ATTESTATION PAPER.

Duplicate

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

CANADIAN OVER-SEAS E	APEDITIONARY FORCE.
QUESTIONS TO BE PUT	BEFORE ATTESTATION. (ANSWERS).
1. What is your name?	King, Gerald Clifton
2. In what Town, Township or Parish, and in what Country were you born?	Deseronto Ont.
3. What is the name of your next-of-kin?	
4. What is the address of your next-of-kin?	John King (Father) 275 Bell Street, Ottawa Orth. Co
5. What is the date of your birth?	September 15th 1897
	Clerk
7. Are you married?	No
8. Are you willing to be vaccinated or re-	
vaccinated? or inccluated .	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?	na a V
	(Signature of Man)
	A teller for (signature or Witness).
made, and I hereby engage and agree to serve in the to be attached to any arm of the service therein, for the between Great Britain and Germany should that war I the termination of that war provided His Majesty discharged. Date 3 OATH TO BE TAKEN BY I. Gerald Clifton King	e term of one year, or during the war now existing last longer than one year, and for six months after should so long require my services, or until legally (Signature of Recruit) (Signature of Witness) MAN ON ATTESTATION.
bear true Allegiance to His Majesty King George the in duty bound honestly and faithfully defend His Maje Dimits a griest all enemies and will observe and observe	esty, His Heirs and Successors, and that I will as esty, His Heirs and Successors, in Person, Crown and y all orders of His Majesty, His Heirs and Successors,
Date 3 Convery 1916	(Signature of Witness)
CERTIFICATE OF	
questions he would be liable to be punished as provide The above questions were then read to the Recr I have taken care that he understands each que duly entered as replied to, and the said Recruit has m	stion, and that his answer to each question has been ade and signed the declaration and taken the oath
before me, at this	912 day of Allendary 1910
3 41	Susual Missignature of Justice)
I certify that the above is a true copy of the At	
The state of the s	Midamelon hew (Approving Officer)
M. F. W. 23.	3rd De Rus Co

M. F. W. 23. 200 M.--5-15. H. Q. 1772-39-841.

W

Apparent Age 18 years 4 months.	
(To be determined according to the instructions given in the Regulations for Army Medical Services.)	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).
Height 5 ft. 7 ins.	
Girth when fully expanded	
Complexion Dark	
EyesBrown	
Hair Black	
/Church of England Yes	
Presbyterian	
Wesleyan Baptist or Congregationalist Other Protestants (Denomination to be stated.)	
Other Protestants	
(Denomination to be stated.) Roman Catholic	
Jewish	
CERTIFICATE OF M.	EDICAL EXAMINATION.
Date Jan 1916 Place "Insert here "fit" or "unfit."	adian Over-Seas Expeditionary Force. Medical Officer. t, he will fill in the foregoing Certificate only in the case of those who have
CERTIFICATE OF OFFI	CER COMMANDING UNIT.
J. C. Kin	having been finally approved and of Attestation, and every prescribed particular having

Description of Gereld Clifton King on Enlistment.

KING GERALD CLIFTON

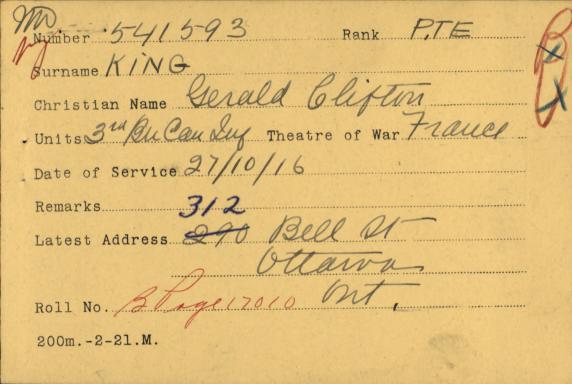
C.E.F. REGIMENTAL DOCUMENTS WAR SERVICE RECORDS D.V.A. 541593

NO 3 BN C.G.R. 09144

M.U.

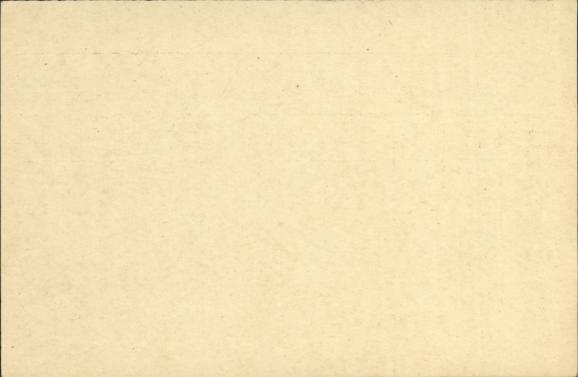






REGN. NO 1922 1922 1922

No. 54/543 RANK NAME King G. C. UNIT No 3. Special Service de T. O. S. M. D. PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PAID PAID SIG. OR FROM REC'T PARTICULARS AUTHORITY n howard Bucks



SHEET. MEDICAL HISTORY

Surname King		Chr	istian .	Name	Gera	lđ Clif	?ton
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	125						МО
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	Fair				1		M.O.
Small-Pox Marks							M.O.
(A	rm Right.		CHICAGO AND COMPANION			Amended States and Description of the States	
	Number		Date	Result		VACCINA	HONS.
	10 years						M.O.
	congenital peculiarities		The second second				M.Q.
	•						M.O.
			Date	Result	ANTI	Typhoid Ind	CULATIONS, ETC.
(b) Slight defects by	it not sufficient to cau	se rejection			Inc	X	
			18/1/16.		7.110	7	M.O.
			22/2/16		In.),	M.Q
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Enlisted on 3 20	dry of Sanua	enf	191	6 at	Di	tawa	
AND BURNEY	Corts	REGT'L NUMI	BER.	Навг	rs.		DATE.
Joined on enlistment	3rd Div. Sig.	ENIE	2 2				
Transferred to,	1008	54159	0				
EXA	MINED OR DISC	CHARGEI	BY A	MED	ICAL	BOARD.	
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		N INCOME NAME OF THE PARTY OF T	20000	0800	1		

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

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). CORPS 2. Condition on leaving Canada. 3. Condition on discharge. DENTAL Temporary Filling Work Pulp Cap Crowns Dentures REMARKS OPERATOR Date ARMY RANK. L Porcelain Gold Condition on first Examination CANADIAN REGIMENT

DISTRICT. CORPS

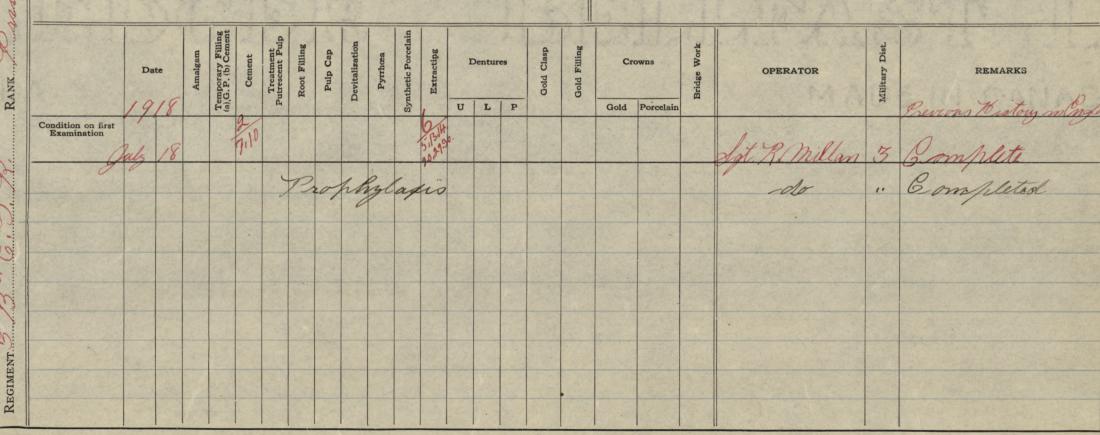
DENTAL ARMY CANADIAN

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.



⁽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) Signaller, Shoeing-Smith, &c.

	Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents.	Place of Casualty	Date of	Remarks Taken from Army Form B. 213, Army Form A. 35,
Date	From whom received	B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	race or castary	Casualty	B. 213, Army Form A. 35, or other official documents
	Trans	to 2rd Bn. B O. 292	W. Sandling	OCT 2 7	1916 2. S. Sulley, Lt
	3-11-16 D.	1201/52 0.2 5	1		ASST. ADJ. 12th RESERVE BATTALION C.E.R.
		ARRIVED C. B. D.	FRANCE	3-11-16	PART II ORDERS
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Date of pro	motion to present ra	ank			1	00
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L'Attended).			or Co	orps Trade and Ra	te	
					Sign	nature of Officer.
	Report	Record of promotions, reduc &c., during active service, as 1 B. 213, Army Form A. 36, or in	tions, transfers, casualties,		Date of	Remarks
Date	From whom received	B. 213, Army Form A. 36, or in The authority to be quoted in each	other official documents.	Place of Casualty	Casualty	Taken from Army Form B. 213, Army Form A. 36, or other official documents
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				Commandin	g Ca	nadian Discharg
	FMBARKED	FOR CANADA FROM	A LIVERROOL	Jul 1	10- 1	Depôt,
Name	EMBARKED	All Autura Luci	CIVERPOOL	Commanding	don	Lieut,-Col adian Discharge
				Commanding	Cab	Depôt,
(a) In the case	of a man who has re-engaged for,	or enlisted into Section D, Army Res	serve, particulars of such re-en	ngagement or enlistment will be	entered.	[P.T.O.

1	Report	Record of promotions, reductions, transfers, casualties,	Discort G 1	Date of	Remarks	
Date	From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Casualty	Remarks Taken from Army Form B, 213, Army Form A, 36, or other official documents	
-4-18	3 Cas Unit	TAKEN ON STRENGTH NO. 3 SPECIAL SERVICE Aug. 3 Par 26-6-185-14	ECO. 5-4-18	91/4	Rout. &	- Adinto
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18-7-18	DISCHARGED & STRUC	DEF STRENGTH DO 85/18-7	-18-8211			
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Certificate B. a.

This Certificate is not accepted as prima facie evidence in the Courts, and must not be accepted as such.

Certificate of Registration of Birth

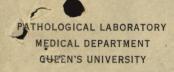
Issued by the Division Registrar upon payment of a fee of twenty-five cents, and under the provisions of Chap. 49, Section 12, of the Revised Statutes of Ontario, 1914.

3. Kenry Richardson Bedford Division Registrar
of the Division of John of Deservoiro in the County of Hashings in the Province of Ontario, Dominion of Canada, do hereby certify that the following is a correct copy of the Return of Birth as made to me and entered in the Birth Schedule, and is not included in any Quarterly Return made by me to the Registrar General, and the said Certificate is issued by me under provisions of C. 49, S. 12, R.S.O., 1914.
Name Gerald bliffon Monison King
Date of Birth September 15 1899
Name Gerald blifton Monison King Date of Birth September 15th 1899. Where Born Sex Male
Are Parents Married?
When and where Married?
Full Name of Father from King Address Prince Sheet, beseine.
Address Times Onest, Descume,
Occupation Telegraph Operator Maiden Name of Mother Lillie Monson
Is she Single or a Widow?
Name of Physician in attendance 6. D. Vandewood
Were you in House at time of Birth?
Twin, Triplet, Illegitimate, or Still-birth
Name of Person making Return & D. Vandewoort
Address Deseronto.
Date of Return Ochober 5th 1899
Certified by me this Fifeenth day of February 1917

Division Registrar.

Sec. 12.—(1) A Division Registrar, upon application therefor, and on payment of a fee of twenty-five cents, shall give a certificate in the prescribed form, as to any one registration, not included in any quarterly return made, but shall not give any certificate other than such as is authorized by this section, or in any other than the prescribed form.

(2) The Division Registrar shall be entitled to the fee for the certificate for his own use.

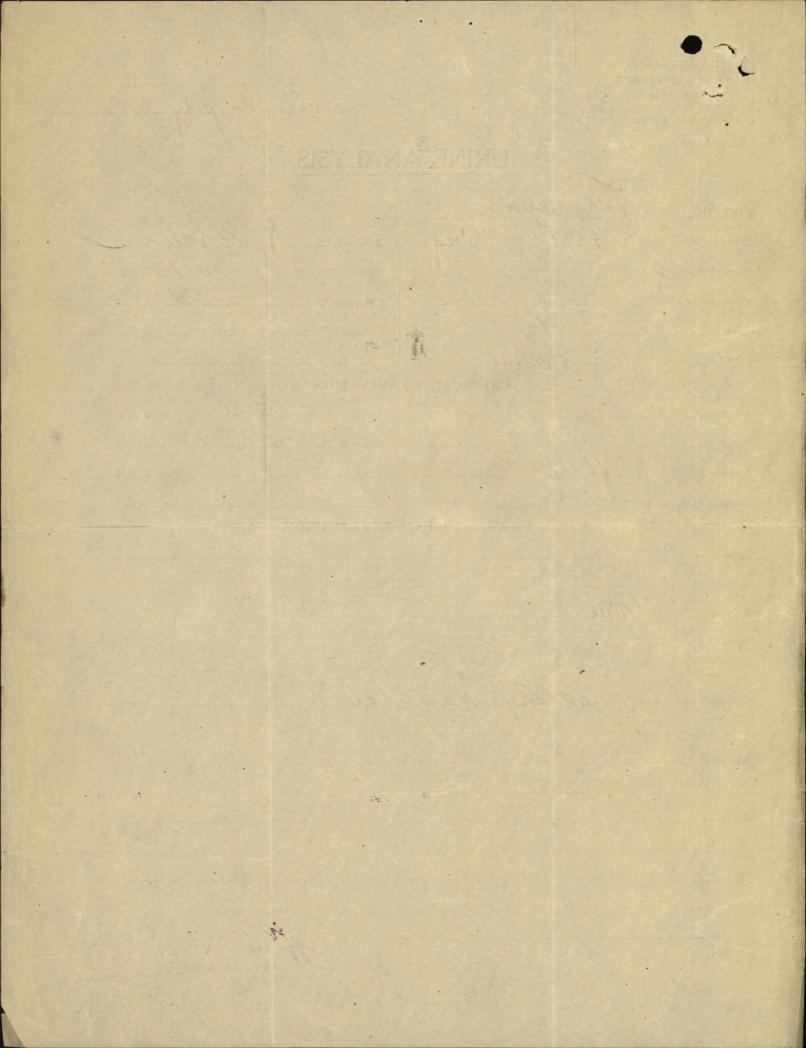


DIRECTOR, W. T. CONNELL, M.D.

Kingston, Ont. July 8/18

URINE ANALYSIS.

FOR DR. Saft Hoyd	060
Patient's Name 5-415 93 6. S. King	Reaction alkalene
Amount voided 24 hours	Specific Gravity /0/8
Amount examined 2071.	Clearness Justisl
Color anter	Character of sediment (if any)
Odor normal	
CHEMICAL EXA	AMINATION
Albumin	Bile MNL
Sugar	Indican Mr Macrease
Acetone ////	Urea
Diacetic Acid	
MICROSCOPICAL	EXAMINATION
Epithelium	
Pus	
Blood //ONL	
Casts	
Chemical sediments larthy phosp	Keles
Bacteria //www	
Remarks	
	Wy Complete
	Augminer.
	for My



50m —10-17. 1772—39—1142.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.
Unit of Corps M. 3 Cas. Unit (If a soldier) Regtl. No.
Unit of Corps No. 5 Gas. Unit
Born at Deservonte, Ont on, (date) Sept. 15th. 1899
Signature (for identification).
The examination is to be made jointly by two Medical Officers.
1. PHYSIQUE—Any deformity, maining or lameness? If so, describe. Alwall left unfamenal
1. PHYSIQUE—Any deformity, maining or lameness? If so, describe. Weight Colour of eyes Rereira and Rensell bff
140 lbs. brown rancoccle Height Identification Marks
St. 9 in. sil
2. NUTRITION AND DIATHESIS?
gord
After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.
3. NERVOUS SYSTEM? Is there a history of previous disability?
hound
4. RESPIRATORY SYSTEM? Is there a history of lung trouble?
hound
5. HEART?
Abnormal Sounds? Suff Systolia at offer. Abnormal Size? very slight hypertrophy left heart
Pulse Rate? 140 Intermittence or Irregularity? () Muscular Tone?
6. ARTERIES.—(a) Any hardening or nodulation?
(b) Blood Pressure.
7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).
Lounal
8. GENITO-URINARY SYSTEM?
Urinalysis-S.G.? / 020 Reaction? alle, Albumen? mil, Sugar, mil
9. SKIN, MIDDLE EAR, EYE or any other part?
hound
10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.
10. Is there any evidence of impairment of health or physical condition not mentioned above?
10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.
10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. 11. Opinion as to the health and physical condition of the one examined? 12. And Andrew Andre
10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. 11. Opinion as to the health and physical condition of the one examined? Examined at Lort Henry Ont Signed. M. O.

silved at a service upon leaving the Service of an Officer for the general service of a Soldier fit for doty. must excessed

CANADIAN CONTINGENT EXPEDITIONARY FORCE

I AST DAY CEDTIEICATE

July.

LASI		11 6	F3-a/c-9.		
This form to be used for all Ranks (Vide An	rticles	122, 13	30 and 141, Financial Instructions, 25715c, C.	E.F., 1	916).
Regimental No. 541593. Rank Pr	ivat	e.,	Name King G.C.	- 1	
Corps. No. Z. Battalion. C.G.	Regt	ho was	* Discharged.		
On July. 18th. 1918. 191	to				
The following is a statement of the action. July. 18th. 1910., the inclusive	ccount e date	of the	e above named from	1918	91,
Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month	(12)		Bal. Cr. from prev. month		A 12
Advances) No			Regt'l Paydays at \$	18.	.00
Cheques No	15,	00	Field Allowdays at \$	1.	.80
Assigned Pay and Sep'n Allce. No			Separation Allowances* (Monthly)		
Other charges			Other Allowances*	25.	.00.
Payment on transfer or discharge No	72.	80	Other Credits*	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	.33.	00
Total	87.		Total	.00	00
	* C	Give pa	articulars.	07.	.00
A monthly stoppage of \$	(†) has.	(‡) been paid on account	of Ass	igned
Pay for the month of		19	(to) Assignee		
(Address)	app	1100	ble,		
(†) Insert amount to (‡) Insert "not" if a	be ass	signed,	whether it has been paid or not. ot been paid for period of account.		
0	n Tra	nsfer	of an Officer		
			d by Paymaster, Military District No		
REMARKS:— State (1) date of enlistment	/16.				
			Card has been submitted Not spplicab		
			it. authority GE X-118		
NOTE.—Separation Allowance and Assigned original Last Pay Certificate on transf	ed pay fer.	Card	and Index Card (M.F.W. 71) are to account	ompan	y the
of the unit.		of acco	ount and find it to be a correct extract from	the Pa	y-list
Date July. 18th. 19	18.		Ay h		-
Place Kingston, Ont			NYWisso	· te	e

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

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

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

documents.

M. F. W. 44.

A STATE OF THE PARTY OF THE PAR *9--at the second of the second THE LETTER OF THE r ever or the state of th .sideo - company - company

Rank

Name

KING. Gorled Clifton

Reg'l No. 541593

Unit

3rd Div Signal Coy What Unit?

275, Bell Street, Ottawa, Ont, Canada.

Married or Single

Place and Date of Enlistment

Ottawa, Jan 3rd 1916

Place of Birth

Deseronto, Ont,

Single

Name and Address, Next-of-Kin

John King,

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

111

Father

Separation Allowance \$

Payable to

Relationship

Category Caul

Discharge, Date and Place

Reason

Character

Rep Date.	From whom	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.
	received.				
		Arrived in England	2 5 MAR 1916		S. S. Melagamati
20-4-16	6671.	So.s to 12th. An:	Selife	19-4-16	PII 0 # 95 00
18-10-16	- do-	S.O.S to 12th. Bn:	-do-	18-10-16	Pr II. 0 248 43 3 00 Mg
18-10-16		I o Strength			. 283
		Lo Sto 3 Bu overseas	do		
			Hield	3.11.16	. 81.
		Posted to 1860 RD as Mines discharge		13-5-14	- 58.
		Towen I Good Conduct Boy	1 - 1	31.18	->.
13.2.18		attached & CED (at)	" "	3-2-18	DD 441.
15-2-18	'Icony	attached & CCD (et) Cease on Conces or Ou Com 1 C8D		19218	50 (49. d 20.2.18 1000)

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Report. Date. 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.	
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	MINOR- BORN 15.9. 1899	/			
			7.		
					MESS 113. 3
0 600 600					
					The state of the s

OVERSEAS MILITARY FORCES OF CANADA.

Dynaller

Ganadian Record Office, Green Arbour House, Old Bailey,

No. R.L. 22-3

Officer i/c R. 2.

May 25 London, E.C.4.

MINOR.

No.541593. Pte.King.G.C. 3rd Can.Battn. This is to certify that the correct statement of Birth of the soldier marginally noted has been produced, and I certify that he was born on the 15th day of September 19 1899

To be attached to TRIPLICAT Extestation

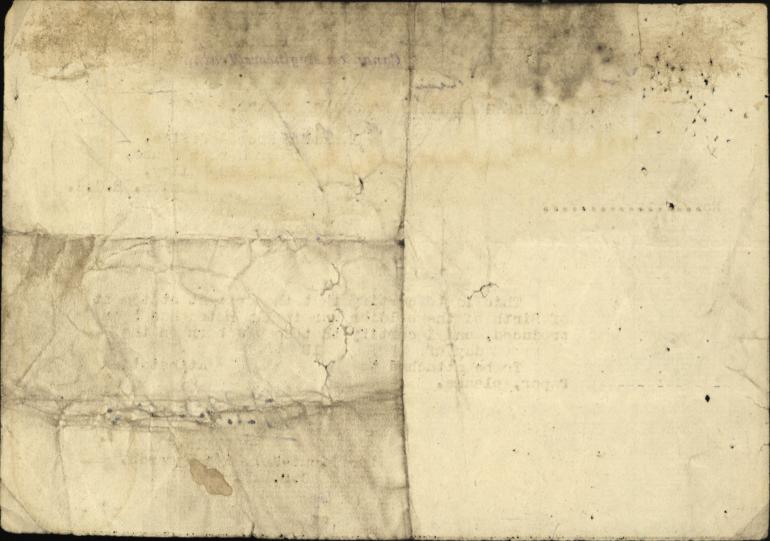
Paper, please.

CAPTAIN.

for Lieut-Col. i/c Records.

/EE

E2/EE



KING Gerald Clifton. Rank Name Reg'l No. If in perm. Corps, What Unit? Married or Single Single. Unit C. E. T. D. Ottawa, Jan. 3rd, 1916. Place of Birth Deseronto, Ont. Canada. Place and Date of Enlistment Name and Address, Next-of-Kin John King. Father. 275, Bell Street, Ottawa, Ont. Camada Relationship Assigned Pay Monthly \$ Payable to Relationship Separation Allowance \$ Payable to Relationship Discharge, Date and Place Reason Character Field Allewance Voucher Other Total Remarks, Cash Assigned Other Total Balance Credits Credits Charges Debits Casualties, etc Payments No. Date 31 10031 00 31 10 3 10 7 00 41 10 2973 11 37 Er frontanada. 9 7326 00

Date PAY Field Allowance Vonctier Other No. Date Cash Assigne Tetal Assigned Other Total Remarks, No. of Rate Days No. of Days Balance Rate Credits Credits Charges Debits Casualties, etc. From Amount Amount

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

	PAYMENTS.									
	Month.	Year.	Cheque No.	Amt.	Remarks.					
	Aug.	1918								
	Sept.									
	Oct.									
	Nov.									
	Dec.									
	Jan.	1919								
	Feb.									
	March									
1	April									
	May									
	June									
	July									
	Aug.									
	Sept.									
	Oct.									
	Nov.									
	Dec.									
	Jan.	1920								
	Feb.									
	March									
	April									
	May									
	June					建筑 建筑建筑建筑建筑。				
	July									
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	Sept.			;						
	Oct.									
	Nov.									

MILITIA AND DEFENCE

ASSIGNED PAY 200 Out

2nd Contingent.

M. F. W. 12. 20m.—9-15. H. Q. 1772-39-819.

OVERSEAS CONTINGENTS

To Whom

Address /

75 Bell St

Rate 2000 MA

By Whom Assigned

Regtl. No.

Rank PA

Corps

(541593)

we sea 6:

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				C. M. C.
Dec.				
Jan.	1915			OLIDA
Feb.	•			(2) A (8)
March				3 5
April				10cov
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March	X	1810	20	
			THE RESIDENCE THE PARTY OF THE	

POST DISCHARGE PAY OFFICE

5019/101

Three months pay and allowances after discharge.

Name

1

King, G.C.

Surname

Christian Name

Regimental Number

541593

Rank NoPte ... R.

Address (in full)

290 Bell, St.

Unit

No.3 C.G.R.

TTAWA, ONT.

15 .54

Original Unit

District where paid

M.D. #3

Date of Discharge

P. D. P. Filing Number

3-160-3

Rates:-Regimental pay \$

per diem: Field Allowance \$

per diem. Separation Allowance \$

per month.

L. L. 22573—M. & D. 8009.			BENERANARA	The property of						7	NEW YORK STREET							
	Total Credits 91 days		FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT				Balance Over-		Total			
			Cheque No.	Date	Amoun 30 day	nt rs	Cheque No.	Date	Amou 30 da	nt ys	Cheque No.	Date	Amount 31 days	T	to be	ts ed	Amour	
	100	IO	3146	19-8-18	33 (00	2991	19-9-18	34	IO					33	00	67	IO
	128	-	94265	13 3/19	70	00												
	225-0	and	422116	X-3-19	70	00												
5.																		NAME AND ADDRESS OF

M. F. W. 127 60м -6 17. 1772-39-1140.

Remarks: Debite Bel. L.P.C.

CONTRACTOR OF THE PARTY OF THE	Dec'n No \$ 0/9/10/W. S. G. File \$00/0084-41-39 Ward. L. days at \$ 70. per day \$ 350.00 S. A months at \$ per mo. \$ \$100.90 Less P. D. P. Credited \$249.90
13/2/19 1/3/19 5-/4/14	Less further debit balance Net due paid as below TO SOLDIEVE GODEPENDENT O Ag. No Ch No Anout Jos GJA65 7000 2 25 A GAA16 7000 3 391 B 469446 7000 4 3276 44839 3990 Total Total

290 Aill Street Octava ontario

GEN'L AUDITOR
Posting checked by

and the second

CANADIAN EXPEDITIONARY FORCE Discharge Certificate

This is to Certify that No541593-	(Rank)Private
Name (in full)King, Gerald C	lifton enlisted in
the	enters have a series and enteres and all all
CANADIAN EXPEDITIONARY FORCE atOtto	awa, Ontarioon theThird
day of January1916.	910 Sell 3 COVETTE TET apadarle in itselfolk
HE served in Canada, 6 months; E	ngland, 18 months, France 6 1/2 Months.
and is now discharged from the service by reason	ofMedically unfit for further
war service. Auth: 3 M.D. 88-K-	112 Dated 16-7-18.
THE DESCRIPTION OF THIS SOLDIER on the D	DATE below is as follows:—
Age	Marks or Scars
Height5 feet 7 inches	NIL
Complexion Dark	
EyesBrown	
HairBlack	
Stralocking	Les Consulad
Signature of Soldier	O. C. Issuing Difficeran. Carr. Regiment
	Rank
Date of Discharge July 18th, 1918.	Appointment
Signed atKingston, OntariothisEi	ghtoenthday ofJuly1918.
in Military District No. 3-	ODERLY ROOM
File Reference No.3 M.D. 88-K-112.	(A)
N.B.—As no duplicate of this Certificate will be issued, any per envelope to the Secretary, Mi	erson finding same is requested to forward it in an unstamped litia Council, Ottawa, Canada.

M. F. W. 39a 200m.—2-18. H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE Discharge Certificate

No. 541593(Rank)PrivateNameKing, Gerald Clifton
UnitNo.3 Battalion, Canadian Garrison Regiment.
Address on Discharge290 Bell Street, Ottawa, Ontario
Former OccupationClerk
Special Qualifications of Value in Civil Life
Medals and DecorationsNONE
RemarksEntitled to Class "A"/& "B" War Service Badges.
Signed at Kimgaton, Ontario this Eighteenthday of July
Rank
Appointment

DEPARTMENT OF VETERANS AFFAIRS MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

Copy for H.O. File		TIFICATION DE DÉCÈS	Date	Ottawa, Ont. Feb,19,.1979
Attention of: Compétence de:			CPC No.	1,7003
NAME KING, Gerald	Service No. Matricule No	541593 WW1	WVA No.	
Information received from: Information reque de:Supt.	of .Veterans .In	surance. Ottawa i	13-2-70	
Date of I Date du I		-7.0	••••	
Cause			••••	
Place Endroit	not	stated	••••	
Name and address of next-of-kin Nom et adresse du plus proche par	(if known)			• • • • • • • • • • • • •

BD - BC

OTTAWA

for Chief, Central Registry Division.
Dépôt central des dossiers.

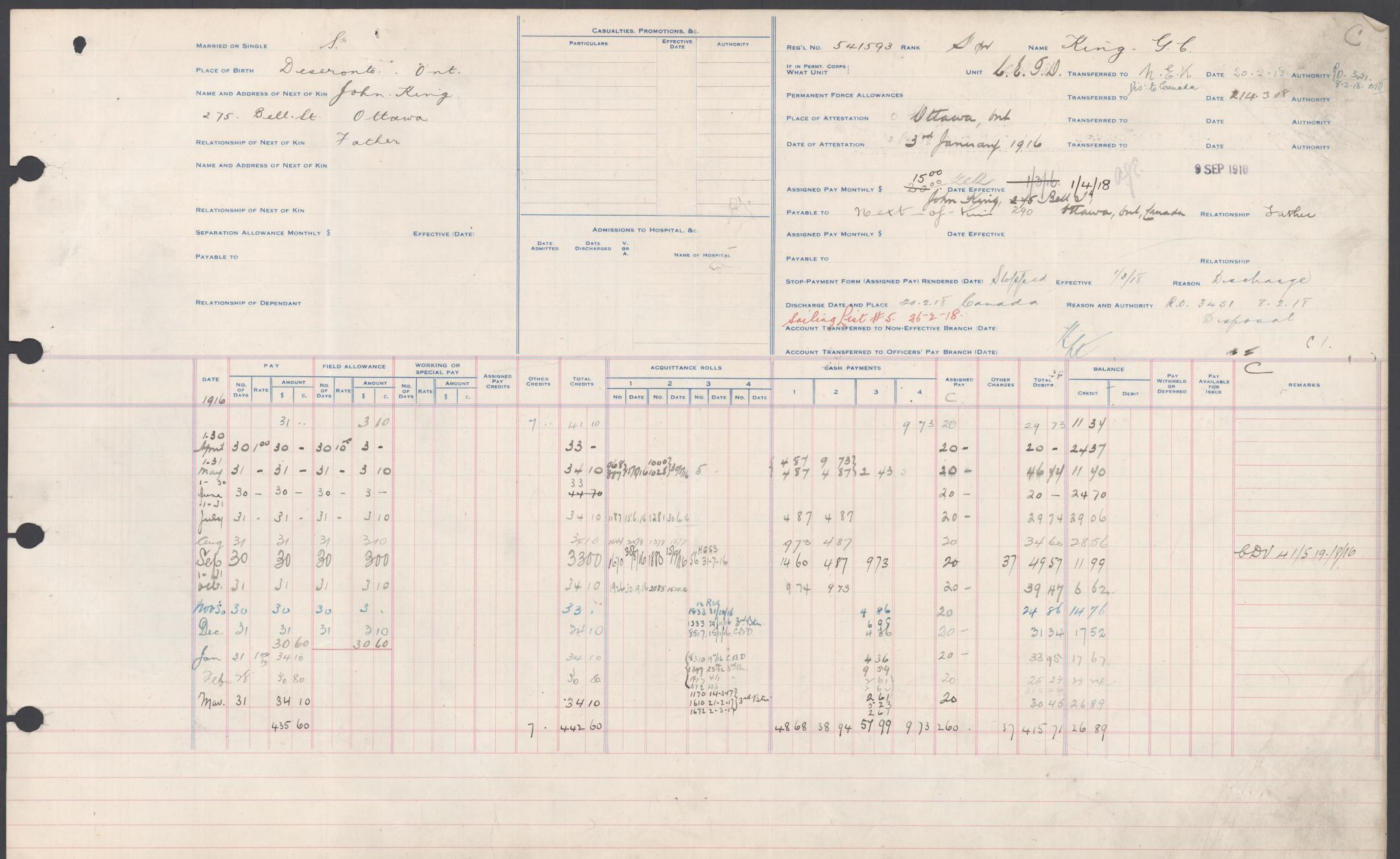
Pour le chef,

DVA 24 Bil (Rev. 7/69)

Distribution:

WSR

Obtain . Onc. THE CALL OF THE PARTY OF



541593 Apr. Ming. G. C. asp 2000 Canada WORKING OR SPECIAL PAY FIELD ALLOWANCE PAY PAY
WITHHELD AVAILABLE
OR FOR
DEBIT DEFERRED ISSUE DATE
NO. OF DAYS

RATE
SPECIAL PAY

ASSIGNED
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(iii.) As to Group (c) above ?

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the ease properly.

11. Is the disability fully indicated in Part I. (1) ? If not, indicate it. Neuroestheur

Is the cause of the disability fully indicated in Part I. (2)?

If not, indicate it.

serve conditions in France

13. Was the disability caused (a) Negligence of the Soldier

Caused ?

(b) Misconduct of the Soldier

Caused ?

Aggravated?

Aggravated 1 M

THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%)

ha applicable

THE PENSIONABLE DISABILITY. - see Part I. (3). Aggravation on Active Service of a disability existing previous to JOINING IS to be included in the estimate).

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?

(Estimate at none, \(\frac{1}{5}, \frac{3}{5}, \frac{3}, \frac{3}{5}, \frac{3}{5}, \frac{3}{5}, \frac{3}{5

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

had applicable

(ii.) If not permanent, what is its probable minimum duration (in months)

If an operation was advised and declined, do you consider the refusal to have been unreasonable?

hat applicable

18. Remarks. This mom is well developed for ogc. He is highly ulted with tress. Voriescale is great le. Head action is ropid. De Examino d first pulse chut 83 to 50 per minete du few second it breauw 140 to 150 pri profe I us rote. Condition will unpring

19. Recommendation:—(a) Fit for duty 1

(b) Fit for base duty ? Sts. Bill Likely to he ralese) with sing should

Classification for the Military Hospitals Commission.

(c) Invalid to Canada ?

(d) Discharge from service as permanently unfit ?

Date of Board 12 Feb 1508

H. Deckson A. (
The Wipwelly

Station Cost Smalling

A.D.M.S.

Ja I ER WAY

Dated at

Approved FBwelson

Station

191

The Pens	sions and Claims Board, C	anadian Expeditionary Force, assem	bled at
n the	day ofe Board :—	191 مربع هوينده	de des de la la deservat de la constant de la const
		od min	representative de la compania de la
	France	THE STATE OF THE S	dernie
The I	Soard having considered t	he evidence of the soldier marginal	ly named, together with the documents submitte
A company of the same of the s	distributed and a state of the	THE RESERVE OF THE PROPERTY OF	consequent VIII and Colored TV 142 of an analysis of the grant of the colored to
we espectate som	taga Sharar Servasion a	in appendix	Laz varian da Radizio legginari el
	A Salvado Maria Santa		referred to the first time of the to the popular control of the co
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at at	in some	en a continuity of a section of the	think palae
out to roung almagnable arms		of partial of the stand	Crant and the contract of the state of the s
Dated at	1 mes 112	this	day of 191
	N. M. W. W.	A Comment of the Comm	President.
		Signatures of the Board	



PROCEEDINGS OF A MEDICAL BOARD.
Dated at Sarlanding - 18 18 19178
No 541593 Rank Pts Name IV mg - Graddlefter
Local Unit 18 18 LOW Doverseas Unit 3 PBu Age 18-5
Examination held at hash Sander
DISABILITY. Overseas—Local (scratch one out).
PRESENT CONDITION.
tu erny 2 years - In France 6 months -
Such back as a numor - may 1919 - Suce Then eleck in Bu orderly rooms-
Rulse rato 140 standing = 160 with Eve
Mulse polo 140 standing = 160 with Exe.
Hamia. Laft- also- X
BOARD RECOMMENDS: - Fransed with likely lot
1. Fit for Duty
2. Fit for duty afterweeks' physical training.
3. Fit for Temporary Base Dutyweeks.
4. Fit for Permanent Base Duty
5. Discharge
Signatures:—
President.
Members Members
APPROVED .
Dated

PROCEEDINGS OF A MEDICAL BOARD.

Dated at November 19 19 17
No. 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
Local Unit. V. / September Units. V. May land
Examination held at
Olakeltity Oversea local Service outside the service of the service of the service outside the service o
PRESENT CONDUTION - LEVEL - LE
ENVERT ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
Fit for Darty
2) Fit for duty often
3. Fit for Temporary Biss Duty weeks
4. Fit for Pasmanani Base Duty
5 Discharge
a Bignatures
President
Wembers Production Producti

FOI A.D.M.S.

GCC MEDICAL HISTORY AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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.
 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 soldier 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 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 13. Please read the questions carefully. All questions must be

answered.

5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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."

directly or indirectly. 8. The nomenclature of diseases must be followed, if possible order in which they appear in the Annual Report on the Messrs. Harrison & Sons.	e Health of the Army, published in London, (1915)	the by
STATION Fort H	Henry. DATE July 10th., 191	18/
1. 1 (a) Unit #3 C.G.R. (b) Regimental No	541593 (c) Rank Pte.	
(d) SurnameKings (e) Christia	an nameGerald	
2. Age last birthday 18 yrs. D	Date of birth Sept. 15th., 1899.	
3. Enlisted at Ottawa, Ont. on J		
4. Personal description:	a not to be at of Republic and the contract of	Sept 1
(a) Height 5 10 ¹ 10 ¹ (b) Weight (stripped)	(c) Complexion dark	
(d) Colour of hair brown (e). Colour of eyes		
292 hell St. Ottobe On		
5. Address after discharge (for the use of the Board of Pensio	on Commissioners)	
290 Bell St., Ott	tawa.	
6. Former trade or occupation	Student.	
7. (a) Service France.	2 210 Days	
3 Div. Sig. Co. 12th Reserve	Periods	
3rd. Batt.	T. 7 . 5030 0 . 50300	akt .
No.3 C.G.R. (a) epivica	Jan. 1st., 1916 Oct. 18-1916 Ct. 25th., 1916 May 14/17.	
(b) Has he been overseas?France 8. Origin	May 1917 Feb 1918. nal disease or disability (1) Goinge (2)	
(b) Has he been overseas? France 8. Origin	Feb. 1917 Feb. 1918. nal disease or disability. (1) Goiffe (2)	Le.
(2) Holonowa (2) April	Feb. 1917 Feb. 1918. nal disease or disability. (1) Goiffe (2)	
(2) Holonowa (2) April	Place of origin(1) Unknown. (2) Haynes	
(a) Date of origin(1) Unknown (2) April (b)	May 1918 Feb 1918. Inal disease or disability. (1) Goiffe (2) Varicocel Place of origin(1) Unknown. (2) Haynes saddle.	
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OPINION OF THE MEDICAL BOARD

	AM SATISTIC NOTHINGS IS
(When not for discharge add special recommendation).	21. Te is recommended that the soldier be discharged.
,001720a	d heteverss (1) . E greserst
90	ivres of out (2)
15. Is further treatment in hospital, convalescent home, etc.	likely to be of meterial benefit 2
(If the answer is "yes" state nature of treatment required and probable	
(1) No.	(2) no as varicocele is small.
16. Can the former trade or occupation be resumed? yes (If not, briefly state why.)	Before signing the Problem of the Mulical Board and it and it are classed extendinated will intitud the Ca
17. Recommendations	•
Discharge fr	om service Jao , dotenall
Members	and the second s
	SALVILLE STATE
APPROVED BY	Carried March Monthly
	Medical Officer by whom the case is brought forward.
rices. Disector-General of Medical Services.	Service of advised Management Service
STATEMENT OF 7 (Sections 8, 9 and 10 are to be read to the soldier and either	THE RESERVE OF THE PARTY OF THE
I, the undersigned	
present condition read, and am satisfied (or not satisfied)	with it. (If dissatisfied, statement should follow.) I
complain in addition of	d. the undersigned.
barrei?	The state of the s
(1) - C. 10. Termina w with a proof of the head stands to build the standard of his particular of the standard	mile threatens the new As saiding the landon and should
	Schena
	Signature of soldier examinea.
OPINION OF THE M	EDICAL BOARD
18. Does the Board concur with the preceding report? I	f not give differing opinions with reasons quoting the
number of the answer criticized.	inot, give uniting opinions, with reasons, quoting the
2	res.
	DATE CONTRACTOR OF THE PROPERTY OF THE PROPERT
vd serow aben pated fine down teat ato	an at an three waters
The state of the s	A STATE OF TOTAL STATE OF THE S
of robnet ton & flow . oaks afaref	nor wegmen.
	minimpo ao estront or .e.compor
	prompte a supresse of .e.o.
	Marine College Collegency were sell open
19. Is the soldier fit for	2468232
XXX GENERAL SEIXICE	(Caregory A) x(XestorxNox). (XXXXXXB) X X88 & XX80)X
(b) Service abroads not seneral service. (a) Home service (Consider and A)	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(a) Unfit for service in Categories A, B and C,	(" E) (Yes or No).
(a) Home service (Canada only). (d) Temporarily surfit. (e) Unfit for service in Categories A, B and C, 20. It is certified that the soldier	(" E) (Yes or No).
(a) Home service (Canada only). (d) Temporarily wast. (e) Unfit for service in Categories A, B and C,	(" E) (Yes or No).
(a) Home services (Canada endy); (d) Temporarily sucht. (e) Unfit for service in Categories A, B and C, 20. It is certified that the soldier x(a) Does require treatment (Give the nature of the condition ar (b) Does not require treatment.	(" E) (Yes or No).
(a) Temporarily ampt. (b) Temporarily ampt. (c) Unfit for service in Categories A, B and C, 20. It is certified that the soldier x(a) Does require treatment x (Give the nature of the condition ar	(" E) (Yes or No).

nervous & excitable & does not Elecs well.

4

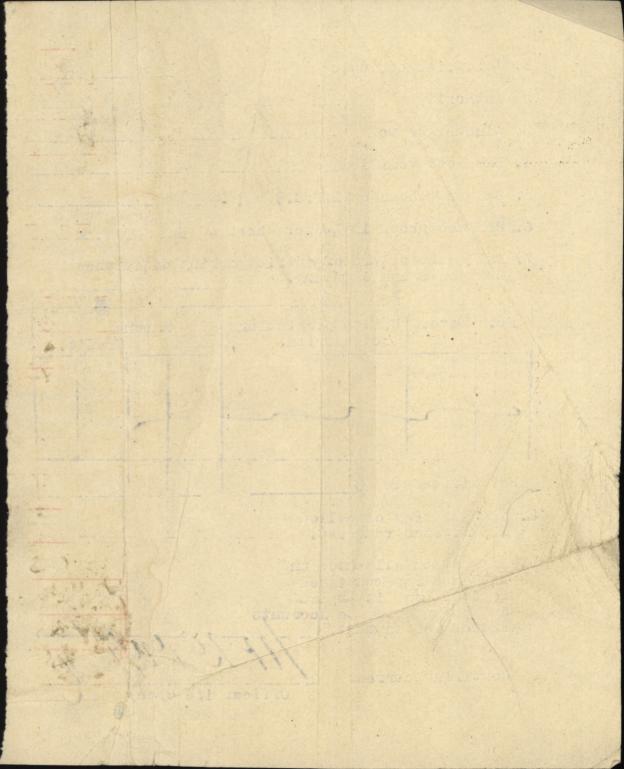
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OPINION OF THE MEDICAL BOARD—(Continued).

	Aggravated by service. V		
(2)	Due to service.		
and the second state of the	nome, ecc., nicely to be of indice	ot in hospital, convalescent	15. 1s further treatme
flows at afances	t and probable drivers of the or	en glace mainte of trestment require.	(P aktowaga edi3B)
***************************************	2	.04 (1)	
Before signing the President of and if no change is indicated	of the Medical Board will read to	he certificate signed by the	e soldier, to the soldier
	110	Enanson (Cur & President
PLACE Kingston, Ont.	Morrom service.	Paglin Clot Par	ne_
	/ Skin Manila In The Control		Members.
DATE 19-7-18. V			July State of the
APPROVED BY	A	PPROVED BY	and the same of th
	Captain A. M. C.		1900 M
	rector of Medical Services.		eral of Medical Services.
DATE JUL 1 5 1918	ENT OF THE SOLDIER.	DATE	
WAY THE CO	MOLETED WHEN THE	ATMENT IS DESIGN	Deliversian et al
(wolled bloods the bound follows)	MPLETED WHEN TREA		present condition rea
I. the undersigned	u		
recommended that I should under	go and refuse to accept it.	a the second tests	
Witness	A CONTROL OF THE RESIDENCE	Signed	
Should the refusal of the sol	dier to accept treatment appear to be unreas the Board of medical officers show	sonable, or should he decline to sign to uld so state.	his statement
Signeyers of soldler examina		Carlotte Con Commercial (Mission Association)	
	THE MEDICAL BOARI	OPINION OF	
philogs, with reasons, quoting th	assort ? If not vive differing o	Actual State Control	President
			number of the an
PLACE	yes.		Members.
DATE		A CAND MAN CANADAM CANDAMAN AND AND AND AND AND AND AND AND AND A	
condition coming on	if he is on his feet	t much and being r	ade worse by
hot weather.		and a second of the second	Calle Seption on the
(a) Objective War	icocele of moderate	size. soft & not t	ender to
No imani	se on coughing, does	not disappear on	lying down.
pressure. No imput	se of confirms,		
- Arrowky			19. Is the sudget HE
Romans	The state of the s	And the second s	CTECHEN MODELLE
Som No.	Rand C E) (Y	geranderamine for service in Categories A	tha Yalin
		the soldier	
			20. It is deriffed that
4.00	and the state of t	Ann serven and annother feed for the serven and annother serven annother serven and annother serven annother serven annother s	20. It is certified that Mint Hersternens
		AND DETAILS AND SOLD IN STREET, THE STREET, SOLD IN SO	20. It is certified that Xiof Hexaganax
		genuncia. Store we read our manipular aire treatments and control.	20. It is destified that Xinf How sur quies. (b) Does not real (c) Should pass t

1. L.T.C.issued, date 20 2
2. Authority 72.0: 24 51 8 4. 11
3. Discharged to Connecta
4. Pay Book verified 20 2. /
5. Balance shown on L.P.C.\$ 17.92
6. Ealmee shown in Ledger sheet , 37.39
7. Full particulars of entries making difference Detween 5 and 6 if any.
No. Date. Unit & particulars Amount. of entries. Debit Credit.
6 to mile E. Senetre 7 30
1 man sall salle The
4137
Net Difference 3
8. Assigned Pay cancelled A.S.M. Forms rendered.
9. Separation Allowance and
Assigned Pay continued to dependent in England
and transferred to Accounts Branch for payment.
MI KINGLU
Certifie correct
becked Lululu and Office i/c Group

C



RATE OF SEPARATION ALLOWANCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Mar 1/16

RATE OF ASSIGNMENT

PARTICULARS OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

Name John King Address 290 Bell St attawa Out Discharge

Change of Address

No. 502272 (541593)
Rank Spr Promoted Reverted

Soldier's Name G. C. Kung

Battalion 3rd Divl Sig Co

Relationship

Beneficiary

Address

10084-9-39- REMARKS MR. O. 2. B-26/3/18 GAR Amount Total A/P 02 m 2/3/18 Tab 5/3/18. MR.O.1B-7/3/18. 440 00 V Date 21/3/18 R. X. 26/3/18 20 00 0 8.00

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE	OF SEPA	RATION	ALLOW.	ANCE

RATE OF AS	SSIGNMENT	
/	* 1 2	

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	

	Address					.4
	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
9-1141 7-595 7-595						
1. 8. 1						
-6-17-						
400m.—6-17—1772-39-141 L. L. 223.0—M. & D. 7593.						
Ä						
			Name of the last o	930000000000000000000000000000000000000		

This space to be for numbers.



49-76-6376

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

No. 5-111 503	JUL 25 1918
Rank Private	ANADA
Name Nore—The name must agree strictly with that on entstment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) No. 3 Battalion, Canadian Gavis	
Date of Discharge July 18 th 1918	
Place of Discharge Thingston Out.	
1. DESCRIPTION AT THE TIME OF DISCHARG	Е.
Age	ve Marks
Height feet linches. Complexion Dark	
Eyes Brown	
Hair Black Trade Black	
Intended place of 290 Bell St	
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of Being	
unfit for further war service ?. auth 3 md 88-1	
auth 3 mx 88-1	(-112/16-7-18
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be ident certificate. If discharged by superior authority, the number and date of the letter to be quoted.	ified with that on the character
3. Conduct and character while in the service have been, according t	o the records, etc.
the chart	
in mandin lities on lities	
N. B.—This will be assessed when practicable, by the Commanding Officer, in the Officer Commanding his Squarron, Battery or Company:	presence of the soldier and the
3. Conduct and character while in the service have been, according to the commanding officer, in the officer Commanding his Squarton, Battery or Company: 4. Special qualifications for employment in civil life. (Vide para. 3.)	32, K. R. & O., Canada.)
handwr arto and arto arto and arto arto and arto arto arto arto arto arto arto arto	
certific cer	KCW 20
M. F. B. 218. 50m.—3-16. H. Q. 1772-39-113. 1	(OVER)
1 2 1 119th. 28/1/19. EB	
the state of the s	

5. He is in possession of the following number of G. C. Badges:					
No reference to G. C. Badges is to be made on either the discharge or character certificate.					
6. Medals and Decorations	To be copied by the Command- ing Officer on to the parchment Discharge Certificate.				
7. His account is correctly balanced, and signed by the Officer Commanding his Company. (So or Battery), and I have impartially enquired into all matters brought before me in accordance Regulations.	quadron ce with				
(Place) Hungston					
(Place) Things ton (Date) July 18 th 1918 Commanding Ges Essey from	Con Paris	Gol			
8. Certificate to be signed by the Soldier on Discharge	dati, morti	mane			
I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just dema to the present date, subject to the reservations of the claims noted on the third page.	nds, up				
(Place) Hungiton Sceller King (Signature of S	oldier.)				
(Date) (Signature of W) When a soldier is absent through illness or any other cause and it is not desirable to forwar proceedings to him for signature, a manuscript copy should be sent for the man to sign, an returned, should be attached here.	d these				
9. Additional Certificate in the case of a Soldier who takes his discharge on his own request,					
I hereby declare that I do of my own free will request to be discharged from His Majesty's S	Service.				
(Signature of S	(oldier.)				
10. Statement of Service.					
Service toward Engagement to(the date to which the Record of Service is completed).2years Total2years	200				
11. Confirmation of Discharge.	The second secon				
The discharge of the above-named man is hereby confirmed.					
(Place) Hungston (Date) July 18th 1918 (Signature) Geo Crawford		Service Control of the Control of th			
(Date) July 18th 1918 (Signature) Con No OBn., Can.	Garr. Regin	Gol			

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

no Reservation

Sciele King.

Regiment

ays.

p

195-25-7-48

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Attestation Paper, Militia Form B. 235. Squadron Battery Proceedings on Discharge Conduct Sheet, B. 263a. Company Copies of Convictions, by C. P. in MS. In the case of recruits who are rejected on final Med. Hist. Sheet, Militia Form B. 313 approval, the discharge documents will consist of Medical Report for Invalid* B. 227. (a) Proceedings on Discharge. Statement of Man's Account on Transfer and Last Pay Cer-(b) Attestation. tificate, D. 877. (c) Medical History Sheet (in the event of such having been prepared.) *Only if discharged "Medically unfit."

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.