

Batt No 784 098.

No.

Folio.

(ANSWERS.)

1. What is your surname?..... Lewis
- 1a. What are your Christian names?..... Freeman
- 1b. What is your present address?..... Aldershot, Ontario, Canada
2. In what Town, Township or Parish, and in what Country were you born?..... Moraviantown, Kent Co. Ontario, Can.
3. What is the name of your next-of kin?..... Mathais Lewis
4. What is the address of your next-of-kin?..... Moraviantown, Kent Co. Ontario, Can.
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... March 25-1891
6. What is your Trade or Calling?..... Labourer
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes

I, Freeman Lewis, 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.

discharged.

Freeman Lewis ✓ (Signature of Recruit)

Date Jan 24 1916 J. W. P. Doherty (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Freeman Lewis, 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.

Date Jan 24 1916 Freeman Lewis (Signature of Recruit)
Myr Wherry (Signature of Witness)

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 Windsor this 24th day of January 1916

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Freeman Lewis on Enlistment.

Apparent Age.....24.....years.....9.....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. 9½ ins.

Chest measurement. { Girth when fully expanded.....37½ ins.
Range of expansion.....3½ ins.

Complexion.....dark

Eyes.....brown

Hair.....black

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

2 Vacc L. arm 1891

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.....December 30th 1915......D. C. Chambers Capt.
Place.....Dundas, Ontario....." 129th Batta
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.

.....Freeman Lewis.....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.

.....W. H. H. H. H. H......H. C. H. (Signature of Officer)

Date.....Jan 26.....1916.

Comdy 129th Batt C.E.F.

REGIMENTAL DOCUMENTS

NAME

LEWIS FREEMAN

REGT. NO.

784098

UNIT

CDAC

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

DEATH

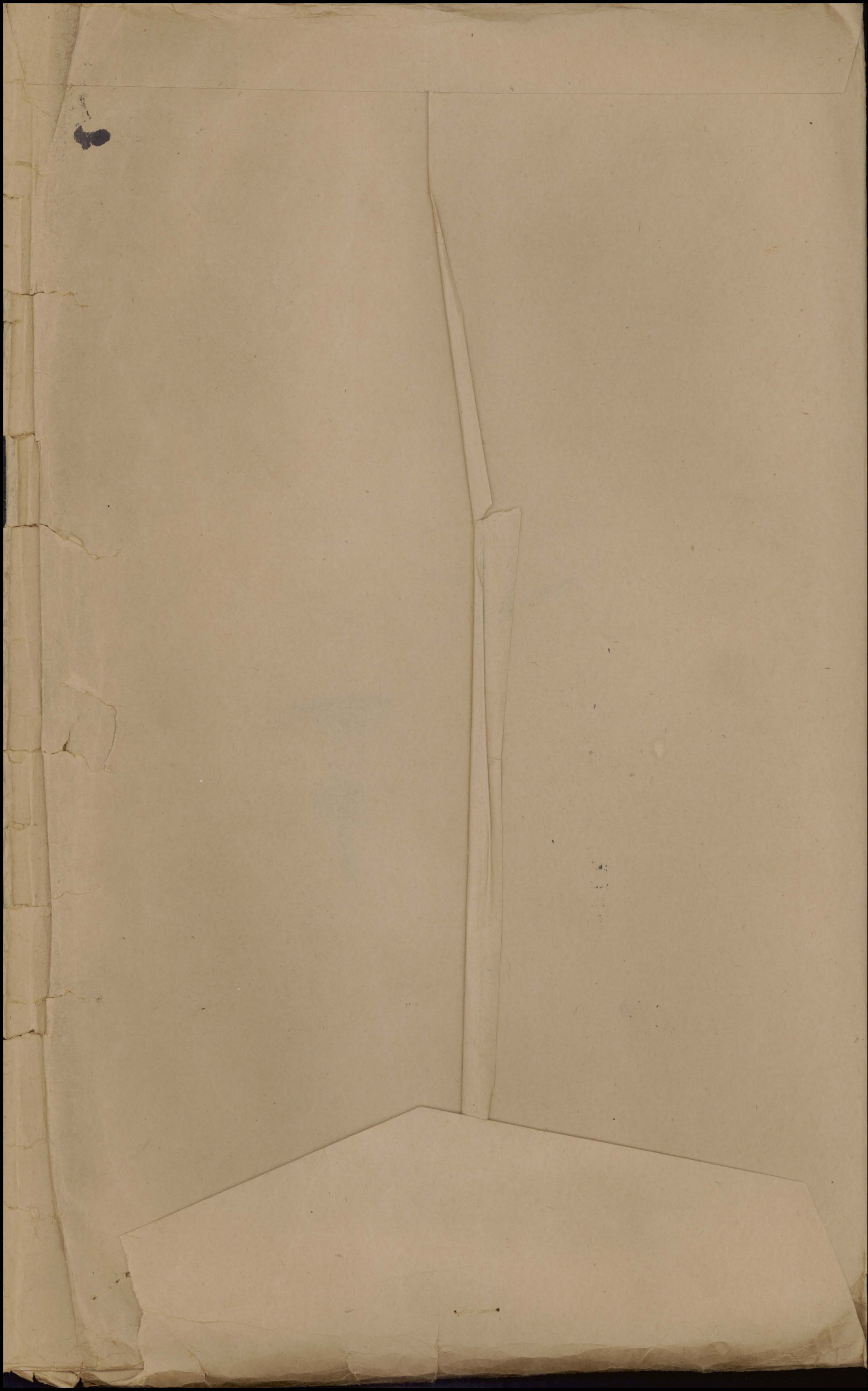
Category

DISCHARGE

Category

DESERTION

24731



SURNAME.

Lewis,

CHRISTIAN NAMES

Freeman

REGL. NO.

784098

RANK

Pte.

UNIT

129th

FORMER CORPS

Nil

92. CARD NO.

S.S. Dirch 23-6-19

N.O. 176 FOLL. 25-6-19

Demerit 12. 1. 1

Batt.

NEXT OF KIN.

NAMES IN FULL

Lewis, Mathais

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Moravian town, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Kent, Ont.

DATE

Mar. 25th 1891

PLACE OF ATTESTATION

Dundas

DATE

Jan. 24th 1916.

Sailed from Halifax per S.S.

"Olympic" 22-8-16 321/12.

L. L. 90589.-M. & D. 6312.

A/C. 22/6/19 350 45 100m. 1-16. H. Q. 1772-39-839.

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

24 YEARS

9 MONTHS

HEIGHT

5 FEET

9½ INCHES

CHEST MEASUREMENT

37½ INCHES

EXPANSION

3½ INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

2 vacc. L. arm. 1891.

MEDICAL EXAMINATION.

PLACE

Dundas

DATE

Dec. 30th 1913.

No. 784098 RANK Pte

NAME

Lewis L.

T. O. S. 4-1-16 UNIT

(D.O. no 2 of 7-1-16)

129th Battalion (Dundas Detail)
C. E. F.

M. D. 2.

PAID FROM		PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
				PARTICULARS	AUTHORITY
1916 Jan 4	1916 Jan 31		✓	10 days e.B.	D096-4-5-16
Feb			✓		
Mar.			✓		
Apr			✓		
May			✓		
Jun			✓		
July			✓		
Aug			n		
				UNIT SAILED AUG 22 1916	

4th DIV'L. AMM. COL'N.

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

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

129th O. S. BATT'N. C. E. F.

Unit, Regiment or Corps

Regimental No. 784098

Rank

Private

Name

Lewis Freeman

C. E. F.

Enlisted (a)

24.1.16

Terms of Service (a)

War and 6 months

Service reckons from (a)

24.1.16

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	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			

Embarked Canada
Disembarked England.

Halifax
Liverpool

21.8.16.
30.8.16

"Olympic"

19¹⁰/₁₆

129th

Transferred 123rd Battn.
Can. Inf.
(Authy. R.O. 479.16.10.16.

Bramshott

18.10.16

Part 2 Order
217.19.10.
16.

brother

Lieut Col.

Commanding 129th Battn. Can. Inf.

20¹⁰/₁₆

123rd

Transferred to 4th Div. Am. Col.

Bramshott

18

20/10/16

Part 11 242

20/10/16

R. S. Fortescue Capt. H.Q.
R.O. 123. B. 24. 24.

20¹⁰/₁₆
23¹⁰/₁₆

4th D.A.C.

Taken on strength

Witley

19.11.16
21.10.16

Part 11 D.O. 221
R. A. 200 133.

O.C. No. 2 Sec. 4th D.A.G. C.E.F.

29.1.17.

Authy. R.O.
21-12-24
29/3/17

nomination
changed to 5th D.A.C.

Witley

6/4/17

as per 96 6/4/17
authy. 21.2.24.

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.

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

21/8/17

O. O.

Proceeded Overseas
On Service

Witley
Camp

21/8/17

Pt. D.O. # 235

(Agd)

Lieut. & Adj.

5th. C.D.A.C.
C.F.A.

20/10/16 12319

Taken on strength. Ashott

18/10/16 Pt. D.O. # 242 Capt

for Lt. Col. & Record. Comd

28-8-17

h.k.

handed in France

Havre

22-8-17

TR. 8846-8855

19/7/18

oc 5th & 6th

Attached for duty

Field

15/7/18

B. 213

15/11/18

oc 5th & 6th

Granted 14 day leave

UK

23/11/18

B. 213. Pro No 97 d/s 12/18

14/12/18

do

Returned from leave

Field

11/12/18

B. 213.

PROCEEDED TO ENGLAND

11 MAR. 1919

5th. C.D.A.C. Wing, Canadian Corps Camp, Witley,
on proceeding to Canada

1919, D.O. No. 27

Canadian Section, G. H. Q. 3rd Echelon, F.

W. B. Bridge Lt

S. G. Carson

for Lt.-Col., A. A. G.

UNBARKED R.M.S. SCOTIAN
LIVERPOOL-JUNE. 11.19.

CERTIFIED CORRECT

SEP. 1917

CAN. RECORDS, LONDON

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE June 6, 1978

NAME Lewis, Freeman
NOM

Service No. 784098 CEF
Matricule No

CPC No. 145909
CCP No. ~~077788~~

WVA No.

AAC No

Information Received from:

Information reçue de: CPC LO

Date of Death

Date du Décès 8-3-78

Place

Endroit n/s

Distribution: WSR-DASG

VI - ASS

DO - BD

HO - BC

Pour le chef,

for Chief, Central Registry Division.

Dépôt central des dossiers.

1000

1000

1000

1000

1000

1000

1000

TLH. Rank *Pfc.* Name **LEWIS Freeman,** Reg'l No. **784098.**
 Unit **129th. ⁵n.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Dundas, Jan. 24th. 1916.** Place of Birth **Moraviantown, Kent**
County Ontario, Canada.
 Name and Address, Next-of-Kin **Mathias Lewis.**
Moraviantown, Kent County, Ontario, Canada. Relationship **Father.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. N. *20/60*
 File R.L. *20/60*
 Category *20/60*

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
ARRIVED IN ENGLAND			S.S.OLYMPIC30-8-16		
19.10.16	I29th	Transferred to I23rd	Witley.	18,10,16.	Pt.2DO 217
20-10-16	123 rd	Taken on strength	B'sholt	18-10-16	- 242
20-10-16	✓	S.S. on trans to 4 th D.A.C.	✓	20-10-16	- 242
23-10-16	4 th D.A.C.	Taken on strength	Whitley	21-10-16	- 133
29-3-17.	"	Now designated 5 th D.A.C.	"		Authy of 21-3-17.
21-8-17 5th DAC, Proceeds			Witley.	21-8-17	Pt.11 O 233
16.5.19	5th D.A.C.	Proceeded to England	Witley	11.5.19	" 40.
11.6.19	Wing	LoS to C.E.F. Eden	✓ Witley	11.6.19	- 27.
To Canada			80-1-44	12-6-19	

103 CHECKED
 2 AUG 1917
 168 D.M.

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.				
23-5-19	J. W. J. CCC / I.O.S. from 5 th D.A.D.		Dur. Witley	12-5-19 -19	

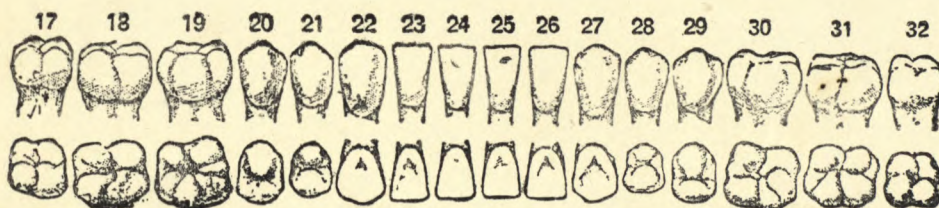
CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Can. Printing and Stationery Services, London

DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Black Letters) **LEWIS, F.**
REGIMENT **5th C.D.A.C.** RANK **Driver** No. **784098**

Date of Examination in England **May 14/19.** Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

18. 19. 30. 31.
No

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

(b) In England

(c) In France

Signature of Dental Officer

[Signature] **Capt**

ORIGINAL

MEDICAL HISTORY SHEET.

784098

Surname Lewis Christian Name Freeman

Examined { on 30 day of Decr 1915
at Bundas ont

Approved by HC Lauchland

Birthplace { City or Town Mosavian town
County Kent, ontario, Can

Rank Capt. 129th Batt M.O.

Apparent age 24

Trade or occupation Labourer

Height 5 Feet 9 1/2 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 34 inches.

{ Maximum expansion 3 1/2 inches.

Physical development well.

Small-Pox Marks -

Vaccination Marks { Arm Right. Left 2
Number 2

When Vaccinated last 1891

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.

HC Lauchland
M. O. 129th O. S. Batt., C.E.F.
HC Lauchland

Enlisted on 30 day of Decr. 1915 at Bundas. Ont

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>74th Regt.</u>			<u>30. 12. 15</u>
Transferred to.. ..	<u>129th Bn. CEF</u> <u>123rd Bn.</u> <u>4th DAC.</u>	<u>784098</u>	<u>Good Part N-242-20/10/16</u>	<u>30. 12. 15</u> <u>OCT 18 1916</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Witley</u>	<u>17-5-19</u>	<u>Mr. Brubaker</u>	<u>A. apurman</u>

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.

Lewis

Christian Name.

Free man

ORIGINAL

[illegible]

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.

- 129th O. S. BATT'N. C. E. F.
- (1) Name of Overseas Unit which Soldier joins.....
 - (2) Regimental Number..... 784098
 - (3) Full Name of Soldier..... Freeman Lewis
 - (4) Place of Birth..... Moravian Town Ont Can
 - (5) Are you married, or not?..... No
 - (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?..... No

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

Also their names and ages.....

(9) Is your Father alive?.....

Yes

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

Mathias Lewis

Bothwell

(10) Is your Mother alive?.....

No

R.R. no. 3 Ontario

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.

(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?.....

No

If so, in what Company?.....

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

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

Date.....

1/8/16

[Signature]
Officer Commanding

2

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

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

500-9-16
H. Q. 2-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

Regimental No. 784098 Rank Bar. Name Lewis Freeman
C. E. F.

Enlisted (a) Terms of Service (a) Service reckons from (a)

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

Extended. Re-engaged. Qualification (b)

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				
JUN 11 1919 O. S.		T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. 176
JUN 23 1919 S. O. S.		(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,			PART II D. 176
<i>W. C. Roberts</i> Lieut. For O. C. No. 2 District Depot,					

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

[illegible]

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.—6-16.
 H. Q. 1772-39-819.

To Whom *Mathias Lewis,*
 Address *Bothwell P.O.,*
Ont.

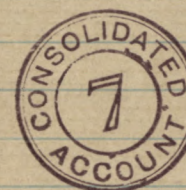
By Whom Assigned *Lewis, A.*
 Regtl. No. *784098*
 Rank *Pte.*
 Corps *A. Co'y., 129th Bn.*

Rate *15.⁰⁰*

SEP 1 - 1916

PAYMENTS

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



7

100

100

100

100

100

100

100

100

100

100

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

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

Nathaniel Lewis PAYMENTS.

Name of Soldier *Lewis, N.*
184098 *Ple.* *129* *ch. Bn.*

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>15.</i>	SEP 1- 1916
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>Q 20985</i>	<i>15</i>	
Oct.		<i>Z 18592</i>	<i>15</i>	
Nov.		<i>327401</i>	<i>15</i>	
Dec.		<i>S 30587</i>	<i>15</i>	
Jan.	1917	<i>D 40124</i>	<i>15</i>	
Feb.		<i>2045661</i>	<i>15</i>	
March		<i>W 48523</i>	<i>15</i>	<i>15 R</i>
April		<i>T 3025</i>	<i>15</i>	<i>15 C</i>
May		<i>T 9288</i>	<i>15</i>	
June		<i>S 16118</i>	<i>15</i>	<i>516118 Can 7/6/17</i>
July		<i>T 23826</i>	<i>15</i>	<i>C</i>
Aug.		<i>F 34361</i>	<i>15</i>	
Sept.		<i>W 38985</i>	<i>15</i>	<i>CB</i>
Oct.		<i>1 43164</i>	<i>15</i>	
Nov.		<i>V 49489</i>	<i>15</i>	
Dec.		<i>el 59282</i>	<i>15</i>	
Jan.	1918			<i>240</i> <i>lwm</i>
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.		Remarks.	
Aug.	1918					
Sept.						
Oct.						
Nov.						
Dec.						
Jan.	1919					
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Jan.	1920					
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						

MARRIED OR SINGLE

Single

PLACE OF BIRTH

Moramantown Kent Co, Ont.

NAME AND ADDRESS OF NEXT OF KIN

Mathais Lewis

Boothwell P.O. Kent Co. Ont

RELATIONSHIP OF NEXT OF KIN

Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE DATE

AUTHOR

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1	2	3	No	DATE	No.	DATE	No.	DATE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
			\$	C.			\$	C.			\$	C.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
1916 Sept. 1-30	30	1	30		30	10	3							13 85	113 85																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												

CTIONS, &c.
EFFECTIVE DATE
AUTHORITY

REG'L. No. 784098 RANK Pte NAME Lewis, Freeman
IF IN PERMT. CORPS
WHAT UNIT UNIT 129 Bn TRANSFERRED TO 1234 DATE 18.10.16 AUTHORITY P.T.O. 242
PERMANENT FORCE ALLOWANCES TRANSFERRED TO 5th Div Ammu Col DATE 20.10.16 AUTHORITY P.T.O. 242
PLACE OF ATTESTATION Aldershot Ont TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION Dec 30th 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ 15.00 DATE EFFECTIVE Sept 1st 1916
PAYABLE TO Mr Mathias Lewis Bank of Montreal Halifax N.S. RELATIONSHIP Father
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

HOSPITAL, &c.
NAME OF HOSPITAL

PAYABLE TO RELATIONSHIP
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
DISCHARGE DATE AND PLACE REASON AND AUTHORITY
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ACQUITTANCE ROLLS
2 3 4
No. DATE No. DATE No. DATE

						CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4	5	6	1	2	3	4				CREDIT	DEBIT			
													1385				
96	30/9/16					1216	1216			15.00		4419	266				bal. from Canada
44	15/9/16					243	487			15.00		1743	393				
													613				
37	30/11/16					486	730			15.00		3446	1787		15.00	2.87	
80	22/12/16						1947			15.00		3447	1750		15.00	2.70	
266	31/1/17					730	973			15.00		32.03	1957		15.00	4.57	
262	28/2/17					730	973			15.00		32.03	1834				
409	15/3/17					944	730			15.		32.04	2040				
										15		15.00	3840				
						943				15.		3446	38.04				
						9.43				15.		32.03	39.01				
						4.30				15.		15.	58.11				
						8758	7056			165		323.14	58.11				

#784098. Dr. Lewis. Freeman.

DATE	PAY		FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS						
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3		4		1	2	3		
			\$	C.			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE					
1917																												
b/fwd			367	40									13 85	381 25											87 58	70 56		
Aug 30	110		34	10									34 10				240 25	6/17						12 14				
																	206 14	6/17						4 84				
Sept 30	✓		33										33				276 16	7/17	382 1/9	7/17				9 73	267			
																	308 30	7/17	344 13	8/17				9 74	9 73			
			434	50									13 85	448 35											124 09	82 96		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SEP. RED. ALLCE. PAY ENG.
1917										
Oct.	Balance	46 30							46 30	bal
"	P & A. 1-31	34 10		A/P. Oct.				15		
				# 426. 14/9/17 50ac	2 68					
				AR. 472 5.00ab 28/9/17	3 54			59 15	"	
					6 25					
			34 10		6 25			15		
Nov.	Dr pay	33		A. P.				15		
Dec	"	34 10		AR. 618 " 16-10-17	4 46					
				A. P.				15		
				AR. 685 " 4-11-17	4 46					
				AR. 619 " 9-11-17	11 60			45 43	"	
					20 52					
1918			64 10		20 52			30		
Jan	"	34 10		A. P.				15		
				AR 667 " 23/11/17	4 46					
				" 759 " 12/12/17	4 46					
				" 1682 " 24/12/17	3 57			82 34		
			34 10		12 49			15		
Feb.	"	30 80		AR.				15		
				AR 808 " 10-1-18	3 57					
				" 1991 3 Rytrope 9-2-18	8 03			86 54		
			30 80		11 60			15		
Mar	"	34 10		A Pay				15		
				AR 2049 " 14/2	3 57					
				" 852 5 Dec 23/2	4 46					
				1462 8 Dec 11/3	3 57					
				1092 5 Dec 21/3	4 46			89 58		
			34 10		16 86			15		

22

SH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	CREDIT				DEBIT				
56				165 -		323 14	58 11				
				15 .		32.04	60.14				
67				15 .		46 87	46.30				
73											
96				195 .		402 05	46.30				

ASSIGNED PAY.		ENGLAND OR CANADA.		SEPARATION ALLOWANCE.		ENGLAND OR CANADA.		NAME:-	
EFFECTIVE DATE:-		EFFECTIVE DATE:-		EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:-	
AMOUNT:-		AMOUNT:-		AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK O	
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY	
								DATE EFFECTIVE	
Bank of Montreal									
Halifax									
Canada									
10/1/19									
								UNIT AND TRA	
								ORIGINAL UNIT:- 12	
								DATE ACCOUNT FIRST OPENED:	
								AUTHORITY	
								DATE EFFECTIVE	
								DATE SHEET	
								Pro 96 6/4/17	
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS									
UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK									
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT		
25/1/39		Belg.	6 98						
15/5/48		T. 1000	48 67						
			55 65						
PARTICULARS OF RENDERING NON-EFFECTIVE:-									
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	DR. 5
31/3/18	Qal. Lwd								
Apr	J. Pay	33		ct. Pay					15
				CR 13/5 Dac 3/4/18	3 57				
				" 80 " 17/14	4 46				
		33			8 03				15
May	G. P.	34 10		CR 187 " 2/5	3 57				15
				256 " 15/5	4 46				
		34 10			8 03				15
June	J. Pay	33		CR 346 " 4/6/18	3 57				15
				" 394 " 17/14	3 57				
		33			7 14				15
July	J. Pay	34 10		ct. Pay					15
				AK 1449 " 3/7	4 46				
		34 10		" 510 " 19-7	4 46				
					8 92				15
Aug	G. Pay	34 10		APay					15
				AK 736 " 6/8	3 57				
		34 10		" 1794 " 20/8/18	3 57				
					7 14				15
Sept	G. Pay	33		AP					15
				AK 833 " 10/9/18	3 57				
		33			3 57				15
Oct		34 10		AD					15
				AK 1075 14th Dec 18/10/1	3 73				
				DN 968 " 1/10/1	7 46				
		34 10			11 19				15

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:-	LEWIS Freeman		
EFFECTIVE DATE:-	11/9/16 11/4/18	EFFECTIVE DATE:-		NUMBER:-	484098 or 784098		
AMOUNT:-	1500	AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.				UNIT AND TRANSFERS			
				ORIGINAL UNIT:- 129 Batt			
				DATE ACCOUNT FIRST OPENED:- 11/9/16			
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T-570	
				P1096 6/4/17		5 Dac	
				DAILY RATES OF PAY AND ALLOWANCES			
				AUTHORITY	PAY	F.A. P.F.A. SUBSCE ALL'CE	
					1 -	10	

PARTICULARS OF RENDERING NON-EFFECTIVE:-													
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION		
31/3/18	Gal Lod								89 68				
Apr	J. Pay	33		cl. Pay				15					
				CR 13/5 Dac 3/4/18	3 57								
				" 80 " 17/4	4 46				99 55				
		33			8 83			15					
May	G.P.	34/10		CR 187 " 2/5	3 57			15					
				" 256 " 15/5	4 46				110 62				
		34/10			8 83			15					
June	J. Pay	33		a Pay				15					
				AR 346 " 4/6/18	3 57								
				" 394 " 17/4	3 57				121 48				
		33			7 14			15					
July	J. Pay	34/10		cl. Pay				15					
				AK 1449 " 3/7	4 46				140 58				
				" 510 " 19-7	4 46				131 66				
		34/10			8 92			15					
Aug	R. Pay	34/10		a Pay				15					
				AR 736 " 6/8	3 57								
				" 1794 " 20/8/18	3 57				143 62				
		34/10			7 14			15					
Sept	G. Pay	33		ap				15					
				AR 833 " 10/9/18	3 57				158 05				
		33			3 57			15					
Oct		34/10		a P				15					
				AR 1075 14th Bde 18/10/	2 73				177 15				
				DN 968 " 1/10/	7 46				165 96				
		34/10			11 19			15					

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct	Forward								16596		
Nov	G. Pay	33		A.P.				15			
				C.P. 62485.	12/11	170 33					
				C.P. 68034	22/11	4 87					
Dec	-	34 10		A.P.				15			
				AR 1568 2 Cdn. Eng. Batt	19/12	3 89					
Jan	-	34 10		A.P.				15	43 07		
		101 70				179 09		45			
Feby	- Feby & Mar	64 90		A.P. Feby & Mar				30			
				AR 1482 14 Bds	21/12	12 98					
				AR 1166 1 P.A.S	9/11	3 77					
				AR 1915 5 DAS	7/1	7 46					
				AR 1995	17/2	3 73					
				AR 2101	3/3	3 65					
				AR 2214	16/3	3 65			42 73		
		44 90				35 24		30			
Apr	G. Pay	33 -		Cap Apr. & May				30			
May	-	34 10		AR 97	6/4	26 16					
				AR 81	5/4	3 49					
				AR 13	4/4	3 49					
				AR 854 Brussels	14/4	17 44					
				AR 158. 5 DAS	20/4	3 49			25 76		
				AR 392	25/4	6 98			74 83		
				AR 4819 J. Hing 558	15/5	48 67			19 89		
		67 10				109 72		30			
June & July				8851. " 3/6 E.R.C		9 73			39 62		
						9 73					

Lost to Can 12/19. \$6.80

RANK

NAME

	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
nd								16596		
	33		A.P.				15			
			C.P. 62485. 12/11	17033-						
			C.P. 68034 22/11	487-						
	34 10		A.P.	17520			15			
			AR 1568 2 Cdn. Eng. Batt 19/12	389						
	34 10		A.P.	17909			15	4307		
	10120			17909			45			
Feb & Mar	6490		A.P. Feb & Mar				30			
			AR 1482 14 Bds 21/12	1298						
			AR 1166 1 P.A.S. 9/11	377						
			AR 1915 5 DAS 7/2	746						
			AR 1995 " 17/2	373						
			AR 2101 " 3/3	365						
			AR 2214 " 14/3	365				4273		
	1420			3524			30			
	6490		Chp Apr. & May				30			
4	33 -		AR 97 " 6/4	2616						
	3410		AR 81 " 5/4	349						
			AR 13 " 4/4	349						
			AR 854 Brussels 14/4	1744						
			AR 158. 5 DAS 20/4	349				2576		
			AR 392 " 25/4	698				7983		
			AR 4819 J. Hing 558 15/5	4867				1989		
	6710			10972			30			
			8551. " 3/6 E.R.C.	973				3962		
				973						

5568
 7576
 29.89 AM.

Lost to Can 12/19. Sh 80

War Service Badge

Class A, No.

220543

SHORT FORM.

Occupation Group

Dispersal Area

1

220543

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.

784098

2. Rank.

RVR

3. Name.

Lewis Freeman

4. Unit.

5 C. D. A. C.

5. Date of Discharge

JUN 23 1919

Place

TORONTO, ONT.

6. Reason for Discharge

DEMOMOBILISATION

7. Authority.

No. 2, D.D., Part II, D.O.M.

126

8. Proposed Residence after Discharge

R.R. 3 Thamesville, Ont

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.?

Freeman, Lewis

Signature of Soldier.

10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

No. 2 DISTRICT DEPOT

Date

JUN 23 1919

TORONTO

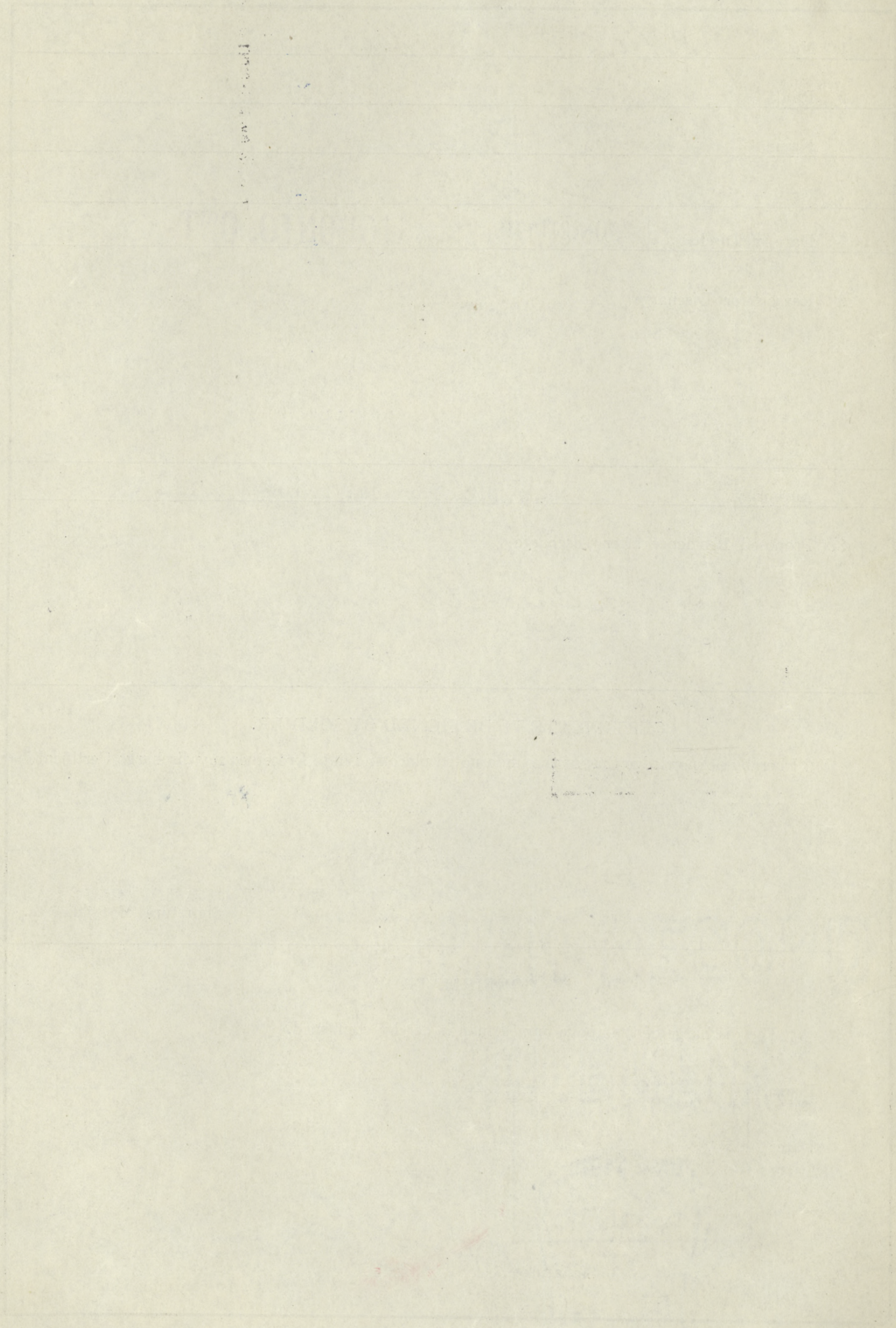
Signature

A. D. [Signature]

Capt.

FOR O. C. No. 2 D. D. (O. C. Discharging Unit.)

H.C.N.
2.2-20
P.H.



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. 44)
(Enclosed in a list envelope (200M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (D.S.).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing.
12. Last Pay Certificate (P. 851). *Dup*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*

Checked by No..... *11*

Date..... *9 JUN 1919*

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 784 098 (Rank) Private

Name (in full) Lewis Snedman enlisted in
the 129th Battalion

CANADIAN EXPEDITIONARY FORCE at Blundas on the 24th
day of January 1916

HE served in 5th B.U.A.C. England France

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 29 years

Height 5 ft. 9 1/2 inches

Complexion Dark

Eyes Brown

Hair Black

L. Lewis

Signature of Soldier

Marks or Scars

2 Vacc. L Arm 1891

H. Sargeant

Capt.

FOR O. C. No. 2 D. D.
Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT

JUN 23 1919

TORONTO

Rank

Date JUN 23 1919 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.

CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 10000 (Rank) Private
 Name (in full) John J. Smith enlisted in

the 10th Battalion
 CANADIAN EXPEDITIONARY FORCE at London
 day of 1918
 He served in France

and is now discharged from the service by reason of
Demobilization
Medical Certificate

THE DESCRIPTION OF THIS SOLDIER ON THE DATE above is as follows:

Age	<u>24</u>
Height	<u>5 ft 10 in</u>
Complexion	<u>Fair</u>
Eyes	<u>Blue</u>
Hair	<u>Dark</u>
Markings on Face	<u>None</u>

Signature of Soldier John J. Smith
 Rank Private
 Date JUN 2 1918

No. 2 DISTRICT OFFICE
 JUN 2 1918
 TORONTO

N.B.—As no duplicate of this Certificate will be issued, any person making same is requested to forward it to the Secretary, Military Council, Ottawa, Canada.

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 Camp Surrey DATE May 26th 1919

1. 1 (a) Unit 5th C.D.A.C. (b) Regimental No. 784098 (c) Rank Dr
 (d) Surname LEWIS (e) Christian name Freeman
 (f) Home address R.R. No. 3 Thamesville, Ont.
 (g) Next of Kin Mathias Lewis (h) Relationship Father
 (i) Address of Next of Kin XXXXXX Moraviantown, Ont.
 2. Age last birthday 24 Date of birth 25-3-1895
 3. Enlistment, or Appointment (if an Officer) (a) Place Dundas, Ont. (b) Date 30.12.15
 4. Personal description:
 (a) Height 5 9 1/2 (b) Weight 150 lbs (c) Complexion dark
 (d) Colour of hair dark (e) Colour of eyes brown (f) Identification marks, Scars, etc. scar back and plantar surface R. foot
 5. Former trade or occupation farmer.

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
<u>3</u>	<u>136</u>

	PERIODS	
	From	To
Canada	<u>30.12.15</u>	<u>21.8.16</u>
England	<u>30.8.16</u>	<u>21.8.17</u>
France or other theatres of War	<u>22.8.17</u>	<u>11.5.19</u>

7. Original disease, or injury CHRONIC BRONCHITIS.

- (a) Date of origin 1916. (b) Place of origin Canada
 (c) Cause infection.

2

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 one of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(Chronic Bronchitis) Partial loss function lungs.

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.)

Objective—Expansion good and equal both sides, few coarse moist rales anterior chest near end of inspiration. Breath sounds harsher than normal over back especially inspiration.

Subjective—Does not catch cold easily but has had a cough for last 2 or 3 yrs. coughs up about 1 ounce white colored sputum in morning. He does not think he has lost any wt since enlistment and states that he feels 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 Genito-Urinary System...no
(If pulse rate is abnormal, B. P. will be taken.) (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

urine - normal.

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

Says that winter of 1916 had bad cold and after it was gone it left him with this cough.

Weakness—slight, moderate, or severe, or any of its parts, for

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.

Physical examination. Important must be recorded in Section stated first, then subjective

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

nil.

- 11.—(a) Did the disabling condition have its origin before enlistment? *no*

- (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.)

n. a.

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? *6 - 12 mos.*

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

nil.

a) above?

system *no*
gar will be excluded.)

em. *no*

system *no*

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.

R. B. Kennel
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, *Servis. F.* 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

ap

A. Lewis 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 concurs.

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

- (Category A) (Yes or No.)
- (" B) (Yes or No.)
- (" C) (Yes or No.)
- (" D) (Yes or No.)
- (" E) (Yes or No.)

MA

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.)

- (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.)

A.T.C. Auth. Tel. 9083 of 11-11-19.

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.

PLACE *Witley* DATE *17-5-19*

[Signature] President.

[Signature] 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.

PLACE.....DATE.....

APPROVED BY *[Signature]* APPROVED BY

Assistant Director of Medical Services.....Director-General of Medical Services.

DATE.....

A.D.M.S. HEADQUARTERS
CANADIAN CORPS CAM
18 MAY 1919
WITLEY SECTION.

RANK	Dvr	NAME (IN FULL)	LEWIS, F.
------	-----	----------------	-----------

LEWIS, F.

.....
AUTHORITY

IF ENTITLED TO
POST DISCHARGE
Yes

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1380.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

005089

Sept 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 714098
 Rank Pte Promoted Reverted Discharge
 Soldier's Name L. Lewis
 Battalion A. Co 129 Battr
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Martha Lewis
 Address Brathwell Rd
 Change of Address
 1 R.R. 3. Thamesville Ont.
 2 Bank of Montreal
 3 Halifax
 4 N.S.

2m 1-5-15

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					011024-A-34
Dec 31			240	240	assignee changed per 2m dated 9-3-18 effective 1-5-18
Jan	1067989		15	15	✓ 18-4-18
Feb	A 70240		15	15	✓
Mar	93669		15	15	✓
April	377		15	15	✓
May	L 17582		15	15	✓
June	H 22470		15	15	✓
July	N 27879		15	15	✓
Aug	39279		15	15	✓
Sept	43601		15	15	✓
Oct	P 54780		15	15	✓
Nov	J 60107		15	15	✓
Dec	O 67982		15	15	✓
1919 Jan	Y 71276		15	15	✓
Feb	N 77335		15	15	✓
Mar	J 84655		15	15	✓
Apr	J 2921		15	15	✓
May	V 8812		15	15	✓
June	T 11578		15	15	✓
			510	510	

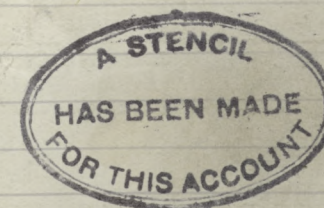
A/c Closed 30-6-19

Ret'd per. ScotiaDate 22/6/19 M.F.W. 187 28/6/19Closed J. Hiddick

MRO. 89728 Rendered 28/6/19 Destroy

M. F. W. 128
 400M. - 6-17 - 1772-38-1141
 L. L. 2230 - M. & D. 7583.

AUDITED.



Date of Assignment

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF ASSIGNMENT

4

M. F. W. 128
400M.—6-17-1772-39-1141
L. L. 22320—M. & D. 7993.