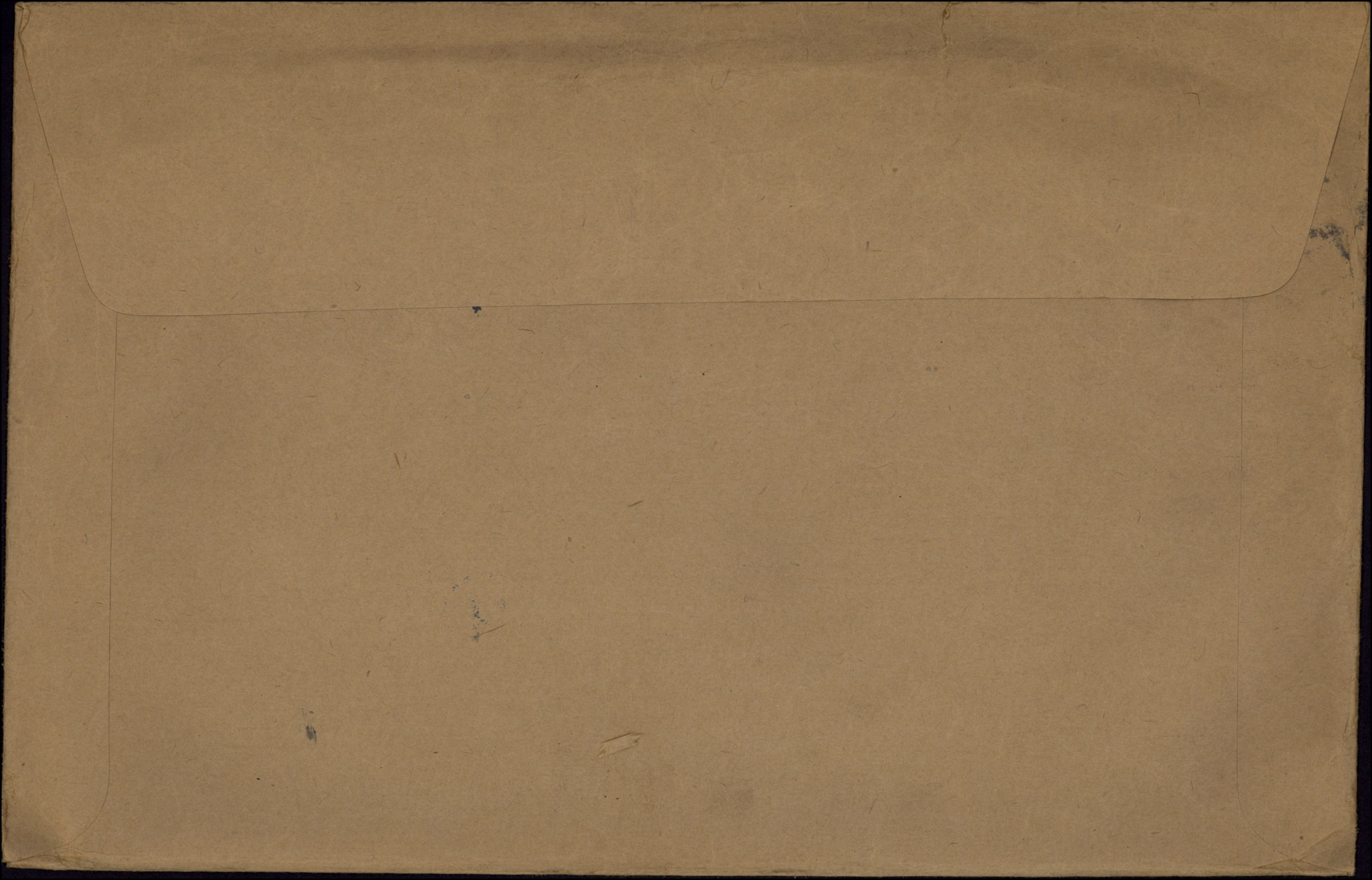
Category

DESERTION

*1*  
*7 22*  
*7 22*  
*9- 22*  
*1*

*1 Post*  
*1 misc*  
*1 card*  
*1 122*

*7-25*  
*20/1/18*  
*22*



CERTIFIED CORRECT.

4 SEP 1916

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

Casualty Form—Active Service.

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

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps

94th OVERSEAS BATTALION

Regimental No. 100001

Rank

Plt

Name

Cunningham, Robert Bruce

C. E. F.

Enlisted (a) 7/3/16

Terms of Service (a)

Duration of war

Service reckons from (a)

Enlistment

Date of promotion to present rank.

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Lieut. Asst. Adj.

Extended

Re-engaged

Qualification (b)

for O.C. 32nd BATTALION, CANADIAN EXPEDITIONARY FORCE.

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				

Emb'c Halifax 28 6 16  
Disemb'd Liverpool 6 7 16

18 JUL 1916 Taken on the Strength of the 32nd Battalion, C.E.F.

AUG 27 1916 Proceeded on draft to 5th Battalion C.E.F.

Lieut. Asst. Adjt.  
for O.C.

32nd Battalion, C.E.F.

18/9/16 CB Det Left for 1st Bn 18/9/16  
16.9.16 5th Bn Joined 5th Bn 14.9.16  
Undated. 3 C.F.A. Died of wounds. 3 C.F.A. 26.9.16

PI.O. 35 - 2.9.16  
NR  
B213. Ser. 378 - 27.9.16  
Letter. K.D. 137/1435 -  
PI.O. 50 d 30.9.16.

Morgan  
Left Lt Col a.d.g.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

Chief Paymaster

12th Sept. 1916.

Westminster House

7, Millbank

London

Sir,

The will of, Private Robert Frier Cunningham,

199092

5th Batt. Canadians 1st Division

has been lodged with Eva Helen Cunningham

108, No. Norah Street

Fort William Ont.

Canada

I am, Sir,

your obedient servant,

Private Robert Frier Cunningham

199092. 5th Batt. Canadians





ORIGINAL

94th OVERSEAS BATTALION

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Cunningham Christian Name Robert Frier

Examined { on 4<sup>th</sup> day of March 1916  
at \_\_\_\_\_  
Birthplace { City or Town Galashiels  
County Scotland

Approved by J. O. MacEwen  
Rank Capitane M.O.

Apparent age \_\_\_\_\_  
Trade or occupation Wearman  
Height 5 Feet 9 Inches.  
Weight 145 Lbs.  
Chest measurement { Minimum 30 inches.  
Maximum expansion 5 inches.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development \_\_\_\_\_  
Small-Pox Marks \_\_\_\_\_  
Vaccination Marks { Arm Right Left.  
Number 1

Date.	Result.	VACCINATIONS.
<u>14-7-16</u>		<u>A. B. MacEwen</u> M.O.

When Vaccinated last 1891  
(a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_  
(b) Slight defects but not sufficient to cause rejection \_\_\_\_\_

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8/5/16</u>	<u>good</u>	M.O.
<u>18/5/16</u>	<u>good</u>	M.O.
<u>27/5/16</u>	<u>good</u>	M.O.

Enlisted on 4<sup>th</sup> day of March 1916 at Fort William Ont

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>94th O/S</u>	<u>1990980</u>		<u>4 March 1916</u>
Transferred to	<u>32nd Battalion C.E.F.</u> <u>5th Bn</u> <u>24-9-16</u>			

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.

Surname *Suningham* Christian Name *Jabez*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
	<i>Valcartier</i>	<i>June</i>	<i>11</i>	<i>16</i>					<i>No admission</i>		

CUNNINGHAM, Pte. R. F. #199092. 5th Bn. 649-C-5803

*not elig. for 14-15 Star*

Medals and  
Decorations

Mrs. Eva H. Cunningham, (Widow)  
15 Roxborough St. E.,  
Toronto, Ont.

Plaque and  
Scroll

" "

*(Serial no. 751370.)*

Memorial  
Cross

" "

Also Mrs. Eleanor Cunningham, (Mother)  
245 Sherbourne St.,  
Toronto, Ont.

*D.* Desp 29.10.20 (W) @ 28445  
Desp 29.10.20 (M) @ 28446

*B*

W/M

Scroll Desp. ~~11~~ <sup>1922</sup> / <sup>20</sup> Reqn. No. ~~7638~~ 740

Plague Desp. ~~2~~ Reqn. No. P5288

SEP

Number

199092

Rank

Pte

Surname

CUNNINGHAM

Christian Name

Robert Fries

Units

5<sup>th</sup> Bn Can ~~Reg~~<sup>Inf</sup> Theatre of War

France

Date of Service

27-8-16

Remarks

(W) Mrs Eva H. Cunningham.

Latest Address

15 Roxborough St E.  
Toronto, Ont

Roll No.

B Page 19334

200m.-6-21.M.

REGT. NO. .... RANK ..... NAME .....

UNIT ..... AGE ..... SERIAL NO. IN A. AND D. ....

TOTAL SERVICE WHERE ..... DATE AND PLACE OF ORI  
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 CA

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

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

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

DESP. JAN 23 1923  
REG. NO. 133572

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

H. Q. FILE No. 649-

REGT'L. No.

Cunningham, Robt. Frier  
 Prof 5<sup>th</sup> Bu. (Forw. 94<sup>th</sup> Bu)
 6

199092

NO.	DATE	NATURE OF CASUALTY
01929	2-10-16	Died of wounds, No 3 Can. fld. Amb. Sept. 26 <sup>th</sup> 1916. ✓
A. J. B.	2090a	Died of wounds #3 Can. fld. Amb.
Rouen	30-9-16	Sept 26 <sup>th</sup> 1916 (Recd 7-2-17)

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

94 1/2

#3 Cau. Old. Amb.

26-7-16

Died of wounds



No. 199092 RANK

Pte.

NAME

Cunningham P. G.

T. O. S. 7-3-16

UNIT

94<sup>th</sup> Battalion C. E. G.

(Do 107 of 15-3-16)

M. D. 10

## PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

1916

1916.

Mar. 7

Mar. 31

April

May

June

July 1

July 17

✓  
✓  
u  
N

Transf to 32nd Bn 17-7-16

B.0207-28-7-16

UNIT SAILED

JUN 28 1916



649-C-5803

CARD NO.

over

S. NAME.

Cunningham

D

CHRISTIAN NAMES

Robert Frier

FOLL.

REGL. No.

199092

RANK

Pte

UNIT

94th

Batt

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Cunningham, Mrs Eva

RELATIONSHIP TO SOLDIER

wife

ADDRESS

~~331, E. Frederica St, 108~~

North Norah St Fort William, Ont  
(with S. G. G. P. Aug. 31-16)

COUNTRY OF BIRTH

Scotland Galashields

DATE

Sept 23<sup>rd</sup>, 1889

PLACE OF ATTESTATION

Fort William

DATE

March 7, 1916

o/s. 28-676 <sup>468</sup>/<sub>7</sub>

Ont.

Sailed from Halifax per. S.S. "Olympic" 28/6/16.

MARRIED *yes*

SINGLE

WIDOWER

TRADE OR CALLING

*Weighman*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

*27*

YEARS

MONTHS

HEIGHT

*5*

FEET

*9*

INCHES

CHEST MEASUREMENT

*35*

INCHES

EXPANSION

*5*

INCHES

COMPLEXION

*Med*

EYES

*Brown*

HAIR

*Dk Brown*

DISTINGUISHING MARKS

*scar irregular across middle of back.*

MEDICAL EXAMINATION.

PLACE

*Fort William*

DATE

*March 7, 1916*

*1st Lt.*





Surname  
**Cunningham**

Christian Name or Names  
**RF.**

Reg. No.  
**199092**

Rank

Unit

Co.

Troop

Batty.

**Pte. 5th Bn.**  
Hospital

Date of Admission

**3 C.F.Amb**

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

**Died of Wounds 26.9.16**

DISPOSITION

Date

**C.L. 3.10.16 A472**

REMARKS

**A.M.D. 2 DEPT.**

**Beh. of D.G.M.S. O.M.F.C. London.**

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



F. H. Rank **CUNNINGHAM, Robert Frier** ✓ Reg'l No. **199092** ✓  
 Unit **94th. Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Married** ✓  
 Place and Date of Enlistment **Fort William, 7. March. 1916.** ✓ Place of Birth **Galashiels, Scotland** ✓  
 Name and Address, Next-of-Kin **Eve Cunningham,** ✓  
**331 E. Frederica St.** **Ft. William, Ont. Canada** ✓ Relationship **Wife** ✓  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

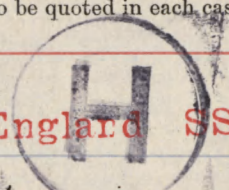
*m-x*  
*2/10.20*  
*SP*

N/E. H. B. No. **2.**  
 File R. L.  
 Category **LLW.**  
 N/E. R. B. 2

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

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				
<b>Arrived In England SS Olympic 6th July 1916</b>					
	94th Bn.	S.O.S. #9 to 32nd Res. Bn.	Shorncliffe	18.7.16	quit Bn. Pt. II O. 207. 21-7-16.   32nd Bn. Pt. II O. #180 18-7-16,
27.8.16	3rd Bn	Trans to 5th Bn	O'Seas	27.8.16	Pt II O 319
2.9.16	OC-5th Bn	Taken on Strength	Field	28.8.16	Pt. 2, O. No. 35,
3-10-16	do	Died of Wounds.	No 3 Can. Field Amb	26-9-16	C.L.A. 472. + Pt. II O. 50. 30%



A.F.B. 106 CHECKED  
 2 SEP 1916



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
50m.—4-16.  
H. Q. 1772-39-819.

*Ew*  
Mrs

To Whom *Eva Helen Cunningham*  
Address *108 North Norah St*  
*West, Fort William Ont*

By Whom Assigned *Cunningham Robert F*

Regtl. No. *199092*

Rank *Pte*

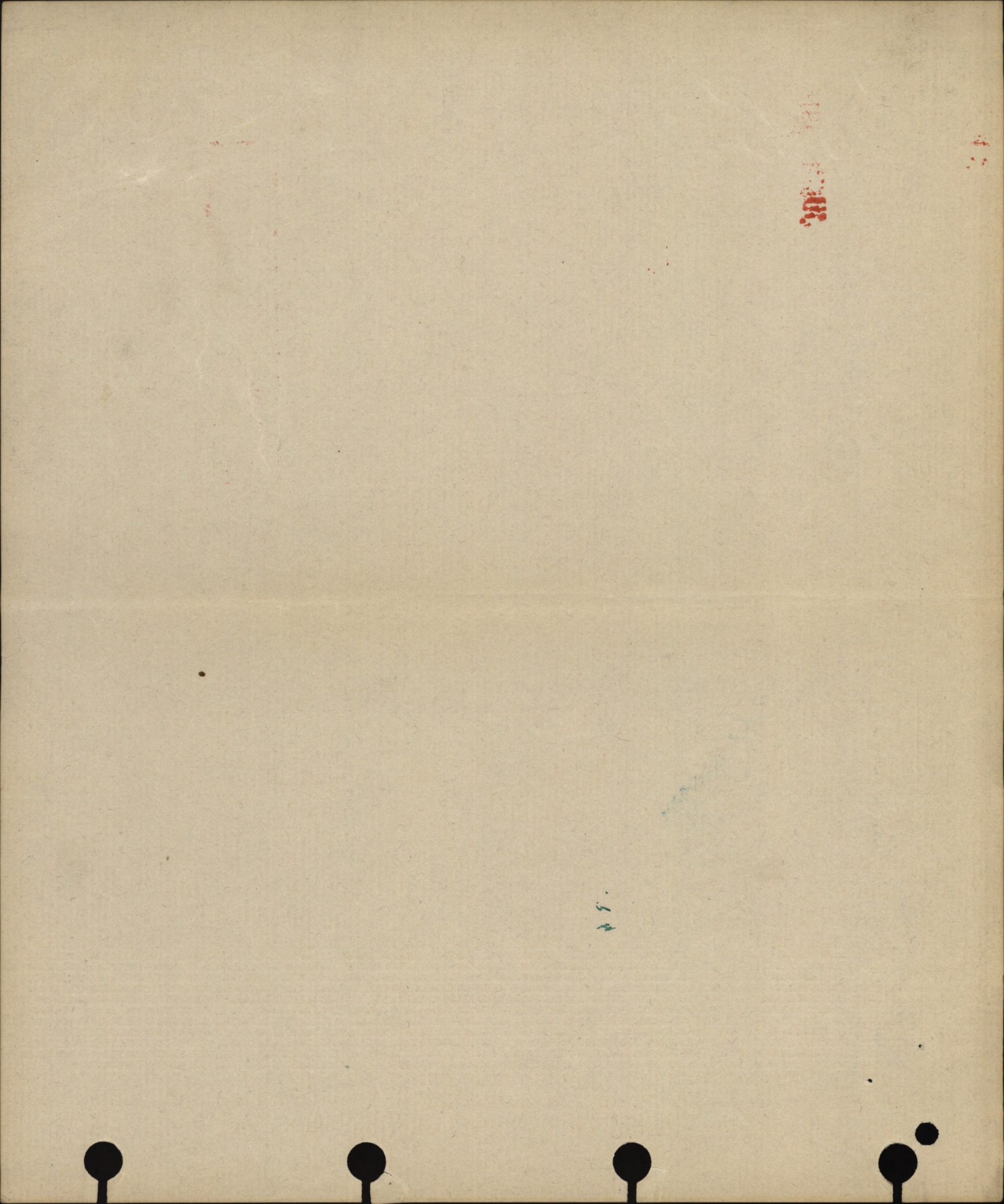
Corps *Bay, 94" Batt*

Rate *20<sup>00</sup>*

**JUL 1 1916**

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid red; padding: 10px; display: inline-block;"> <i>Casualties</i> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



*copy*

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Cunningham* *Robert J.*  
Surname Christian Name

Regimental Number *241* Rank *Sgt.*

Unit *109th Rgt. (A.M.)*

Address (in full)

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ \_\_\_\_\_ per diem; Field Allowance \$ \_\_\_\_\_ per diem. Separation Allowance \$ \_\_\_\_\_ per month.

L.L. 53961—M. & D. 9721

Total Credits  
91 days

### FIRST PAYMENT

### SECOND PAYMENT

### FINAL PAYMENT

Balance Overpayments  
to be Recovered

Total Amount Paid

Cheque No.  
A

Date

Amount  
30 days

Cheque No.  
B

Date

Amount  
30 days

Cheque No.  
C

Date

Amount  
31 days

M. F. W. 127  
306M-1-19  
1772-29-1140

Remarks: *L.S. created from M.F.W. 2595. No record of P.D.P. being paid.*

File No. 14088-R-32  
 Passed to Law. 11-11-191584

**WAR SERVICE GRATUITY.**

Register No. 61928

Reg. No. 241 Sgt.  
 Name Cunningham, R. F.  
 Address 219 Jarvis St.  
Toronto, Ont.

Dependent M<sup>rs</sup> B. G. Cunningham (wife)  
 Address same  
245 Sherbourne, St. Toronto, Ont.

Pay Soldier \$ 210.00  
R. H. Mc. Gitton.  
J. P. Allett.  
B. Wills.  
 Clerk

Pay Dependent \$ Amended Award 90.00  
 Days 92 Rate 70.00 Due 210.00  
 Less P.D.P. credited Nil  
 Less further Dr. Bal. or overpayment. -  
 Net 210.00  
W. L. Harrison.  
J. P. Allett.  
B. Wills. 18-5-20  
Under investigation 10/20

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
<u>123-3-20</u>	<u>55429</u>	<u>1817032</u>	<u>210.00</u>		<u>18-5-20</u>	<u>57077</u>	<u>1818241</u>	<u>90.00</u>
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR  
 Posting checked by [Signature]  
 Date 10/23/20

R. Evans  
11/19

MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 50m.-4-16.  
 1772-39-819.

Sheet No. 2. *Mrs Eva H Cunningham* *wife*  
 OVERSEAS CONTINGENTS  
 PAYMENTS.

Name of Soldier *Cunningham Robert* **410**

L. L. Job 310.-Req. 6574.

*199092, B Coy. 94" Batt. Plt*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20<sup>00</sup></i> <b>JUL 1 1916</b>
April	1916			
May				
June				
July		<i>V12419</i>	<i>20</i>	
Aug.		<i>J 11709</i>	<i>20</i>	
Sept.		<i>E 15965</i>	<i>20</i>	
Oct.		<i>G 20423</i>	<i>20</i>	<i>ad dord. bas.</i>
Nov.				
Dec.				<i>Stop 27/9/16</i>
Jan.	1917			<i>Stop 20/1/16</i>
Feb.				
March				<i>Pension granted 27/9/16 SAH</i>
April				<i>\$20<sup>00</sup> Recovered through Pensions 27/9/16</i>
May				<i>J A E 6 27 12/16</i>
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*R.R.*

*ad dord. bas.*  
*Stop 27/9/16*  
*Stop 20/1/16*  
*Pension granted 27/9/16 SAH*  
*\$20<sup>00</sup> Recovered through Pensions 27/9/16*

*Casualties*

*Total \$80<sup>00</sup>*  
*E.F.X. " 78/5/17 ab....."*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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.				



7 ~ 3 ~ 16

## MILITIA AND DEFENCE

M. F. W. 11.  
15m.—3-16.  
H. Q. 1772-39-818.

## SEPARATION ALLOWANCE

Name *Eva H Cunningham*Name of Soldier *Cunningham R. F.*<sup>314</sup>Address *331 E. Frederick St*Regtl. No. *199092 (B Coy)**108-North Mohr St West Fort William Ont*Rank *Plt*Corps *94<sup>th</sup> Bat*

Relation to Soldier

To what Corps belonging

wife, child or mother

*Wife*

when called out

## PAYMENTS

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

ACCOUNT CLOSED  
RATE..... PER...  
*W*

22  
2018  
0

## SEPARATION ALLOWANCE

Sheet No. 2.

Eva H. Cunningham  
OVERSEAS CONTINGENTS  
Wife  
PAYMENTS.Name of Soldier Cunningham Rob. F  
pte

L. L. Job 95618—M. &amp; D. 6555.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	P518	36	36
May		15193	20	20
June		28619	20	20
July		110679	20	20
Aug.		12791	20	20
Sept.		15330	20	20
Oct.		19056	20	20
Nov.		22293	20	20
Dec.		25197	20	20
Jan.	1917		<del>2176</del>	Cancelled. Acct. Closed Pension granted from Sept 27, 1916. W. 50
Feb.				42 <sup>67</sup> / <sub>11</sub> Recovered through Pension as per Pension list for Nov/1916
March				ACCOUNT CLOSED
April				DATE..... PER..... W
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier.....

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.				

P. 559. MARRIED OR SINGLE *Married.*  
 PLACE OF BIRTH *Galashiels, Scotland.*  
 NAME AND ADDRESS OF NEXT OF KIN *Mrs Eva Cunningham*  
*331. E. Frederica St., Fort William ont*  
 RELATIONSHIP OF NEXT OF KIN *wife*  
 NAME AND ADDRESS OF NEXT OF KIN  
 RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$ *20<sup>00</sup>* EFFECTIVE (DATE) *July 1/16*  
 PAYABLE TO *Mrs Eva Helen Cunningham*  
*108 N. North St. Fort William ont*  
 RELATIONSHIP OF DEPENDANT *wife*

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i> Died of Wounds</i>	<i>26.9.16</i>	<i>C.L.A 473</i>
		<i>3/10/16</i>

REG'L. No. *199092* RANK *Private* NAME *Cunningham, Robert Fier,* 10  
 IF IN PERM. CORPS } UNIT *94 Battr.* TRANSFERRED TO *32<sup>nd</sup> Res Battr.* DATE *17.7.16.* AUTHORITY *Bo 207.*  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *5 Batt* DATE *11/9/16* AUTHORITY *Bo 35 2/9/1*  
 PLACE OF ATTESTATION *Fort William ont.* TRANSFERRED TO *N.E.* DATE *26.9.16.* AUTHORITY *Ca 472.*  
 DATE OF ATTESTATION *7<sup>th</sup> March. 1916.* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ *20<sup>00</sup>* DATE EFFECTIVE *1 July 1916 -*  
 PAYABLE TO *Mr Robert Cunningham, 108. N. North St. West Fort William ont.* RELATIONSHIP *wife.*  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *5.10.16* EFFECTIVE *1.11.16* REASON *Died of Wounds 26.9.16*  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *24.9.16*  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL



DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.																
<i>1916 July</i>									<i>13</i>															<i>Trans. 32<sup>nd</sup> Res. Battr 17.7.16. Bo. 207.</i>			
<i>1-17</i>	<i>17</i>	<i>100</i>	<i>17</i>	<i>00</i>	<i>17</i>	<i>10</i>	<i>1</i>	<i>70</i>	<i>18</i>	<i>70</i>	<i>14</i>	<i>July 15</i>		<i>2</i>	<i>43</i>			<i>20</i>	<i>00</i>	<i>22</i>	<i>43</i>	<i>9</i>	<i>27</i>				
<i>18<sup>th</sup> 31<sup>st</sup></i>	<i>15</i>	<i>100</i>	<i>15</i>	<i>00</i>	<i>15</i>	<i>10</i>	<i>1</i>	<i>50</i>	<i>14</i>	<i>90</i>	<i>31</i>	<i>July 17</i>		<i>4</i>	<i>86</i>			<i>20</i>	<i>00</i>	<i>24</i>	<i>86</i>	<i>33</i>	<i>91</i>				
<i>Sept</i>																								<i>Trans 5<sup>th</sup> Res Battr #1035</i>			
<i>1-10</i>	<i>10</i>		<i>10</i>		<i>10</i>		<i>1</i>		<i>11</i>			<i>158825/8</i>		<i>9</i>	<i>73</i>			<i>20</i>		<i>29</i>	<i>73</i>	<i>15</i>	<i>18</i>				
<i>10<sup>th</sup> 30<sup>th</sup></i>	<i>16</i>		<i>16</i>		<i>16</i>		<i>2</i>		<i>14</i>	<i>60</i>			<i>5926 4/9/16</i>		<i>4</i>	<i>36</i>				<i>4</i>	<i>36</i>	<i>28</i>	<i>42</i>				
<i>Oct</i>									<i>22</i>									<i>20</i>	<i># 40</i>	<i>24</i>	<i>40</i>	<i>8</i>	<i>42</i>				
																								<i>Unpaid 4 days Sept</i>			
																								<i>Trans N.E. 27.9.16</i>			
<i>U.S. March 1917.</i>																								<i>487 air. 24. emchyd. D. 1917</i>			
<i>April 1917</i>																								<i>842 To Canada for</i>			
<i>Oct</i>									<i>4</i>	<i>87</i>														<i>842 To Ottawa for collection</i>			
																								<i>Orig 13/10/17</i>			

*Bal on left to N.E. Bch.*

Statement of  
 MAR 10 1917  
 Account rendered

Check found in  
 N.R.



Register No. DL178

WAR SERVICE GRATUITY

A.P. File No. 04088-R37

TO  
DEPENDENTS OF DECEASED SOLDIERS

Reg't No. 199092 Name Robert F. Cunningham  
 (Christian Name) (Surname)  
 Unit 94 Bn Rank Plt Date of enlistment.....  
 Date of casualty 26/9/16 B.P.C. File No. 6546  
 Was service performed overseas? yes

DEPENDENT

Name Mrs Eva H. Cunningham Relationship widow  
 Address 15 Rosborough St. E.  
Toronto  
Ontario

Amount of Special Pension Bonus \$ 64<sup>00</sup> Abstracted by Mrs M. Cole

Eligible for Gratuity ..... \$ 180.00

Less amount of Special Pension Bonus paid..... \$ 64.00

Less Debit Balance of S. A. or A.P..... \$ —

Total deductions \$ 64.00

Balance due \$ 116.00

Cheque No. 9-1891869 Date issued 17-7-20

Clerk W Patterson

REMARKS : .....

Audited by  
[Signature]  
 Date 16/7/20 116.00

M.F.W. 2652  
 25M-6-20.  
 H.Q. 1772-30-1473

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name: Surname \_\_\_\_\_ Christian Name \_\_\_\_\_

Regimental Number \_\_\_\_\_ Rank \_\_\_\_\_

Unit \_\_\_\_\_ Address (in full) \_\_\_\_\_

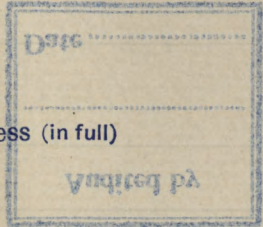
Original Unit \_\_\_\_\_

District where paid \_\_\_\_\_

Date of Discharge \_\_\_\_\_

P. D. P. Filing Number \_\_\_\_\_

Rates:—Regimental pay \$ \_\_\_\_\_ per diem; Field Allowance \$ \_\_\_\_\_ per diem. Separation Allowance \$ \_\_\_\_\_ per month.



L.L. 53961—M. & D. 9721

M. F. W. 127  
306M-1-19  
1772-39-1140

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks: \_\_\_\_\_

Unit \_\_\_\_\_ Rank \_\_\_\_\_ Date of enlistment \_\_\_\_\_

Key No. \_\_\_\_\_ Name \_\_\_\_\_ (Signature) \_\_\_\_\_ (Signature) \_\_\_\_\_

DEPENDENTS OF DECEASED SOLDIERS  
OF  
WAR SERVICE GRATUITY



(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION..... **Toronto, Armouries** DATE..... **October 7th 1918**  
 1. (a) Unit..... **Engineer Recruiting Depot (Active Militia)** (b) Regimental No..... **B - - - - -** (c) Rank..... **Recruiting-Sergeant.**  
 (d) Surname..... **CUNNINGHAM** (e) Christian name..... **Robert Frier**  
 2. Age last birthday..... **58** Date of birth..... **January 23rd 1860**  
 3. Enlisted at..... **Toronto, Ont.** on..... **16th Feby. 1917**

4. Personal description :—  
 (a) Height..... **5ft 7** (b) Weight..... **133** (c) Complexion..... **Fresh**  
 (d) Colour of hair..... **Brown** (e) Colour of eyes..... **Blue** (f) Identification marks.....

5. Address after discharge (for the use of the Board of Pension Commissioners).....  
**219 Jarvis, St., Toronto.**

6. Former trade or occupation..... **Traveller.**

7. (a) Service

Years	Days
<b>1</b>	<b>234</b>

	PERIODS	
	From	To
<b>Engineer Recruiting Depot.</b>	<b>16th Feby. 1917</b>	<b>Date.</b>

(b) Has he been overseas?..... **No.**

8. Present disease or disability (use authorized nomenclature if possible).....  
**1. Over age.**  
**2. Nervous Debility.**

(a) Date of origin..... **(1) 10 years ago.**  
**(2) May 1918** (b) Place of origin..... **1. Toronto.**  
**2. Toronto.**

(c) Cause\*..... **1. None** **2. Over-work.**  
 \*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).  
**1. Subjective Symptoms. Says he is 58 years old, Born Jany. 23rd 1860.**  
**1. Objective Signs. Hair grey and thin on top of head. Face somewhat lined**  
**Color good. Posture erect. Does not look his age.**  
**2. Subjective Symptoms. He is troubled(very) with insomnia. Does not get**  
**asleep until about two o'clock in the morning but feels well and able**  
**for work in the morning. No headaches.**  
**2. Objective Signs. Does not appear nervous. Reflexes slightly exaggerated**  
**station good. Incapacity is due to(1) Overage (2) partial loss of**  
**function of the nervous system. All other systems apparently Normal.**

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

No scars or marks except two vaccination scars on left arm.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? (1) No (2) Yes, on service.

13. Was a Court of Inquiry held? 1 & 2 not applicable.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? 1 & 2 No.

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1 & 2 No.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) Permanent (2) 12 Months decreasing.

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

(1) No treatment (2) By M.O. Triple Bromide and Syr. Easton.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

1 & 2 No.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations. That he be placed in Category "E" and discharged as Medically unfit.

J. M. Dalrymple Capt  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

Robert Frier Cunningham

I, the undersigned, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Robert Frier Cunningham  
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

**WE CONCUR.**

22. Is the soldier fit for

- (a) General service, (Category A) ~~(Yes or No)~~.
- (b) Service abroad, not general service, ( " B) ~~(Yes or No)~~.
- (c) Home service, (Canada only), ( " C) ~~(Yes or No)~~.
- (d) Temporarily unfit, ( " D) ~~(Yes or No)~~.
- (e) Unfit for service in Categories A, B and C, ( " E) ~~(Yes or No)~~.

23. It is certified that the soldier

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

(b) Does not require treatment.

(c) Should pass under his own control.

(d) ~~Should not pass under his own control.~~

(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

**That he be placed in Category "B" and discharged from the service as Medically Unfit - Incapacity due to (1) over age (2) Partial Loss of functions of Nervous System - which appeared during service.**

*Bar Macgregor* ..... President  
*W. Robertson* .....  
*W. E. ...* ..... Members.

STATION **Toronto.**

DATE **Oct. 8th 1918.**

APPROVED BY

DATE **25/11/18**

APPROVED BY

DATE

*W. E. ...*  
 Assistant Director of Medical Services.

Director-General of Medical Services.

Dotted lines for text entry.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.