

ATTESTATION PAPER.

No. 2 CONSTRUCTION, D. M. C. A. A.
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Perkins
- 1a. What are your Christian names?..... Anderson Edward
- 1b. What is your present address?..... Nashville, Tennessee, U. S. A.
2. In what Town, Township or Parish, and in what Country were you born?..... Nashville, Tennessee, U. S. A.
3. What is the name of your next-of-kin?..... Mrs. Fannie Perkins
4. What is the address of your next-of-kin?..... 702 Clifton Ave., Nashville, Tenn.
- 4a. What is the relationship of your next-of-kin?..... Mother
5. What is the date of your birth?..... September 2nd, 1893
6. What is your Trade or Calling?..... Elevator man
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Anderson Edward Perkins, 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.

Date January 8th 1917.
Anderson E Perkins (Signature of Recruit)
Curry Campbell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Anderson Edward Perkins, 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 January 8th 1917.
Anderson E Perkins (Signature of Recruit)
Curry Campbell (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Windsor, Ontario this 8th day of January 1917.

James C. Chapman (Signature of Justice)

Description of Anderson Edward Perkins on Enlistment.

Apparent Age.....24.....years 5.....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. 10 ins.

Chest measurement. { Girth when fully expanded.....38 ins.
Range of expansion.....2 ins.

Complexion.....Colored

Eyes.....Black

Hair.....Black

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

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.....January 8th.....191 7

Place.....Windsor, Ont

[Signature]
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.

Andrew Edward Perkins.....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.

[Signature] LT COL. (Signature of Officer)
O. Comd'g No. 2 Construction Battalion, C. E. F.

Date.....JAN 15 1917.....191 7

REGIMENTAL DOCUMENTS

NAME

PERKINS ANDERSON EDWARD

REGT. NO.

931723

UNIT

2nd Co. 1st Ar.

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

6/24/19

TO WHOM FORWARDED

M

DATE FORWARDED

H

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

1/10/19

DESERTION

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)

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

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

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

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

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

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

1 MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

1 **in 8/192**

1 **form 67**

1 **cast card**

1 **payroll**

1 **1/1/19**

2891

H

2

29-25
23-25
2-25

SURNAME.

CHRISTIAN NAMES

REGL. No.

RANK

UNIT

FORMER CORPS

CARD NO.

FOLL.

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

NEXT OF KIN.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

Perkins

Andersson Edward

931723

Pte

No 2 Construction

Nil

I
S.O.S. Dis. Demob. 24-2-19
FOLL.
D.O. 5-19 20-2-19-100

Bro

Perkins, Mrs. Fannie

Mother

702 Clifton Ave., Nashville,
Tenn., U. S. A.

U.S.A. Nashville, Tenn.

DATE

Sept 2nd. 1893

Windsor, Ont.

DATE

Jan 8th. 1917

O.S. 28-3-19-

R/C. 17/11/19 234/76

From Halifax per SS. "Southland" 28/3/17

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Elevator Man

RELIGION

Christian

DESCRIPTION.

APPARENT AGE

24.

YEARS

5.

MONTHS

HEIGHT

5'

FEET

10

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

2

INCHES

COMPLEXION

Colored

EYES

Black

HAIR

Black

DISTINGUISHING MARKS

Not Stated

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Jan. 8th, 1917

Present Address, Nashville, Tenn., U.S.A.

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No.

H. Q. FILE NO. 649

FOLLOWS

No.

FOLLOWS

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

99	Law. mil. Bramshott	21-8-17	U. D. G.
Q23	Discharged	29-9-17	U. D. G. (Nova Scotia)
656.	Can. spec. Witley Camp	3-11-17	U. D. G.
6123.	Disc.	30-1-18	U. D. G.
Q.339.	Can. For. Corps La Joux	2-10-18	P. U. O.
Q341	Discharged	5-10-18	P. U. O.

RM R. 149.
-250m-7/2/17.

Name	Rank
Anderson, Edward	
Perkins.	

Unit 26th Res

Next of Kin U.S.A.

Reg. No. 931723

[illegible]

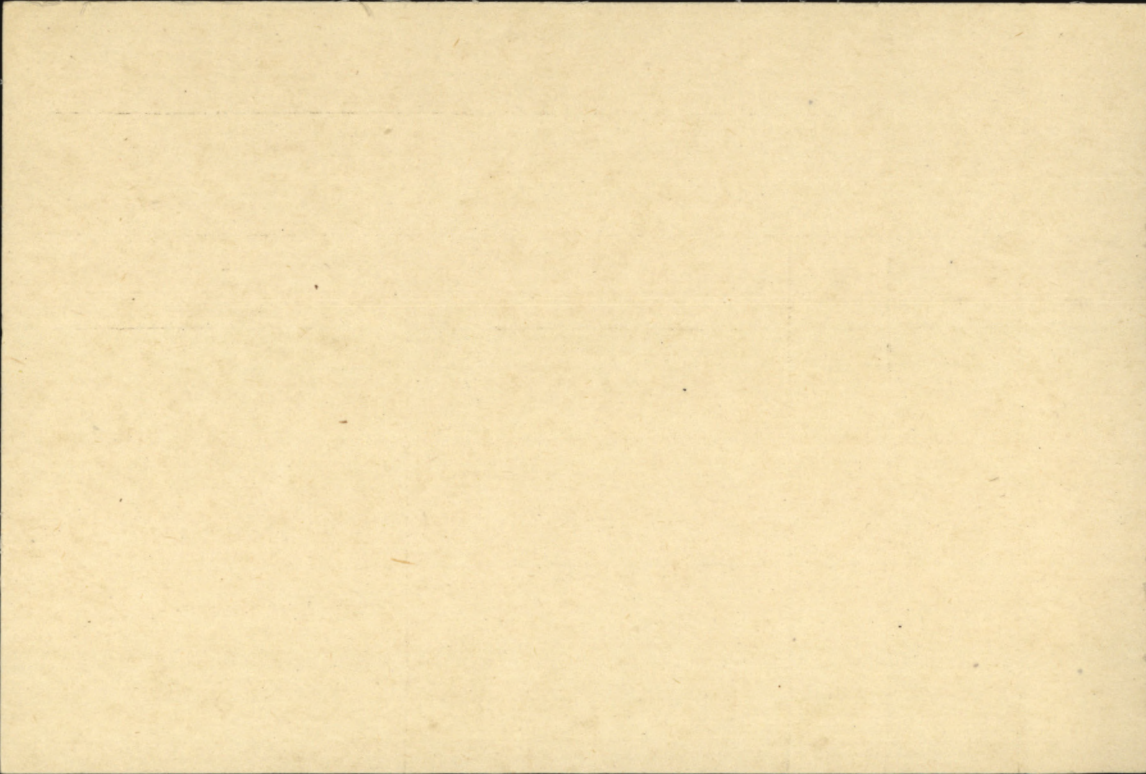
[illegible]

No. 931723. RANK *Pte*NAME *Perkins. A. C.*T. O. S. *8-1-17*

UNIT

*No 2. Construction Battalion**D.O. 13.13-1-17*M. D. *6*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i> <i>Jan 8</i>	<i>1917</i> <i>Jan 31</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		



931423
Number..... Rank.....

PERKINS
Surname.....

Anderson, Edward
Christian Name.....

2nd CAN. CONST. Bn. Theatre of War, France
Units.....

3-4-18
Date of Service..... 1014 12th Ave. North

Nashville
Remarks.....

402 6th St. N. W.
Latest Address.....

West Nashville
.....

Success
Roll No.

B. Page 9048. M. S. A.

Next of kin

Address on leave

Address on discharge

Transportation issued ☐ Yes ☐ No Date

Character on discharge

Previous occupation Date and place of enlistment

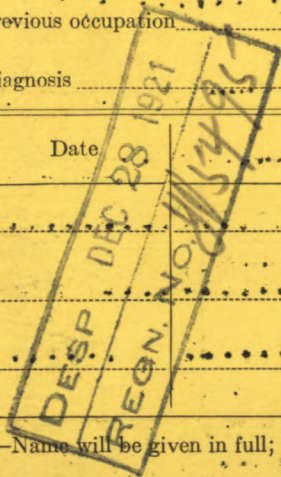
Diagnosis

Date of Medical Boards

Date

Remarks

* Name will be given in full; surname first.



LEDGER NO. 1278

SERIAL NO. 255598

REG. NUMBER 931723 NAME Perkins A. E.

RANK Plt CORPS 1st D.D.

AGE -26. SERVICE -25/12

NAME OF HOSPITAL L. M. C. H. (W. B.) PLACE London

DATE OF ADMISSION 29-1-19.

DISEASE Gonorrhoea

TRANSFERRED TO OTHER HOSPITALS.

OPERATION.

DISCHARGED TO 18.2.19. IN CATEGORY.

REMARKS:.....

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Name PERKINS, Anderson Rank Pvt. Regtl. No. 931723

Fyle Depot IDD 10-P-239

Original unit 2nd Con. Bn Present unit M. or S. S Age 26 Religion Christian Ref. H.Q. 1-D-30-P-751

Port, ship and date of arrival Halifax, Olympic, 17-1-19

Next of kin (Mother) Mrs Fannie Perkins, 702 Clifton Ave. Nashville, Tenn.

Address on leave

Address on discharge 702 Clifton Ave., West Nashville, Tenn.

Transportation issued No Yes Date Character on discharge

Previous occupation Elevator man Date and place of enlistment Windsor, Ont. Jan. 8th, 1917

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
<u>T.O.S.</u>		
<u>10-1-19</u>	<u>No. 2. D.D.</u>	
<u>20-1-19</u>	<u>Posted to Cas. Coy and granted furlough with subs</u>	<u>29</u>
	<u>to 28-1-19</u>	
<u>29-1-19</u>	<u>Posted to Hospital Section C. H. M. H.</u>	<u>30 31</u>

*—Name will be given in full ; surname first.

(over)

Date

Remarks

Pt. 2 Order No

JAN 29 1919

Admitted to V.D. ward C. H. M. H.

V. D. G. & CRONIC
GLEET.

32 312

18-2-19. DISCHARGED FROM V.D. WARD.

50. 50.

18-2-19. POSTED TO CAS COY.

50. 50.

18-2-19. PLACED UNDER STOPPAGE OF PAY @ ~~£~~ 50³ per dya and

Field allowance from 29-1-19. to 18-2-19. Inclusive.

(21.) TWENTY-ONE Days.)

50. 50.

21-2-19

Discharged from H. M. S. On Demobilization. (P.D.P.)

51

Surname *Perkins* Christian Name or Names *A.C.* Reg. No. *931723.*
Rank *Pte.* Unit *26th Res. Bn.* Co. *1st Reg.* Troop *(200m)* Batty.
Hospital _____ Date of Admission _____
Transferred *Bramshott Can. Mil.* Hosp. *21-8-14*
One Spec. Whitley Camp. Hosp. *3-11-14*
C. & C. P. Jura. Hosp. *2-10-18*
Hosp. _____

Diagnosis

(1) _____
Later Diagnosis (if changed)

(2) _____

(3) _____

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Dis. 27.9.17.

REMARKS

dis. 30.1.18.
" *5.10.18*

C/24. 8.14 #99
29.9.17 C22.
8.11.14 C56.
1.2.18 C123.
9-10-18 a/339.2
11.10.18 R 341.

A.M.D. 2 DEPT.

Beh. of D.G.M.8. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Casualty Form Active Service.

Regiment or Corps *2 Cdn Cons Coy*

Rank *Plt* Surname *Perkins* Christian Name *Anderson Edward*

Religion Age on Elistment years months

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

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and rate

Occupation Signature of Officer

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. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
<i>28-11-18</i>	<i>oe unit</i>	<i>15 days 28 Nov 1. 28-11-18 pm.</i>			<i>Proleg</i>
		<i>(1) Drunkenness (2) Creating a disturbance in Camp after Lights Out.</i>			<i>1st 11/699</i>
					<i>Dec 1918</i>
<i>11-12-18.</i>	<i>AAG</i>	Trans. to England and posted to N.S. Regtl. Depot. Bramshott		<i>14-12-18.</i>	<i>KR 344</i>
<i>14.12.18</i>	<i>N.S.R.D.</i>	<i>L.O.S. 4 attached to 2 L.S.D. for 1st & 2nd Battions</i>	<i>B'shott</i>	<i>14.12.18</i>	<i>D.O. 305</i>

(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.

Date	Report 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	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
	NSRD	ON COMMAND TO CDD Kimmel-Rask Rhyl	BRAMSHOTT		PART II D.O. 313 27 ¹² / ₁₈
28/12/18	NSRD	JOS. MOI Con. Camp. Rhyl	Rhyl		LIEUT. OFFICER IN CHARGE, NOVA SCOTIA REGTL. DEPOT.
10-1-19	Finnis	Embarked For Canada	Taken on strength No. 1 District Depot London D.O. 24		C. E. Thompson Lieut QC MOI wing
			F. A. Herman Lieut No. 1 DISTRICT DEPOT		
FEB 21 1919	LONDON, ONT.	DISCHARGED			Recd. Trans. L. for O. C. Discharge Section, No. 1 D.V.
		DEMobilIZATION			

LTR

Rank

Name _____

PERKINS, Anderson Edward

Reg'l No. 931723

Unit

No. 2. Const. Bn.

If in perm. Corps, }
What Unit? }

Married or Single Single.

Place and Date of Enlistment Windsor, Ontario, Jan, 8th, 1916.

• Place of Birth Nashville, Tennessee
U.S.A.

Name and Address, Next-of-Kin Mrs Fannie Perkins. -

702 Clifton Ave, Nashville, Tennessee U.S.A. -

Relationship Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

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. Southland				7.4.17	
22.5.17	1. S.R.D.	S.O.S. from La. b. cons. Corps	B'shatt	22.5.17	Pt. II Do. 125 2nd. Co. Bn
23.5.17	1 st Res. Bn	Attached this unit	Seaford	17.5.17 to 23.5.17	--- 123
4.7.17	2. S.R.D.	in Comm to 26 th Res Bn	B'necht	4.7.17	Pt. II Do. 117 26 th Res Bn 124 7.7.17
24.8.17	26 th Res.	Can. mil. Hosp.	"	21.8.17	C.R. 99 8.8.5
28.9.17	N.S.R.	Disc. Can. mil. Hosp.	"	27.9.17	C.R. 23
29.9.17	N.S.R.D.	S.O.S. to 26 th Res. Clearing Form.	"	29.9.17	Pt. II Do. 201 26 th Res 23 10.10.17
15.10.17	17 th Res.	C.O.S. from 26 th Res. Bn	"	15.10.17	Pt. II Do. 245 26 th Res 24 10.10.17
7.11.17	N.S.R. (17A)	Can. Spec. Hosp.	"	11.11.17	C.R. 3 8.8.5
25.3.18	17 th	S.O.S. to Can. Forestry Corps	"	25.3.18	Pt. II Do. 71 17 th 26 th 3.18
2-4-18	BDCFC	S.O.S. to #2 Col. Const. Coy France	"	1-4-18	1079 (1079) 202 C.C. 24-12.4.18

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.					
16-12-18	NSRD	TOS from 2cc camp	PT 13 Bshott	14-12-18 30871 d/19-12-18		
27-12-18	NSRD	ofc to C.D.D Rhyl	— —	27-12-18 20313.	2cc camp	
19 JAN. 1919	NSRD	SOS to CEF in CANADA	✓ Bshott	9 JAN. 1919	PT2DO 16	

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

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

350M—5-16
H. Q. 1773-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Battalion, C E F

Regimental No. 931723 Rank Private Name Anderson E. Perkins
C. E. F.

Enlisted (a) 8/1/17 Terms of Service (a) Duration of War Service reckons from (a) 8/1/17

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)

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				

MAY 17 1917		Enlisted, Canada Discharged, England O.C.#2 Proceeded overseas Const Bn	Helps Hs Liverpool Hs Seaford	25/3/17 8/4/17	✓ At 2. D. H.
					H. B. Mackean Adjutant, No. 2 Construction Bn'n, C.E.F. Capt. & Adjutant, FOR OFFICER COMMAND NOVA SCOTIA REGTL. D.
22-5-17 23-5-17 4-7-17	N.S.R.D. 7 Hs N.S.R.D.	J.O.S. Depot bay. att. in com'd 26 Res.	Bramshott. Seaford B. Shott	22-5-17 17-5-17 4-7-17	Pl. 2. D.O. 743 - 0 117
4-7-17	O.B. 26 R.B.	attached from N.S.R.D. Class. to be attached on Posting to C.N.R.D.	Bramshott.	4-7-17	D.O. PART II No. 136 233 Capt. & Adj. for Lieut. Co

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

(P.T.O.)

Casualty Form - Active Service

Date	Report		Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as re- ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case			
29-9-17	N.S.R.D.	leaves to be shown on command + S.O.S. to 26th Res Bn	Bramshott	29-9-17	Part II D.O. 201 ✓ Wickham for CAPTAIN & ADJUTANT FOR O.C. NOVA SCOTIA REGIMENTAL DEPT.
2/10/17	O.C. 26th Res. Bn.	Taken on Strength.	Bramshott	29/9/17	D.O. PART II No. 233 ✓
15-10-17	O.C. 26TH RES. BN.	STRUCK OFF STRENGTH. on transfer to 17th Canadian Res. Batt.	B'shatt 15-10-17		D.O. PART II No. 244 ✓ 26TH RES. BN
15 OCT 1917	O.C. th Res. Bn.	Taken on Strength.	Bishott	15/10/17	D.O. PART II No. 245 ✓
25-3-18.	O.C. 17th.	S.O.S. on transfer to Can. For. Corps.	Bramshott.	25-3-18.	Pt. 11. Order. 71. ✓ Lieut., Asst. Adjt., 47th Canadian Res. Batt.
26-3-18	O.C. C.F.C.	T.O.S. Base Depot, C.F.C. Sunningdale	25-3-18	Pt. 11 D.O. 73	PT. II. DO. NO. 79 C.F.C.
2-4-18	to be on transfer to branch	S.O.S. BASE DEPOT C.F.C. SUNNINGDALE			
3/4/18	CGBD	T.O.S. No. 2.C.C.C. Coy. on arrival in France.	Field	3/4/18.	NR. 612. P/20 d/- 12/4/18.
5/4/18	"	Left for Unit	"	5/4/18.	NR. 1141.
13.4.18	OC.	Ar. at unit.	Hd.	8.4.18	B. 213.
23.4.18		Date S.O.S. 26.4.18. chgd. to		2.4.18	O/23. D/23/4/18.
2-10-18	for Hq	P.40		2-10-18	46897
5-10-18	to	to Hospital.		2-10-18	5213
5-10-18	to	Report for Hq		5-10-18	5213 W 7343.

CERTIFIED CORRECT.
 1 APR 1918
 GUY'S REFORMS, LONDON

CASE HISTORY SHEET.

Military Hospital, M. D. No. 1
Wolsley Barracks
LONDON, ONT.

Hospital.

Station.

No. 931723 Rank Pte Name Perkins A Age 26

Unit DD #1 Completed years of service 0 4/12 E 12/12 F 9/12
Where and how long

Date of admission 29-1-19 Date of discharge 18-2-19

Diagnosis Gonorrhoea Place of origin England

CONDITION ON ADMISSION AND PROGRESS OF CASE

Contracted Gonorrhoea, England (1917)
Treated at Whitley (England) with Bismuth (2)
Since his return has had frequent exposures,
last at Detroit Mich.

near Pos - 29-1-19. Slight watery discharge.

3-1-19. Urine - 1st - 2nd clear - no discharge.

4-1-19 Urine - 1st - 2nd clear. no discharge.

Urine. to be taken 5-2-19 Neg

8-2-19 Urine, 1st cloudy, 2nd clear

12-2-19 " " " " " " 10-2-19. Urine Neg.

12-2-19 Urine, 1st clear 2nd clear

14-2-19 Urine to be taken - 15-2-19. Neg

15-2-19 Urine, 1st clear 2nd clear

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Urine 1st 2nd clear no discharge

3 Neg Urines 5-2-19 10-2-19 15-2-19

Date

Medical Officer i/c case.

1. Name of the vessel
2. Date of departure
3. Date of arrival
4. Name of the captain
5. Name of the crew
6. Name of the passengers
7. Name of the cargo
8. Name of the destination
9. Name of the origin
10. Name of the agent

11. Name of the ship
12. Date of departure
13. Date of arrival
14. Name of the captain
15. Name of the crew
16. Name of the passengers
17. Name of the cargo
18. Name of the destination
19. Name of the origin
20. Name of the agent

21. Name of the ship
22. Date of departure
23. Date of arrival
24. Name of the captain
25. Name of the crew
26. Name of the passengers
27. Name of the cargo
28. Name of the destination
29. Name of the origin
30. Name of the agent

31. Name of the ship
32. Date of departure
33. Date of arrival
34. Name of the captain
35. Name of the crew
36. Name of the passengers
37. Name of the cargo
38. Name of the destination
39. Name of the origin
40. Name of the agent

(Gonorrhoea)

HISTORY.

[illegible]

931722

To be made out in duplicate.

DUPLICATE

ILQ. 51-21-20-53

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

INSTRUCTIONS.

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

-
- (1) Name of Overseas Unit which Soldier joins..... #2 Construction Battalion C.E.F.
-
- (2) Regimental Number 931723
- (3) Full Name of Soldier..... Anderson Edward Perkins
-
- (4) Place of Birth..... Nashville Tennessee U.S.A.
-
- (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?.....
- If so, give number of boys and girls.....
- Also their names and ages.....
-
-
-
-

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

If so, state name and address

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

If so, state name and address.....Mrs. Fannie Perkins.

702 Clifton Avenue Nashville Tennessee U.S.A.

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

Are you her sole support, or not?.....No.

(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?.....yes

If so, in what Company?.....metropolitan Life Insurance Co.

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.....January 15/1/17

K.A. Mousin
T. COL.
O. Comd'g No. 2 Construction Battalion C. E. F.
a/oe
Officer Commanding.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931723 (Rank) PRIVATE

Name (in full) PERKINS, Anderson enlisted in
the 2ND, CONSTRUCTION BATTALION C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at WINDSOR ONTARIO on the EIGHTH
day of JANUARY 19 17.

HE served in FRANCE (WITH THE 2ND, CONSTRUCTION BATTALION)
and is now discharged from the service by reason of ON DEMOBILIZATION

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

Age 25 YEARS
Height 5' 9"
Complexion COLORED
Eyes BLACK
Hair BLACK

Marks or Scars

TATTOO MARK RIGHT ARM (GIRL)

Signature of Soldier
DISCHARGE SECTION
FEB 21 1919
No. 1 District Depot

[Signature]
Issuing Officer
CAPTAIN
Rank

O. C. Discharge Section, No. 1 D. D.

Appointment

Date of Discharge

Signed at LONDON, ONT. this TWENTY/FIRST day of FEBRUARY 19 19

in Military District No. (ONE)

File Reference No. 1.D.30-P-752.
1.D.30-P-239.

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

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

AMENDED

LAST PAY CERTIFICATE

Regt. No. 931723 Rank Pte Name PERKINS A
Corps M541 who was Discharged
on 21st 19 to

The following is a statement of the account of the above named
from to Adjustment of Account

from mon. of		from mon. of	
Bal Dr from L.P.C.		Bal. Cr. from L.P.C.	
ASSIGNED PAY:		Regt. Pay dys. @ \$	
SEPARATION ALLOWANCE:		F'ld. All. dys. @ \$	
OTHER CHARGES:		SEPARATION ALLOWANCE:	
Host Charges 10 @ 60¢ per day		OTHER CREDITS:	
29 th 19 - 18 th 19 = 21 days, 18 days *		Clothing Allowance	
PAYMENTS: only charged		Subsistence,	
Difference = 1 80		Bal. Dr. (to be deducted)	1 80
Bal. Credit (to be pd.)		(from soldier \$)	
	1 80	(from Dependent \$)	1 80

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ per month	at \$ per month	Subscribed \$
has been Nil to	has been Nil to	Pd. by other
		Units \$ Nil
		Pd. by this
		Unit \$

Dependent or Beneficiary: Mrs J Perkins
Address: 702 Clifton Ave, West Nashville Tennessee

REMARKS: Discl 21st 19 On Demand DO 51

Date of Enlistment

If married and if Separation Allowance card submitted

I have carefully examined this statement of account and find it to
be a correct extract from the Paylist of this Unit.

Date:

London, Ontario.

J. D. Patterson Captain.
Paymaster No. 1 District Depot.

MAR 6 1919 London, Ont.

This form must not be used when the Proceedings are for the information of the B.P.C. In such cases, M.F.B.227 is the only form applicable.

FOR ALL RANKS
PROCEEDINGS OF A MEDICAL BOARD (short form).

Place		Date	
Number	Rank	Name	
Corps	Age	Height	Weight
Religion	Has he been Overseas		
(1) Disease or Injury			
(2) Cause			
Where incurred		Date	
(3) Disability			
(4) Present condition (describe fully)			
(5) History			
(6) Probable duration of Disability			
(7) Is officer or other rank fit for Category, A		B	C
(answer yes or no).			
(8) If for treatment, specify nature of			

President.
Member.
Place Date

Approved A.D.M.S., M.D.
Place Date
M.F.W.180.

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

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

No. 931723 Rank Pte. Surname Perkins
(Given name in full)

..... Anderson

Unit or Corps 1 D.D. Birthplace Nashville, Tenn. U.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 162½ lbs. Height 5 ft. 9½ in. Colour of Eyes Black

Nutrition Good

Pulse 72

Condition of arteries Good

Vision Rt. 20x20 Left 20x20

Hearing (conversational voice) Rt. 21x ft.

Left 21x ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Tattoo mark right arm (girl)

Opinion as to general health and physical condition Good, A2.

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System Yes Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Gonorrhoea 20-8-17, admitted to Military Hospital Bramshott for treatment. Admitted to Can. Special Hospital 2-11-17 for Gonorrhoea (gleet). London Ont. Military Hospital with Gonorrhoea received irrigation treatment, discharged with 3 negative smears. No disability at present time. No disability.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at London, Ont....(Canada)

DateFeb..18/19..... SignedM.O.

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

Signature A.E. Perkins.....

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

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

[OVER]

ORIGINAL

MEDICAL HISTORY SHEET

931723

Surname PerkinsChristian Name Anderson EdwardExamined { on 8th day of January 1917
at Windsor, OntarioBirthplace { City or Town Nashville,
County TennApparent age 24 yrs 5 mosTrade or occupation Elevator ManHeight 5 feet 10 InchesWeight 157 lbs.Chest measurement { Minimum 36 inches
Maximum expansion 38 inches

Physical development

Small-pox Marks

Vaccination Marks { Arm Right Left 1
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
Both Eyes 20/20

Approved by

Rank

Date

Fit or Unfit

EXAMINED FOR RE-ENGAGEMENT

Date

Result

VACCINATIONS

Date

Result

ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on 8th day of January 1917 at Windsor, Ont.

Joined on enlistment

Transferred to

CORPS

REG'TL NUMBER

HABITS

DATE

No 2 Constn
Battalion
C. E. F.
2nd Col Lab Bn9317231/8/17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>	<u>8/1/17</u>	<u>on enlistment</u>	<u>Fit</u>
<u>W. Brindley</u> Major, A. M. C.	<u>W. Brindley</u> Major, A. M. C.	<u>W. Brindley</u> Major, A. M. C.	<u>W. Brindley</u> Major, A. M. C.

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

Surname *Pearlman* Christian Name *Anderson* *E.*

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
		20	8	17	21	9	17	Gonorrhoea.	38.	Mod Sero purulent discharge Recovery	E. Craig Hunt Capt
	Can. Spec. Hosp Willey	2	11	17	30	1	18	V.D.G.	90	Discharged as a chronic gleet Stoppages to 25-1-18	Ed Christie Capt
London	Ent	29	1	19	18	2	19	Gonorrhoea	21	In Admission (Urine 1st and 1 shreds) Waiting Discharge (1 shreds) Inven Pos. 28-1-19 Treatment - Pot Perm. 1-4000 Condition on discharge - (1) Urine 1st and 2nd clear (2) No discharge (3) 3 neg (Inven) (3-2-19) (10-2-19) 15-2-19 SCN	J. Pearson Capt

RECEIVED
ANNEX
25 SEP 1917

Pl 931723 Perkins. A. L.

1500

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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ASSIGNED PAY EFFECTIVE DATE: <u>Oct 1st 1917</u> AMOUNT: <u>15.00</u>		ENGLAND CANADA SEPARATION ALLOWANCE EFFECTIVE DATE: <u>11/1/19</u> AMOUNT: <u>11/1/19</u>		ENGLAND or CANADA NAME: <u>PERKINS Anderson Edward</u> NUMBER: <u>931723</u>	
NAME, ADDRESS, RELATIONSHIP & AUTHORITY <u>Mrs. Fannie Perkins</u> <u>702 Clifton Avenue</u> <u>West Nashville</u> <u>Mother Tenn. USA</u>				WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. PARTICULARS OF RANK OR APPOINTMENT AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT: <u>private</u>	
UNIT AND TRANSFERS ORIGINAL UNIT: <u>2 Coon Bn.</u> DATE ACCOUNT FIRST OPENED: <u>1/4/16</u>				AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F O UNIT TRANSFERRED TO <u>70</u> <u>1/4/18</u> <u>23/4/18</u> <u>2nd Coon Bn.</u>	
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK				DAILY RATES OF PAY AND ALLOWANCES AUTHORITY PAY F.A. P.F.A. SUBS'CE ALL'CE <u>1.00</u> <u>10</u>	
PARTICULARS OF RENDERING NON-EFFECTIVE: <u>Dis to Canada 167 MAR 19. 12. 19</u> <u>L.R.C. 169.31</u> <u>Let Bal 233.04</u>				MONTH: <u>1918</u> PARTICULARS CR 1 CR 2 PARTICULARS DR. 1 DR. 2 DR. 3 DR. 4 BALANCE DEFERRED SEPARATION	
<u>March 31 Balance forward</u>				<u>133 44 90</u>	
<u>April P. Pay</u>				<u>33 -</u> <u>b.a.P.</u> <u>15 -</u>	
<u>Q 4005/164 19/3. 17 Res.</u>				<u>91</u>	
<u>- 1528 30/3. CFC</u>				<u>170</u>	
<u>- 1435 20/3. -</u>				<u>26</u>	
<u>AR 270. 22/4. CFC Jura</u>				<u>357</u>	
<u>DRAR B17. 3/4. B D CFC Jura</u>				<u>487</u>	
<u>May P. Pay</u>				<u>33 -</u> <u>b.a.P.</u> <u>15 -</u>	
<u>AR 412. 9/5 CFC Jura</u>				<u>357</u>	
<u>- 426 23/5 -</u>				<u>357</u>	
<u>June P. Pay</u>				<u>34 10</u> <u>7 14</u> <u>15 -</u>	
<u>Ass Pay.</u>				<u>15 -</u>	
<u>AR 713 7/6 CFC 5</u>				<u>357</u>	
<u>- 875 29/6 Jura</u>				<u>7 14</u>	
<u>July P. Pay</u>				<u>33</u> <u>15 -</u>	
<u>Can a.P.</u>				<u>15 -</u>	
<u>AR 952 10/7 CFC 5</u>				<u>357</u>	
<u>AR 1097 25/7</u>				<u>357</u>	
<u>Aug P. Pay</u>				<u>34 10</u> <u>7 14</u> <u>15</u>	
<u>Can a.P.</u>				<u>15</u>	
<u>AR 1260 10/8 CFC 5</u>				<u>357</u>	
<u>AR 1475 25/8</u>				<u>357</u>	
<u>Sep P. Pay</u>				<u>34 10</u> <u>7 14</u> <u>15</u>	
<u>Can a.P.</u>				<u>15</u>	
<u>AR 1676 5/9 CFC 5</u>				<u>357</u>	
<u>AR 1899 24/9</u>				<u>357</u>	
<u>19416 90</u>				<u>15</u>	

93/423

RANK

NAME _____

PERKINS

A E

NUMBER		RANK		NAME							
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									194 16		
OCT	P.P.	34	10	a.p.					15		
				7859	19/10	Cks	3	43			
				22 26	26/10	"	3	43	205 80		
		34	10				4	46			
		33		a.p.					15		
NoV	"	34	10	7695	11/11	"	3	43			
Dec	"	6	92	7913	26/11	"	13	06			
	Sut " Left pay								15		
				3584	18/12	CCo	9	43			
				15 days P.P.	21/11/18 DO 69. 10/12			16 50	206 81		
		44	03				26	52	16 50	30	
lost 9/1/19 Duplicate 3/6/19 DO 16 19/1/19 J.L. 3.											

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15			
----	--	--	--

P 3552

PARTICULARS OF SEPARATION ALLOWANCE

No. *931723*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Anderson Edward Perkins*
 Battalion *# 2 Construction Battrn*
 Beneficiary
 Relationship
 Address

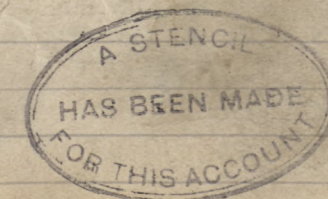
PARTICULARS OF ASSIGNMENT

Name *Mrs. Fannie Perkins*
 Address *#702 Clifton Ave. West Nashville*
 Change of Address *Tenn. U.S.A.*
 1
 2
 3
 4

<i>1917</i> Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Lee</i>	<i>D 58632</i>		<i>45</i>	<i>45</i>	<i>Pr. 2 M 24/10/17</i>
<i>Jan/18</i>	<i>I 65108</i>		<i>15</i>	<i>15</i>	<i>Hd</i>
<i>Feb 18</i>	<i>E 63382</i>		<i>15</i>	<i>15</i>	
<i>Mar 18</i>	<i>Q 90626</i>		<i>15</i>	<i>15</i>	<i>RM</i>
<i>Apr 18</i>	<i>Q 7238</i>		<i>15</i>	<i>15</i>	<i>RGA</i>
<i>May</i>	<i>Q 15124</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>June</i>	<i>Z 14466</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>July</i>	<i>Z 25814</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Aug</i>	<i>Z 38398</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Sept.</i>	<i>Z 52340</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Oct.</i>	<i>Z 67208</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Nov</i>	<i>Z 81778</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Dec</i>	<i>Z 99021</i>		<i>15</i>	<i>15</i>	
<i>Jan</i>	<i>Z 112380</i>		<i>15</i>	<i>15</i>	
			<i>240</i>	<i>240</i>	

A/c Closed *31-1-19*
 Ret'd per... *Olympic*
 Date... *17-1-19*... *M.W. 187*... *m. 8-1*

M.R.O. #51154 OK rate Ret
 Rendered
 22-1-19



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	
1	
2	
3	
4	

Date

Cheque
No.Amount
S/AAmount
A/P

Total

REMARKS

M. OR S.

NEXT OF KIN

ADDRESS

IS SEPARATION ALLOWANCE PAID

TO WHOM PAID

ADDRESS

1396

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

REGT. No. 931723

RANK

NAME (IN FULL)

PERKINS

(BLOCK LETTERS, SURNAME FIRST)

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ORIGINAL UNIT
C. E. F.

IF IN P. F.
WHAT UNIT?

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY, \$

DATE EFFECTIVE

20-1-19

D.O. 29.

PAYABLE TO

RELATIONSHIP

ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

PLACE

DATE

REASON

AUTHORITY

IF ENTITLED TO
POST
DISCHARGE
PAY

DISCHARGED

London

21/9

Demol.

21/9

MONTH

PAY AND F. A.

OTHER CREDITS

TOTAL CREDITS

ACQUITTANCE ROLLS

CASH PAYMENTS

ASSIGNED PAY

REGI-MENTAL CHARGES

OTHER CHARGES

TOTAL DEBITS

BALANCE

PARTICULARS OR REMARKS

NO. OF DAYS

RATE

AMOUNT

\$ C.

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\$ C.

Balance from previous account

31-12-18

1/19

24 10

7 20

114 44

155 74

169 31

155 74

169 31

155 74

169 31

155 74

169 31

155 74

169 31

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169 31

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169 31

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WAR SERVICE GRATUITY

This space to be for numbers

War Service Badge

Class **A** 82489 Issued

Proceedings on Discharge.

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

No.	931723
Rank	PRIVATE
Surname	PERKINS
Christian Name	ANDERSON
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2ND. CONSTRUCTION BATTALION C.O.M.F.
Date of Discharge	FEB 21 1919 20 51 20/2/19
Place of Discharge	LONDON, ONT.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....25..... years..... months.	Descriptive Marks
Height.....5..... feet.....9½..... inches.	
Complexion COLORED	
Eyes BLACK	
Hair BLACK	
Trade ELEVATOR MAN	
Intended place of residence } 702 CLIFTON AVENUE WEST NASHVILLE (To be given as fully as practicable.) } TENNESSEE	
TATTOO MARK RIGHT ARM (GIRL)	
2. The above-named man is discharged in consequence of ON DEMOBILIZATION	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100M.—1-17.

H. Q. 1772-39-113.

(OVER)

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 Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

LONDON, ONT.

(Place)..... *A. E. Perkins.* (Signature of Soldier.)

(Date)..... FEB 21 1919 *[Signature]* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

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 Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years..... days.

Total..... years..... days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

LONDON, ONT.

(Place).....

(Date)..... FEB 21 1919

(Signature) *[Signature]*
G. C. Discharge Section, No. 1 D. D.

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.)

List of Discharge Documents.

signed A. S. Perkins.

Reg. Conduct Sheet Militia form B. 203	Attestation Paper, Militia Form B. 235
Squadron Battery Company Conduct Sheet Militia form B. 203a	Proceedings on Discharge B. 218
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* B. 222	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Cer- tificate, D. 877	(b) Attestation.
*Only if discharged "Medically unfit."	(c) Medical History Sheet (in the event of such having been prepared).

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 here.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron } Battery } Company }	Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia Form B. 313	In the case of recruits who are rejected on final 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 Certificate,	" D. 877.	(b) Attestation.	
*Only if discharged "Medically unfit."		(c) Medical History Sheet (in the event of such having been prepared.)	

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.

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 Service.

Statement of Service.

Service from Engagement to (the date to which the Record of Service is completed) years

Total years

Confirmation of Discharge.

The service of the above-named man is hereby confirmed.

Er. Kins, Anderson

	RANK	Plg
#2	2	Low Br

RANK

24

No. 931223



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.

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

[illegible]

INSTRUCTIONS

On examination the condition of patient's mouth is to be marked on

the following

On this line if report record of surgery be made in on this

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

1. Condition on admission in bed

2. Condition on leaving Canada

3. Condition on discharge

History of patient

OPERATOR

GROWTH

REMARKS

Number of teeth

Condition of teeth

Condition of gums

Condition of tongue

Condition of throat

Condition of chest

Condition of abdomen

Condition of pelvis

Condition of legs

Condition of feet

Condition of hands

Condition of fingers

Condition of nails

Condition of skin

Condition of hair

Condition of eyes

Condition of ears

Condition of nose

Condition of mouth

Condition of throat

Condition of chest

STANDARD VITAL DEATH CODES

DEATH HISTORY SHEET