Duplicate

ATTESTATION PAPER.

No. 2356671

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	H O L L I D A Y
1a. What are your Christian names?	Chester Eldon
1b. What is your present address?	848 Dundas St., London Ont.
2. In what Town, Township or Parish, and in what Country were you born?	London, Middlesex Co., Ont.
3. What is the name of your next-of kin?	Edward Charles Holliday
4. What is the address of your next-of-kin?	848 Dundas St., London Ont.
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	January 31st. 1898
6. What is your Trade or Calling?	Laborer
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 Naval or Military Force? (If so, state particulars of former Service.)	NO
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	NO
14. If so, what was the nature of the disability?	
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	NO
16. If so, what was the reason?	

C.E.H.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Chester Eldon Holliday, 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.

Chester E. Holliday (Signature of Recruit)

Date April 30th. 1918. John Rawlins Cpl. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Chester Eldon Holliday, 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.

Chester E. Holliday (Signature of Recruit)

Date April 30th. 1918 John Rawlins Cpl. (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 London Ont. this 30th. day of April 1918

W. H. Irvine Major (Signature of Justice)
Officer i/c Mobilization Centre

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Chester Eldon Holliday on Enlistment.

Apparent Age 20 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 1 ins.

Chest measurement:
- Girth when fully expanded 35 ins.
- Range of expansion 31 ins.

Complexion Medium

Eyes Brown

Hair Dark

Religious denominations.
- Church of England
- Presbyterian
- Methodist X
- 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).

Right Eye D 30/20 Left Eye D 100/20

Hearing R. Normal L. Normal

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date April 30th. 1918. N. Conrad Lay, Capt.

Place London Ont. 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.

Chester Eldon Holliday 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.

A. H. McGregor Lieut.-Colonel (Signature of Officer)

Date 1-5-18 1918, 1st Depot Battalion, C.O.R.

REGIMENTAL DOCUMENTS

NAME HOLLIDAY CHESTER ELDON R. REGT. NO. 2356671 UNIT 1st D. Bn. WOR H. Q. 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)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				30263	
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
4	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	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)					
7	GC & L. 3					
2	Misc					
1	R 125					

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

NAME. Holliday.

RANK. Pte.

No. 2356671

CORPS. West Ont Regt. 1st Dpot Bn.

REC. FILE. M.O.I. XL

H. Q. FILE. 20 & 2 Remob 24-5-19 2nd Pt THSE of 28-5-19 = 1 & 2 ND

Chester Eldon.

ENLISTMENT, PLACE. London. Ont. DATE. Apr. 30th 1918.

BIRTH

DISCHARGE, PLACE. Canada London. Ont. DATE. Jan. 31st 1898

REASON.

T.O.S. Apr. 30th 1918.

D.O. Part II. No. 121

ADDRESS ON DISCHARGE.

DOCUMENTS.

RELATIONSHIP

NEXT OF KIN Holliday. Edward Charles. RELATIONSHIP Father.

ADDRESS 848 Dundas St. London. Ont.

O/S 11-7-18 1311/4.

R/C. 22-5-19. 329/54. Pte.

L. L. 20496—M. & D. 7908—100m.

CHARGED OUT			RETURNED		CHARGED OUT			RETURNED	
TO	DATE	BY	RECEIVED BY	DATE	TO	DATE	BY	RECEIVED BY	DATE

Number 2356671 Rank Pte.

Surname HOLLIDAY

Christian Name Chester

Units 18th Bn. Can. Inf. Theatre of War France

Date of Service 28/10/18

Remarks 303 Ottaway Ave.

Latest Address ~~848 Hundas St.~~ London, Ont.

Roll No. B Page 14212

200m.—2—21.M.

DESP JUN 24 1922
REGN. NO. 41434

Original

MEDICAL HISTORY SHEET

Surname HOLLIDAY Christian Name Chester Eldon

Examined on 30th day of April 1918 at London Ont.

Birthplace City or Town London County Middlesex, Ont.

Apparent age 20/3

Trade or occupation Laborer

Height 5 feet 1 Inches

Weight 119 lbs.

Chest measurement Minimum 31 inches Maximum expansion 35 inches

Physical development good

Small-pox Marks NONE

Vaccination Marks Arm Right Left 1 Number

When Vaccinated last Childhood

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

9½ 7½0 L&R

RIGHT EYE D 30/20 LEFT EYE D 100/20

HEARING R 21+ L 21+

Approved by C.W. Sinclair

Rank Capt M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
		23	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
21/5/18		C.W. Sinclair Capt	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
21/5/18		C.W. Sinclair Capt	M.O.
7/5/18			M.O.
14/5/18			M.O.

Enlisted on 30 day of April 1918 at London

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	1st Depot Battalion, W.O.R.	2356671		1-5-18
Transferred to	4th CAN. RES. BATT.			
	Transferred o/s from 1st Depot Bn., W.O.R., London, Ont. 18 Bde			JUN 27 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
London, Ont.	APR 30 1918	On Attestation	considered A1
London	JUN 20 1918	Capt. A.M.C.	considered Capt. A.M.C.
	191	On Attestation	Capt. A.M.C.
	191	Capt. A.M.C.	Capt. A.M.C.
Witley Camp	9/4/19	Def Vision B1	Invalided to Eng

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.
300M.—1-17.
H. Q. 1772-39-439.

Surname Holliday Christian Name Charles Elton

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				

Gr 23

EYE. EAR. NOSE. AND THROAT CLINIC

Witley Camp Surrey

Date 8-4-1919

Reg.No 2356671 Rank Pte Name Holliday C E

Unit 18 Bn

WITHOUT GLASSES.	WITH GLASSES. (as per prescription below)		
	SPH.	CYL.	AXIS
Visual acuity.Rt 6/6 with			
Visual acuity.Lt. 6/36 with			

Category recommended is;) B1

Glasses not ordered.

REMARKS.

Defective vision left eye due to Amblyopia from convergent Squint

CONDITION WAS PRESENT PREVIOUS TO ENLISTMENT AND HAS not

BEEN CAUSED BY SERVICE.

HAS not BEEN AGGRAVATED BY SERVICE.

W. A. Macdonald

Captain C.A.M.C.
Eye and Ear Specialist Witley Camp
Surrey

URINALYSIS REPORT.
(For Board)

Reg. No. 235671 Rank Pte

Name Halliday, RS Unit

Sp. Gravity 1022

Reaction Acid

Albumen Nil

Sugar Nil

Microscopic

Captain, C.A.M.C.
for Major, C.A.M.C.
O.C., Canadian General Laboratory.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 1

NAME OF SOLDIER Holladay, Chester Elden

REGIMENT Lord Strathcona's RANK Pte No. 2356[illegible]

123

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a).G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	Nov 4/18										4									T.B. Campbell	1	Ex. 3.14.19.31.
	- 3										3.14.19. 31.									T.B.C	1	

M.F.B. 46
200 17
177 350

DENTAL HISTORY SHEET

Group No 23

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) HOLLIDAY C.E.

REGIMENT 18th Bn. W.O.R. RANK Pte No. 235671

Date of Examination in England 7/4/19 | Date of Examination in France

1814

PRESENT DENTAL REQUIREMENTS

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

CONTENTS COPIED

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

Signature of Dental Officer A R Hynes Capt

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE.
CLASS "A" No.....

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 235671 (Rank) Pte

Name (in full) Chester Eldon Holliday enlisted in

the 1st Depot Battalion W.O.R.R.

CANADIAN EXPEDITIONARY FORCE at London on the 30th

day of April 1918

HE served in England and France in 18 1/12 m

and is now discharged from the service by reason of Demobilization.

~~Medical Unfitness~~.

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

Age 21 years

Height 5' 1"

Complexion Medium

Eyes Brown

Hair Dark

Marks or Scars Nil

.....
Signature of Soldier.

W. Guttall
Issuing Officer.

Date of Discharge

DISCHARGE SECTION
MAY 24 1919
No. 1 District Depot

Lieut
Rank
for O. C. Dispersal Area Sta. "K."

Date ..... 19.....

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.B. 39A.

W.S.B. CLASS. "A"

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

✓ Unit, Regiment or Corps 29TH. DRAFT - 1st. Depot Bn. D.O.R.

Regimental No. 2356671 Rank Pte. Name Holliday Chester Eldon

Enlisted (a) 30-4-18 Terms of Service (a) ~~for W.A.E.F. 1 + 6 mths~~ Service reckons from (a) 30-4-18

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) Labourer

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.
~~JUN 27 1918~~	~~1st Depot Bn. W.O.R.~~	~~Transferred o/s~~	~~London, Ont.~~		~~Authority H.Q.593-1-11-219~~ ~~JUN 24 1918~~
		EMBARKED	CANADA	H. M. T.	10-7-18 Kmt
		DISEMBARKED	ENGLAND	H. M. T.	22-7-18 " Thongwa "
26-7-18	4th. Can. Res. Bn.	T.O.C. 4th. Res. Battn. on arrival from Canada.	Witley	22-7-18	Part 2 D.O.No.175.
29-10-18	4th Res. Battn	Having proceeded Overseas to 18th Battn, is S.O.S. 4th Res. Battn	Witley	28-10-18	Part 2 order No 256 A. B. Hoole LIEUT. & ASST. ADJT. FOR O. C. 4TH CANADIAN RESERVE BATTALION.
30.10.18.	C.I.B.D.	Having arrived from C.I.B.D as reinf. from 4th Can Res Bn to T.O.S. 18th Bn.	C.I.B.D	29.10.18	Nom. Roll Part II Order. 114 of 14.11.18.
30.10.18	C.I.B.D.	Despatched	C.C.R.C.	1.11.18	Nom Roll
9.11.18	C.C.R.C.	Left for 18th Bn	Field	9.11.18	do

(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				
9-11-18	18 Bn	Joined 18 Bn.	Field	6-11-18	B213
- 4 AVR 1919	Cdn. Embkn. Camp	Proceeded To England		- 4 AVR 1919	NR. Pt. II O. Lieut. for Lt. Col., A A G., Canadian Section

P Wing

28 13
26 10
~~24~~ ~~5~~
~~21~~ 4-5-19

S.O.S. O.M.F.C. TO C.E.W.
PT. II ORDER No. 21 DATED 4-5-19
WITLEY.

H. G. Dawdes
CAPT. & ADJUTANT
FOR O.C. "P" WING C.C.C. WITLEY.

Sailing 30

S.S. CAFONIA
Sailed L'pool 14-5-19

ToS No. 1 Dist Depot
Displ. Stn. K. 13-5-19
SOS Dispersed
24,5,19 D.O. No. 148

for O. C. Dispersal Area Sta. "K."

Form R 122.
10287—65M—28-7-17.

BT. Rank Name HOLLIDAY Chester Eldon. Reg'l No. 2356671

Unit 29th Dft 1st Bn. W ONT If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment London, Ont, 30th Apr. 1918 Place of Birth London, Middlesex, Ont

Name and Address, Next-of-Kin Edward Charles Holliday,

~~Father~~. 848 Dundas St London Ont. Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 7761
File No.
Category CAN.OR

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.
		Emb City of. Vienna 28 6 18			
		Re-emb Thongwa 10 7 18			
		Arrived in England 22-7-18			
		26-7 18 4th RES Bn T.O.S. on Arrival from Canada, Witley 22,7 18 DO-175			
		29.10.18 " SOS to 18 Bn O/S		28.10.18 " 256	
		14-11-18 18th Bn Y.O.S from 4th Res.	" Kield	29-10-18 " 114	
		9-4-19 PWCCC SOS from 18th Bn	" Witley	5-4-19 " 2	
		60-K-		15.5.19	
		13 5 19 XF Wing S O S To Canada Witley		13 5 19 DO 28	

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.				

P 820
12474—375M—13-2-18.

Strike out whichever inapplicable.

ASSIGNED PAY.	~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.
EFFECTIVE DATE:- 1/7/18		EFFECTIVE DATE:-
AMOUNT:- 15.		AMOUNT:-

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME A WORD "SAME" ONLY TO BE WRITT

Mrs Mary Holliday Mother
848 Dundas St, London
Ont.

Stopped S/F. 1-5-19

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENT BY INSERTION OF DATE CHARGED IN

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAI
8-6-19	220	1 Wing	73 00			

PARTICULARS OF RENDERING NON-EFFECTIVE: Transfd Canada

MONTH	PARTICULARS	CR. 1	CR. 2.	
30/6/18	Bal from Can			
Aug	1/- 31/8/18 62 P.P	68 20		July + A
				AR 50 D
				AR 2261
				✓ 1976
		68 20		
Sept	30	33		C
				AR 2185
				2478
		33		
Oct.	P.P.	34 10		C AR
				AR 765
				✓ 7879
		34 10		
Nov.	P.P.	33		✓ 3761
				✓ 427
				✓ 900
Dec	P.P.	34 10		
419 Jan	✓	34 10		
		101 70		
				AR 1466
				✓ 1716
Feby	✓	30 80		
				✓ 7576
				✓ 3191
				A.F.W. 3069
				AR 3644
	Frwd	30 80		

ND OR A. | SEPARATION ALLOWANCE. | ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- HOLLIDAY, Chester Elbon

NUMBER:- 235671

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
LMC Can	1/7/18	Pte

UTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mother
ndon
Ont.
19

UNIT AND TRANSFERS

ORIGINAL UNIT:- Dft. 29. 1 D.B. WOR

DATE ACCOUNT FIRST OPENED:- 1/7/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			4th Res.
	1/6/19		Can Sec

AY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
73 00				

DAILY RATES OF PAY AND ALLOWANCES

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

EFFECTIVE:- Trans'd Canada 1/5/19 Auth NR 3726 Bramshott Bramshott 17/4/19 MD1 LMC Cr Bal 45 10

CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
							32 97		
68 20		July & Aug C.A.P.				30			
		AR 50 4 Sales Halifax	5						
		AR 2261 29/7 ② Brensham	487						
		✓ 1976 30/8 ④ 4 Res	487				56 43		
68 20			1474			30			
33		C.A.P.				15			
		AR 2185 9.9.18 ③ 4 Res	3893				35 50		
		2479 28.9.18 ㉑ ✓	973				25 47		P&O acct 9 11/19
33			4866			15			
34 10		C.A.P.				15			
		AR 765 16/10/18 4 Res 3	973						
		✓ 7829 30/10/18 ✓ 8	973						
34 10			1946			15	25 41		
33		✓ 3761 7/11 CMHQ Det 1	373						
		✓ 427 14/11 18 Bn 3	373						
		✓ 900 14/11 ✓ 5	1306						
		C.A.P.	2052			15			
34 10		C.A.P.				15			
34 10		C.A.P.				15			
101 70			2052			45	61 09		
		AR 1466 - 16-IX-18 18 Bn 1	649						
		✓ 1716 - 21-IX-18 ✓ 1	130						
30 80		C.A.P.				15			
		✓ 2526 - 1-X-19 ✓ 3	377						
		✓ 3191 - 21-X-19 ✓ 7	373						
		A.F.W. 3069 - 8-1-19 3 O.R. ✓ 8	1549						
		AR 3644 10/2/19 ✓ 12	373						
Frwd	30 80	Frwd	1951			15			

NUMBER 2356671 RANK Pte NAME HOLLIDAY. C.E.

MONTH	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr
Feb	Fwd	20 80		Fwd	19 51	
March	RP	34 10		Cap		
				AK 2879 24/2/19 2 Bde Le Sa.	18 3 73	
				✓ 3258. 18/3/19 ✓ ✓	25 7 30	
		64 90			30 54	
April	RP	33.		Cap		
				AK 220 10/4/19 Pdrng	1 73-	
				✓ 1573 28/4/19 ✓	6 9 73	
				AK 2768 6/5/19 Pdrng	8 9 73	
		32-			97 46	
				50 SD Cam 13/5/19 Sh 60		

LLIDAY . C.E.

ARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
Fwd.	19 51			15	61 09		
Bal.				15	60 54 / 65 45		
1/2/19 2 Bdls Lebia.	18	3 73					
3/1/19 ✓ ✓	25	7 30			65 45		
		30 54		30 —			
				15	98 45 / 137 45		
9/4/19 P.Wing	1	73 -			901		
28/4/19 ✓	6	9 73					
9/5/19 P.Wing Ladies Suit	8	9 73 / 9 46		15	901		

Cam 13/5/19 £4 60 WOK

6545
3 3 —
9845
1 5 —
8345
73 —
£4 1045

Rd Raffner
12-4-19

WAR SERVICE BADGE.
CLASS "A" No. 261633

G-23

D. A. K
O. G. 11

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 2356671

2 Rank. PTE

3. Name. HOLLIDAY Chester Elston

4. Unit. 18th Can Bn

5 Date of Discharge MAY 24 1919 Place London Ont

LONDON, ONT.

6 Reason for Discharge Demobilization

7. Authority. P.O. 1894

8. Proposed Residence after Discharge London Ont
848 Dundas St

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.?

C. E. Holliday
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place LONDON, ONT.

Date MAY 24 1919

Signature Wm Nuttall Lieut
for (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

SHORT FORM

PROCEEDINGS ON DISCHARGE.

(Demobilisation.)

1. No.	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	Place
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undermoted place and date I received my discharge Certificate

M. F. W. 1.

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Signature

(O. C. Dispersing Unit.)

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
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.

Group B

Checked by No. 10 (PN)

.....

Date MAY 5 1919

Group 23

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

STATION Witley DATE 9-4-19

1. 1 (a) Unit 18th Can Bn (b) Regimental No. 2356671 (c) Rank PTE

(d) Surname HOLLIDAY (e) Christian name Chester Eldon

(f) Home address 848 Mundas St. London Canada

(g) Next of Kin Mr. C. E. Holliday (h) Relationship father

(i) Address of Next of Kin 848 Mundas St. London Ont

2. Age last birthday 21 Date of birth Jan. 31st 1898

3. Enlistment, or Appointment (if an Officer) (a) Place London (b) Date Apl 30th 1918

4. Personal description:

(a) Height 5 ft. 1 in. (b) Weight 120 (Est) (stripped) (c) Complexion Dark

(d) Colour of hair black (e) Colour of eyes brown (f) Identification marks, Scars, etc. Small vacc. scar left arm — Left internal squint

5. Former trade or occupation Dye Machine operator

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	0	341

	Periods	
	From	To
Canada	Apl 30th 1918	June 27th 1918
England	July 27th 1918	Oct 29th 1918
France or other theatres of War	Oct 30th 1918	Apl 4th 1919

7. Original disease, or injury AMBLYOPIA. Lt. Eye

(a) Date of origin Congenital (b) Place of origin Canada

(c) Cause Convergent Squint

M. F. B. 227.
400M.—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Defective Visin Left eye

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Specialists' Report. Witley Camp. 8/4/19.

Visual acuity Rt 6/6 with
Visin acuity Lt 6/36
Category B 1
Defective visin left eye due to Amblyopia from
convergent squint.
Condition was present previous to enlistment and has
not been aggravated by service.
(Signed) Wm A Macdonald

Subjective:- Scarcely ever uses left eye, but Capt Cairns
has sight practically altogether, and gets along very well.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

Ears normal

10. (a) History (of the condition referred to in Section 9 (a).)

Patient enlisted 30/4/18 England. 27/7/18. France 30/10/18.
Never wounded or gassed.
Has had squint - internal - of left eye since about
four years of age, and has had defective visin in it
since he can remember. No worse since enlistment.

Note on M.H.S. at enlistment:-
9.45 7.30 Lard R. Boots:- Enlisted 30/4/18 A II - (Def. Visin)
Rt Eye D 30/20 Lt. Eye D 10/20 ~~Witley Camp~~ 7/4
Hearing Rt 21+ Lt 21+.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

nil

(*c*) (Here give a description of wounds, scars and deformities.

Small scar, mole left arm. Internal squint left eye.

11.—(*a*) Did the disabling condition have its origin before enlistment? yes.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

no

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) no (b) no

The regimental documents will be referred to.
(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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? permanent

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

nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? yes.
(If not, briefly state why)

17. Recommendations nil

C. F. Main Capt. RAMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned 2356671 Pte C E Holliday have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of

C E Holliday Pte Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid

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

N/A

(*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.)

21. It is recommended that the invalid be ~~discharged~~. (When not for discharge add special recommendation.)

Graded for return to Can. with Cat. 2d

9053 4/4/19

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

J. W. F. Mackenzie Capt. C.A.M.C. *President.*

Witley Camp

PLACE

9/4/19

DATE

Members

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

President.

PLACE

DATE

Members

APPROVED BY

for *Assistant Director of Medical Services.*

DATE

APPROVED BY

Director-General of Medical Services.

DATE

HEADQUARTERS A.D.M.S. 9 APR 1919 FIRST CANADIAN TROOPS, WITLEY

AUDITOR | PAYMASTER

283

1 PM 10-Pts-276

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

M. OR S. | REGT. No. 2356671 | RANK Pte. | NAME (IN FULL) HOLLIDAY Chesley Eldon

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. W.O.R. | IF IN P.F. WHAT UNIT? 848 | (BLOCK LETTERS SURNAME FIRST) Holliday Eldon London Ont

Bank of Toronto London Ont

PLACE OF ATTESTATION | TRANSFERRED TO 20 S. B. 1. | DATE 13.5.19 | AUTHORITY 20.148.

DATE OF ATTESTATION 30-4-18 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE Paid and Closed by Ottawa 31.5.19

PAYABLE TO Mrs Mary Holliday | RELATIONSHIP Mother | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 848 Dundas St London Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE London | DATE 24.5.19 | REASON Dem. | AUTHORITY 20.148 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT	30.4.19				35		10	45	10	45					390	49																			Ret'd Per Caronia 21.5.19
1/5/19 29/5/19	29	1.10.	31	90	70				136	90							4	87	5	00	103	02	15	00			19	46			147	35				Bal. Eng. L.P.C. 30.4.19
																																			Pay to Estimated Date of Discharge
																																			29.5.19 C.O. A/Cs. 1st Payment of W.S.G.
																																			Boat Money. Train Money.
																																			Advances P. Wing 28.4.19 9.5.19
			W.S.G. Sa														W.S.G. Sa																		Major.
122 days			280	00					280	00							70	-																	1st payment W.S.G. as above
																																			Adjus. to adjust to date
																					5	50													of Mus/Chge. 5 days @ 1.10
																	64	50																	JUN 25 1919 J96594
																	70	00																	18/7/19 109791
																	70	00																	22/8/19 121395
			280	-					280	-							274	50			5	50									280	-			F. Gilbert Capt.

WAR SERVICE GRATUITY

Date of Enlistment 30-4-18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch H

OVERSEAS CONTINGENTS

Date of Assignment 13262 1st July 18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 1st. Depot Battn. W. O. Regt 2/1t 29.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS.MAY HOLLIDAY, H13262
848 DUNDAS ST.,
2 LONDON,ONT. 15 15.00
% 2356671 PTE CHESTER ELDON HOLLIDAY
3 FIFTEEN DOLLARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
July	A 25879		15	15	✓	8832 C21
Aug	F 28745		15	15	✓	
Sept	G 43964		15	15	–	
Oct	J 49508		15	15	–	
Nov	C 58698		15	15	–	
Dec	E 68265		15	15	–	
Jan	Y 70697		15	15	–	
Feb.	E 78179		15	15	✓	
Mar	E 89179		15	15	✓	
Apr	Y 680		15	15	✓	
May.	R 8597.		15	15	B	
			165	165		

W.B.

ENTERED IN AUDIT OFFICE
JUL 15 1918
ACCTS SECTION

M. F. W. 128.
400M.—4-17—1772 39-1141
L. L. 22220—M. & D. 7932.

A/c Closed
Rec'd per Baronia
22.5.19 RB. 5.19
A.H.Bullock.
MRO# 109178.

M W#1

AUDITED 29/5/19

AUTHORITY FOR NEW ACCT
M.R.M.O. 1-B-1
G. Raymond 17-7-18

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. 110

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22330—M. & D. 7993.