

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

DUPLICATE

*main
1-3-18*

1. Surname..... DUNKLEY

2. Christian name..... Stephen

3. Present address..... Killarney, Manitoba, Canada.

4. Military Service Act letter and number..... 522889 JC

5. Date of birth..... February 15th, 1887.

6. Place of birth..... Halston, Northampton, England.
(town, township or county and country)

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

8. Religion..... Methodist.

9. Trade or calling..... Farm Laborer.

10. Name of next-of-kin..... Frederick Dunkley

11. Relationship of next-of-kin..... Uncle.

12. Address of next-of-kin..... *See* Halston, Northampton, England.

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

14. Particulars of previous military or naval service, if any..... Nil.

15. Medical Examination under Military Service Act:—
(a) Place..... Fort Street, Winnipeg, Manitoba Canada. (b) Date..... Nov. 23rd, 1917. (c) Category..... A2

DECLARATION OF RECRUIT

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

S Dunkley (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 30 yrs..... 11 mths.

Height..... 5 ft..... 7 ins.

Chest measurement } fully expanded..... 36½ ins.
range of expansion..... 2 ins.

Complexion..... Ruddy

Eyes..... Blue

Hair..... Brown

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

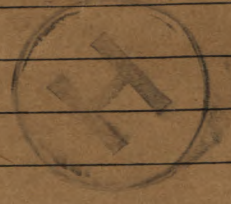
MacWhellie Major
for O. C. 1st Depot Btln.
Manitoba Regt.

Place BRANDON, MANITOBA, CANADA. Date January 9th, 1918.

REGIMENTAL DOCUMENTS

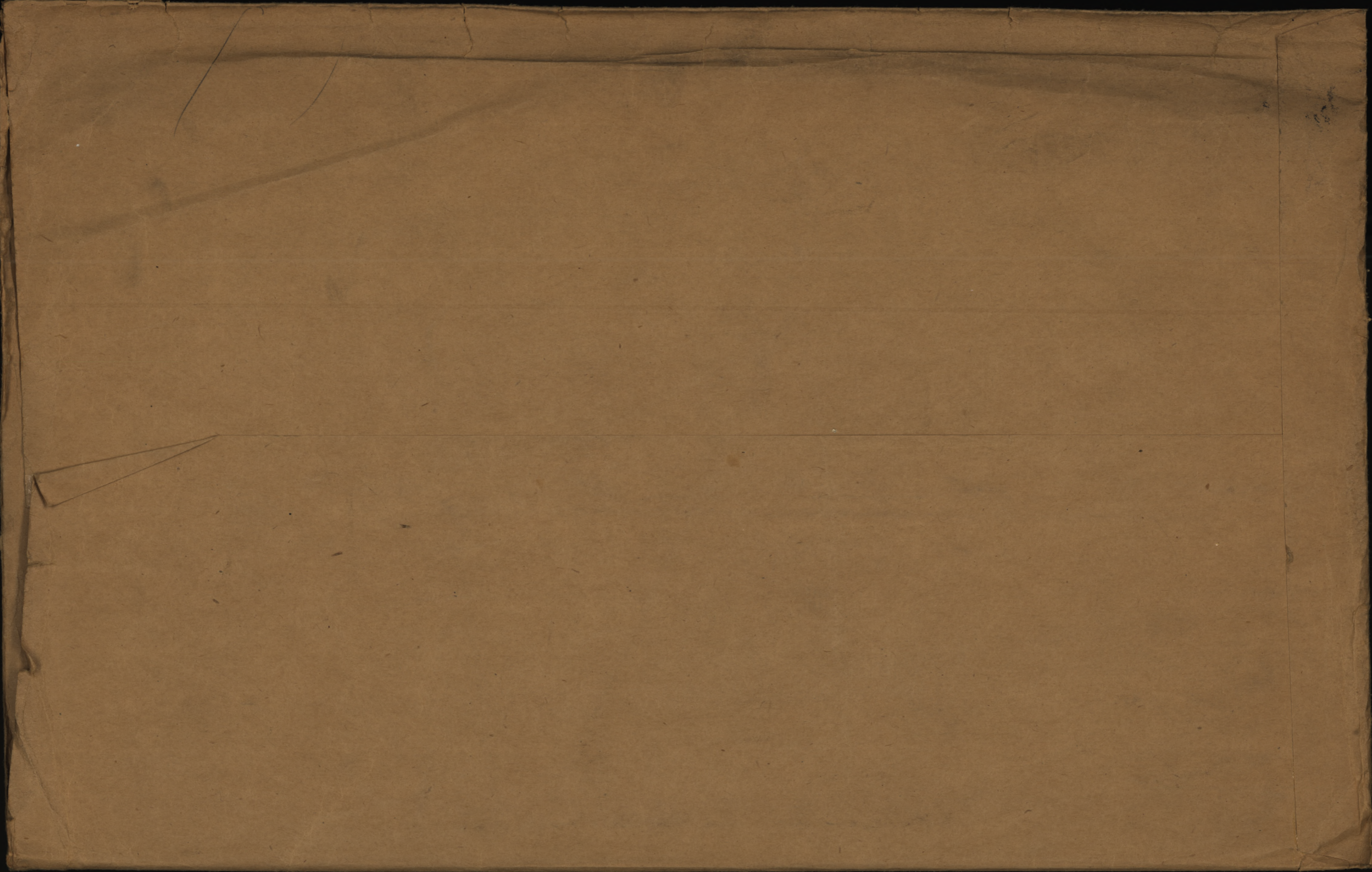
S

NAME *DUNKLEY* *STEPHEN R* REGT. NO. *2129086* UNIT *1st Man Coy* FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				40033	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)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category <i>Demol</i>
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1 MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
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)					
2 <i>Discharge</i>					
1 <i>MFW 67</i>					
1 <i>Discharge</i>					

H

M



PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

1st Depot Battalion, Manitoba Regiment

(2) Regimental Number..... 2129086

(3) Full Name of Soldier..... DUNKLEY, Stephen

(4) Place of Birth..... Halston, Northampton, England.

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

(6) If married, state,

(a) Full name of your wife..... -

(b) Present Postal Address..... -

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

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

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

Also their names and ages.....

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(9) Is your Father alive?..... No.....

If so, state name and address..... -.....

(10) Is your Mother alive?..... No.....

If so, state name and address..... -.....

(11) If your Mother is a widow..... -.....

Are you her sole support, or not?.....

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

..... -.....

.....

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

Frederick Dunkley, (Uncle)

Halston, Northampton, England.

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

..... -.....

(15) Are you insured?..... Yes.....

If so, in what Company?..... Great West Life Ins. Co. & I.O.F.....

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

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

Chas Whillier

Major

Officer Commanding.

Brandon Detachment,

1st Depot Batt., Man. Regt.

Date January 9th, 1918.

NOV 24 1917

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

Original

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MEDICAL HISTORY SHEET.

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

- 1. Surname *Dunsmuir* Christian name *Stephen*
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule *522889 9C*
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) *7*
- 4. Address (including street and number, if any) *Killarney, Manitoba Canada*

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the *23* day of *November* 1917, by the undersigned medical board sitting at *261 Fort St. Winnipeg Manitoba Canada*

- 5. Age as stated *30* Years *9* Months.
- 6. Apparent age _____ Years _____ Months
- 7. Height *5* Feet *7* Inches.
- 8. Weight *126* Pounds.
- 9. Chest measurement { Minimum *34 1/2* Ins. Maximum *36 1/2* Ins.
- 10. Complexion *Buddy* { Eyes *Blue* Hair *Brown*
- 11. Physical development *Good* { Good Fair Poor
- 12. Smallpox marks _____

- 13. Number of vaccination marks { Right arm _____ Left arm *6*
- 14. When vaccinated last *1909*

15. Distinctive marks and marks indicating congenital peculiarities or previous disease *No eye, Blepharitis*

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

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

A.2.

*Eysight R 20/20 L 20/20
Hearing R normal L normal*

M. Chapman President.

A.H. Silverman Member.

J. Pringle Member.

Signature of Man

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>26-1-18</i>	<i>Good</i>	<i>Port. u.s. ant. typhoid</i>	<i>22-1-18</i>	<i>1</i>	<i>u.s. ant. typhoid</i>
<i>1</i>	<i>23/19/1186</i>	<i>1st</i>	<i>19-1-18</i>	<i>2</i>	<i>u.s. ant. typhoid</i>
			<i>26-1-18</i>	<i>3</i>	<i>u.s. ant. typhoid</i>

Joined *9th* day of *January* 1918 at *Brandon, Manitoba, Canada.*

JOINED ON ENLISTMENT	CORPS	REG'TL NUMBER	HABITS	DATE
	<i>1st Depot Batt. Manitoba Regt.</i>	<i>2129086</i>		<i>9-1-18</i>
Transferred to.....	<i>11th C.R. Bn. 16th Bn.</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

2193379

FORM OF WILL.

I, Stephen Dunkley (Name in full)

Regimental Number 2129086 serving in 11TH RESERVE BATTALION

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto my Uncle

Frederick Dunkley
Halston
Northamptonshire
England } Name & Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to my uncle

Frederick Dunkley
Halston
Northamptonshire
England } Name & Address of person or persons to receive personal estate* (see note).

In Witness whereof I have hereunto set my hand

this 25th day of September A.D. 1918.

S. Dunkley Signature.

* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate. ✓

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness A. G. Benjafeld

Address of Witness 11TH RESERVE BATTALION

Occupation of Witness Soldier

Name of Witness W. Abruse

Address of Witness 11TH RESERVE BATTALION

Occupation of Witness Soldier

FORM OF WILL

(Name in full)

Registration Number

of the Canadian Expeditionary Force do hereby make this my last Will

by recitals and declare this to be my last Will

I hereby bequeath my personal estate

Name & Address

of person or

persons to whom

it is to go

absolutely and my personal estate I bequeath to

Name & Address

of person or

persons to receive

personal estate

(see note)

In witness whereof I have hereunto set my hand

this day of A.D. 1918

Signature

Witnesses

read and acknowledged by the Testator as and for his last Will in

the presence of us both present at the same time, who in his presence at

the same time and in the presence of each other have hereunto subscribed

our names as Witnesses

Name of Witness

Address of Witness

Witness of Witness

Occupation of Witness

ESTATES REGISTRY
MAILING
DEPARTMENT
IN
SEP 27 1918
133, OXFORD ST.
LONDON, W. 1
O.M.F. OF CANADA.

REGISTERED
NOTICES SECTION
28 SEP 1918
ESTATES, O.M.F.C., LONDON

Jim

Number

2129086

Rank

Oste

Surname

DUNKLEY

Christian Name

Stephen

Units

16th Bn CAN Coy

Theatre of War

France

Date of Service

26-9-18

Remarks

Latest Address

G. P.O.

Killarney
Man

Roll No.

200m.-2-21.M.

B. Page 16014.

DATE

HISTORY

CASUALTY BRANCH

(FILES)

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

HISTORY

DATE

DESP. REGN. NO. 1775
AUG 24 1922

MSA
SURNAME. *Dunkley*

CHRISTIAN NAMES *Stephen*

REGL. No. *2129086* RANK *Pte*

UNIT *Man Regt. 1st Depo Bn.*

FORMER CORPS *Nil*

CARD No. *m.w. 10-17.*

FOLL
SOS Demob 7-5-19
20.130.10-5-19/DA

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Dunkley, Frederick*

RELATIONSHIP TO SOLDIER *Uncle*

ADDRESS *Halston, Northants, Eng.*

COUNTRY OF BIRTH *England* *Halston, Northants* DATE *Feb 15th 1887*

PLACE OF ATTESTATION *Brandon, Man* DATE *Jan 9th 1918*

o/s 21-2-18 $\frac{1144}{3}$

PIC. 4-5-19 $\frac{313}{54}$ Pte

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

P. 683

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DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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

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

- 1. Christian names *Stephen* 2. Surname *Dunkley*
- 3. Rank *Pte.* 4. Original Unit *1st. Man. Depot* 5. Reg. No. *2129086*
- 6. Address, in full, to which future payments of gratuity are to be forwarded.....
Union Bank, Kilarney, Man.
- 7. Date of enlistment in the C.E.F..... *9th Jan. 1918*
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No.*
- 9. Relationship of such dependent..... *Not applicable*
- 10. Address, in full, of such dependent.....
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *Not applicable*
- 12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so give particulars of one such unit and dates of service overseas with such unit:—
PRMM
- 13. Were you on the strength for pay and allowances of the Clearing Services Command having been at any time on duty outside of Canada or the United States?..... *PRMM*
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service..... *PRMM*
- 15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served..... *1 yr. 3 mos. 9 mos. 1st. Man. Depot. 6 1/2 16th Br.*
- 16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department..... *No.*
- 17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?..... *No.*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No.*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No.*
20. Have you been issued with a War Service Badge? If so what class? *No.*
21. Have you, during the present war, served in the Imperial Forces? *No.*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No.*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No.*
 (b) If so, was such reversion in consequence of misconduct or inefficiency? *No.*
24. Are you now serving in the C.E.F.? ~~.....~~ If not, give: (a) Date of discharge *7-5-19.* (b) Reason for discharge *PRMM*

25. ~~Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. *PRMM*~~
26. ~~Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit. *PRMM*~~
27. (a) ~~Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *PRMM*~~
 (b) ~~If so, are you in receipt of full pay and allowances from that Department? *PRMM*~~

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *Stephen Dunkley*
 Place of Residence: *Kifanney Man.*
 Declared before me at: *Brandholt Camp.*
 This *28th* day of *Mar* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

PRM Walker major

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>280⁰⁰</i>	<i>210⁰⁰</i>
			<i>70⁰⁰</i>	

Certified Correct.

District Paymaster.

MEDICAL HISTORY SHEET.

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

1. Surname DUNKLEY Christian name Stephen
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 522889 JC
3. Consecutive number on schedule of men reporting for service (if he appears on it) 7
4. Address (including street and number, if any) Killarney, Manitoba, Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23rd day of November 1917, by the undersigned medical board sitting at 261 Fort Street, Winnipeg, Manitoba, Canada

5. Age as stated 30 Years 9 Months. 6. Apparent age _____ Years _____ Months
7. Height 5 Feet 7 Inches. 8. Weight 126 Pounds.
9. Chest measurement { Minimum 34½ Ins. 10. Complexion Ruddy { Eyes Blue
Maximum 36½ Ins. Hair Brown
11. Physical development. Good { Good
Fair
Poor 12. Smallpox marks _____

13. Number of vaccination marks { Right arm _____
Left arm 6 14. When vaccinated last 1909

15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Right Eye, Blepharitis.

16. Slight defects but not sufficient to cause rejection _____
The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2 Vision R.20/20 L.20/20
Hearing R.Normal L.Normal

sg. "W.J. Chapman" President.

sg. "A.H. Silverman" Member. sg. "J. Prendergast" Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26-1-18</u>	<u>Good</u>	<u>W.S. Ruthersford</u> M.O.	<u>12-1-18</u>	<u>1</u>	<u>W.S. Ruthersford</u> M.O.
		M.O.	<u>19-1-18</u>	<u>2</u>	<u>W.S. Ruthersford</u> M.O.
		M.O.	<u>26-1-18</u>	<u>3</u>	<u>W.S. Ruthersford</u> M.O.

Joined 9th day of January 1918 at BRANDON, MANITOBA, CANADA

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Batt.</u>	<u>2129086</u>		<u>9-1-18</u>
Transferred to.....	<u>Manitoba Regt.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

Signature of Man

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2129086 Rank Pte Surname Dunkley, Stephen
(Given name in full)

Unit or Corps 16th Birthplace Harleston Eng.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5 8 ft. Colour of Eyes Blue

Nutrition good

Pulse regular

Condition of arteries left

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

Blepharitis
left eye pre-war
scar on left
thigh

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 do 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.

Blepharitis - no trouble 20/4/18.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date 30/3/19.....

Signed [Signature].....M.O.

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

Signature [Signature].....

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date

Signed

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

Signature

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

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

W.B. Class A

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

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

250M.—1-18.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *No 3 Dpt* *Brandon* 1st Depot Battalion, Manitoba Regt.

Regimental No. 2129086 Rank **PRIVATE** Name **DUNKLEY, Stephen**

Enlisted (a) 9-1-18 Terms of Service (a) C.E.F. D of W Service reckons from (a) 9-1-18

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. } **CIVIL: Farm L_aborer**

Extended _____ Re-engaged _____ Qualification (b) **MILITARY:**

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				

CERTIFIED CORRECT.
26 SEP 1918
CAN. RECORDS LONDON.

<i>26.9.18</i>	<i>o.c. 11th</i>	<i>S.O.S. on proceeding over seas to 16th Batta.</i>	<i>Seaford</i>	<i>26.9.18</i>	<i>Att. 11 Th. O 227.</i>
<i>6-3-18</i>	<i>11th TOS 11th C.R.Bn.</i>	<i>on arrival in England.</i>	<i>Dibgate.</i>	<i>4-3-18</i>	<i>Pt 11 Bn O 50</i>
			<i>Liverpool.</i>	<i>4-3-18</i>	
			<i>Halifax NS</i>	<i>19-2-18</i>	

Stephen Dunkley
LT. For ADJT.
11th RES. BTN. (MAN.)

<i>10 OCT 1918</i>	<i>OC M</i>	<i>LEFT FOR UNIT JOINED UNIT</i>	<i>Field</i>	<i>10 OCT 1918</i>	<i>R213</i>
<i>8 OCT 1918</i>	<i>CC</i>	<i>LEFT FOR UNIT</i>		<i>8 OCT 1918</i>	
<i>8 OCT 1918</i>		<i>ARRIVED</i>	<i>BN FIELD</i>	<i>8 OCT 1918</i>	
<i>8 OCT 1918</i>		<i>LEFT G. B. D. FOR</i>	<i>CC</i>	<i>8 OCT 1918</i>	
<i>8 OCT 1918</i>		<i>ARRIVED G. B. D.</i>	<i>FRANCE</i>	<i>27 SEP 1918</i>	

N. R. D. PART I ORDERS
No. *107* D. *1918*
N. R. D. *18/9/18*
B. 213 D. *18/9/18*
10 OCT 1918

(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.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) DUNKLEY, S.
 REGIMENT 16TH BATT. RANK Pt. No. 2129086.
 Date of Examination in England 29/3/19. 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

26-M.

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (a) In Canada yes
- (b) In England /
- (c) In France _____

G.D. Lanson Capt
H. Crosby Capt

Signature of Dental Officer

BRAMSHOTT CAMP
HANTS.

CANADIAN EXPEDITIONARY FORCE

War Service Badge

Class "A" No.

DISCHARGE CERTIFICATE

188639

THIS IS TO CERTIFY that No. 2129086 (Rank) pte

Name (in full) Dunkley, Stephen enlisted in
 the 1st Depot Batt. M. S. A.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 23rd
 day of November 1917

HE served in England & France with 16th Bn.

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

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

Age Height <u>5ft 7ins</u> Complexion <u>Ruddy</u> Eyes <u>Blue</u> Hair <u>Brown</u>	Marks or Scars <u>Scar on left thigh</u>
---------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------

S Dunkley
 Signature of Soldier

G. Smith
 Issuing Officer

Date of Discharge

Military District No. 10
MAY 7 1919

Lieut.
 Rank

Date May 7th 1919

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

DISCHARGE CERTIFICATE

RR

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

BRITISH ARMY

MADE IN CANADA

THIS IS TO CERTIFY THAT
Name (in full)
Rank
Service No.
Date of Discharge
Place of Discharge
Signature of Officer
Date of Discharge

ASSIGNED PAY **ENGLAND OR CANADA.** SEPARATION ALLOWANCE. **ENGLAND OR CANADA.**
 EFFECTIVE DATE: **1.5.18** EFFECTIVE DATE: **1.5.18**
 AMOUNT: **\$ 15⁰⁰** AMOUNT: **---**

NAME: **DUNKLEY Stephen**
 NUMBER: **2129086**

NAME, ADDRESS, RELATIONSHIP & AUTHORITY
John Whites Friend
Killarney
Manitoba
 (Stop 1/4/19)

PARTICULARS OF RANK OR APPOINTMENT
 AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT
Private

UNIT AND TRANSFERS
 ORIGINAL UNIT: **1st Depot Bu Man Regt**
 DATE ACCOUNT FIRST OPENED: **13.2.18**
 AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S P'D UNIT TRANSFERRED TO
11th Reserve

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
20/3/19	3334	16 Bn	373				
29/3/19		10 th Wing	3893				
			4266				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
	1	-	10	-

PARTICULARS OF RENDERING NON-EFFECTIVE **Canada 31/3/19** **Led Bal @ 86.16**
NR 258 65719 B Shott 29/3/19 M D 10 LRB - - - 43.50

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
March	Bal Forward								6003	23	
Apr	P.P.	33		A.R. 104 13/4/18 11 Res	973						
				✓ 18 29/4/18	973				7357	38	
		33			1946						
May	"	3410		Cap				15			
				A.R. 214 4/5/18	973						
				" 333 29/5/18	1947				6347	38	
		3410			2920			15			
JUN	"	33		Cap				15			
				A.R. 813 15/6/18	973						
				" 977 28/4/18	973				6201	38	Waged
		33			1946			15			
JUL	"	3410		Cap				15			
				" 1224 12/7/18	973						
				" 1279 12/7/18	2920						
				" 1320 20/7/18	487				3721	38	
		3410			1380			15			
AUG	"	3410		Cap				15			
				" 1556 13/8/18	742						
				" 1748 28/8/18	973				3926	38	
		3410			1715			15			
Sept	"	33		b.a.p				15			
				AR 1949 11.9.18	973						
				" 2056 26.9.18	973				3780	38	
		33			1946			15			
Oct	"	3410		Cap				15			
				AR 867 15/10 2C:13	373				5317		
				✓ 981 27/10 16B	373				4944	38	
		3410		DN 2347 4/10/18 CCH 2001	343			15	4541		

NUMBER 2129086 RANK

P6

NAME DUNKLEY S

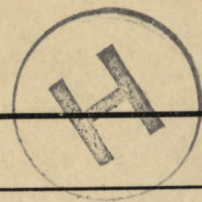
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Mr. Forward.					45 41	38	
Nov		33		Gap				15			
Dec	P. Pay	34 10		AR 1140 8/11 16 Balts.	3 73						
1919				✓ 1650. 16 Bn	23 11 18	3 73					
Jan		34 10		Gap				15			
				AR 1770 ✓ 16/12	12 98						
				Gap				15	81 47		
		10 20			20 44			45		38	
Feb	✓	30 80		Gap				15			
Mar	✓	34 10		"				15			
	Int on Def Pay	183		AR 1897 16 Bn 30/12	7 79						
				✓ 2054 ✓ 15.1.19	3 73						
				✓ 2315 ✓ 1.2.19	3 73						
				✓ 2435 ✓ 15.2.19	3 73						
				✓ 2567 ✓ 25.2.19	9 33						
				✓ 2620 ✓ 3.3.19	3 73						
				✓ 3334 ✓ 20.3.19	3 73				82 43		
		66 73			35 77			30			
				✓ 1075 ✓ 29 319 (5)	38 93						
				✓ 10639 ✓ 16 Bn 17.4.19	9 73				33 77		
					48 66						

St. Canada 24/19 \$156 M.R.

Please note
Date of enlistment
on my 188639 does not
correspond with A.P.

D. A. M.
M. D. 10
O. G. 1.

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



Service Badge
Class "A" No. 188639

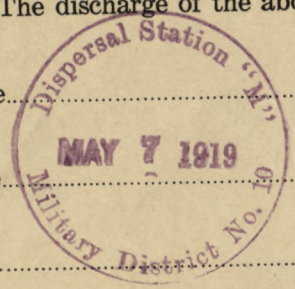
1. No. 2129086
2. Rank. Pte
3. Name. Dunkley, Stephen
4. Unit.
5. Date of Discharge 7/5/19 Place Winnipeg Man.

6. Reason for Discharge..... DEMOBILIZATION.....
.....
.....

7. Authority. DO 130
8. Proposed Residence after Discharge.....
Killarney Man.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.?.....
.....
S. Dunkley
Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place.....
Date MAY 7 1919
.....
Signature.....
(O. C. Discharging Unit.)



ak.

REPORT FORM
PROCEDURES ON DISCHARGE
(Demobilization)

1	Name	John J. ...
2	Rank	Private
3	Service No.	...
4	Branch	...
5	State of Residence	...
6	Reason for Discharge	...
7	Authority	...
8	Proposed Residence after Discharge	...
CERTIFICATE TO BE SIGNED BY SOLDIER		
I hereby acknowledge that at the underlined place and date I received my discharge Certificate		
M. J. W. ...		
Signature of Soldier		
CONFIRMATION		
The discharge of the above named man is hereby confirmed		
Date		
Place		
Signature		
Officer in Charge		

LIST OF DISCHARGE DOCUMENTS

Minutes Form W. 38	Attendance Report, Discharge
Minutes Form W. 118	or Participation of Members
Minutes Form W. 112 or A.P.H. 122	First Contact Sheet
Minutes Form W. 114 or A.P.H. 114	Company Form
Minutes Form W. 114	Last Pay Certificate
	Certificates that contain documents are underlined
Minutes Form B. 311 or A.P.H. 112	Medical History Sheet
M.F.B. 227, A.P.H. 112 or A.P.H. 42	Proceedings of Medical Board
Minutes Form B. 182	Personal History Sheet
M.F.B. W. 138 or H. W. B. 138	Medical Report
Minutes Form B. 122	Reimbursement Contact Sheet
Minutes Form B. 202	Company Contact Sheet

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Medical Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3)
11. Equipment Statement Q.M.G, Form (D.O.S, 2) and Clothing)
12. Last Pay Certificate (P.851). *duplicate*
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

B

Group.....

Checked by *S.* *15* *WST*

Date *23/4/19*

1913

1913

1913

Date of Enlistment *9-Jan 18*

MILITIA AND DEFENCE

D

7989
7989

Date of Assignment

Separation and Assigned Pay Branch

1st May 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15.</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion # *1st M.R. Co*
 Beneficiary _____
 Relationship _____
 Address _____

Name _____
 Address _____
 Change of Address _____
 1 JOHN WHILES,
 KILLARNEY,
 2 MAN. 15 15.00
 3 % 2129086 PTE STEVEN DUNKLEY
 4 FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>May</i>			<i>15</i>	<i>15</i>	<i>OK</i>
<i>June</i>	<i>K 22764</i>		<i>15</i>	<i>15</i>	<i>OK</i>
<i>July</i>	<i>O 28671</i>		<i>15</i>	<i>15</i>	<i>OK</i>
<i>Aug</i>	<i>K 37360</i>		<i>15</i>	<i>15</i>	
<i>Sept</i>	<i>M 48010</i>		<i>15</i>	<i>15</i>	<i>OK</i>
<i>Oct</i>	<i>P 51435</i>		<i>15</i>	<i>15</i>	<i>T</i>
<i>Nov</i>	<i>K 59603</i>		<i>15</i>	<i>15</i>	<i>T</i>
<i>Dec</i>	<i>P 67743</i>		<i>15</i>	<i>15</i>	<i>T</i>
<i>Jan</i>	<i>O 74958</i>		<i>15</i>	<i>15</i>	<i>T</i>
<i>Feb</i>	<i>S 81108</i>		<i>15</i>	<i>15</i>	<i>T</i>
<i>March</i>	<i>P 98525</i>		<i>15</i>	<i>15</i>	<i>L</i>
<i>April</i>	<i>M 4588</i>		<i>15</i>	<i>15</i>	<i>L</i>
<i>May</i>	<i>L 5544</i>		<i>15</i>	<i>15</i>	<i>L</i>
			<i>195</i>	<i>195</i>	

File 5118-8-6-NR 702 a

M. F. W. 128
4009-6-17-1772-38-1141
L. L. 22520-M. & D. 7983.

31/5/19
 A/c Closed
 Ret'd by *Empress of Britain*
 Date *4/5/19*
 Clerk *[Signature]*

9695 of 29/5/19

AUDITED.

AUTHORITY FOR NEW ACC'T. } *2M 27-3-18*
DC Brown 29-5-18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 400M-6-17-1772-89-141
 L. L. 22320-M. & D. 7493.