

Original

ATTESTATION PAPER.
207th. OTTAWA-CARLETON OVERSEAS BATTALION
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 246188

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Schofield
- 1a. What are your Christian names? Clive Angus
- 1b. What is your present address? Y.M.C.A. Metcalfe St.
2. In what Town, Township or Parish, and in what Country were you born? Gravesend Kent England
3. What is the name of your next-of kin? Mrs. Jane Schofield
4. What is the address of your next-of-kin? Kingston, Ont. 647 Princess Street
- 4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? Oct. 22nd, 1885
6. What is your Trade or Calling? Clerk
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? 43rd D.C.O.R.
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, Clive Angus Schofield, 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.

Clive Angus Schofield (Signature of Recruit)

Date May 1st, 191 6. J. Owens (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Clive Angus Schofield, 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.

Clive Angus Schofield (Signature of Recruit)

Date May 1st, 191 6. J. Owens (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 Ottawa this 1st day of May 191 6.

W. Birtch (Signature of Justice)

JUSTICE OF THE PEACE
FOR CARLETON COUNTY.

Description of Clive A. Schofield on Enlistment.

Apparent Age...30.....years.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft. 5 $\frac{1}{4}$ ins.

Chest measurement { Girth when fully expanded.....34.....ins.
Range of expansion.....4.....ins.

Complexion.....Fair

Eyes.....Blue

Hair.....D. Brown

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

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Nil

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.....May 1st,.....1916

Place.....Ottawa

J. C. Askey
May 1st 1916
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.

Clive A. Schofield.....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.

H. Hughes Major
.....(Signature of Officer)
Adjutant
207th. Ottawa Carleton Battalion

Date.....May 1.....1916.

REGIMENTAL DOCUMENTS

NAME *SC H O F I E L D, Elaine August Pte* REGT. NO. *246188* UNIT *2nd Bn.* H. Q. FILE NO. CONTENTS *2*

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

4/5/19
h.m.
1. ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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

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

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

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

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

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

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

1. 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)

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

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

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

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

*Misc.**P122**pay card*

DEATH

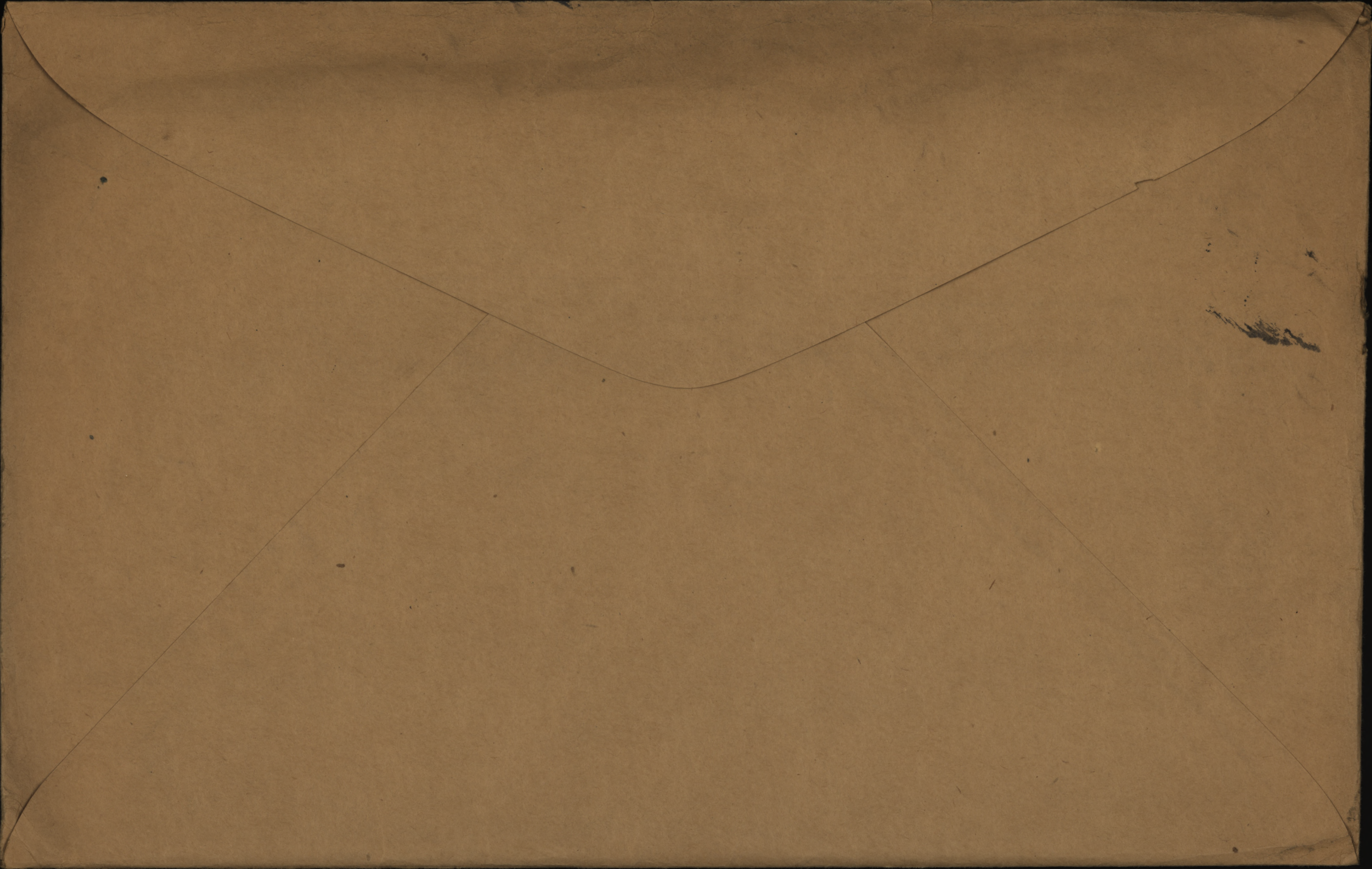
Category

DISCHARGE

Category *Remob*

DESERTION

07293



REG. NO. NAME *Schofield* *6 line*
(SURNAME FIRST)

RANK *Plt* CORPS *204th Bth*

AGE SERVICE

NAME OF HOSPITAL *Protestant General* PLACE *Ottawa*

DATE OF ADMISSION *24-5-16*

DISEASE *Heat Exhaustion*

DISCHARGE *29-5-16*

OPERATION

DISCHARGED TO DUTY *Yes*

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

.....

No 246188 RANK

Pte

NAME

Schofield, Clive Angus

T. O. S. 1-5-16

UNIT

207th Battalion

Do 51-1-5-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
May 1	May 31	L		
June		✓		
July		✓		
Aug		✓		
Sept		✓		
Oct		✓		
Nov		✓		
Dec		✓		
1917	1917			
Jan		✓		
Feb		✓		
Mar		✓		
Apr		✓		
May		✓		

(over)

June 1 June 10

in

UNIT SAILED

JUN 2 1917

Em
Number

246188

Rank

Pte

Surname

SCHOFIELD

Christian Name

Cline Angus

Units

2nd Bn Can Inf Theatre of War France

Date of Service

18/11/18

Remarks

Latest Address

~~647 Princess St~~

~~Kingston Ont~~

Roll No

P. 194 Centre St. Ottawa Ont.

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.

SURNAME.

CHRISTIAN NAMES

REGL. NO.

RANK

UNIT

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDR

CHANGE OF ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

Diap Ana H. M. 103
CARD NO.

see sig 24.4.19

FOLL.

80 106 9 264.19

#520

Bn

647 Princess St., Kingston, Ont.

L. 18/12/16. 54-21-38-1.

England, Gravesend, Kent

Ottawa, Ont.

Oct. 22nd 1888.April 1st 1916.o/s. 2-6-17 $\frac{862}{23}$ Plc. 21-4-19 $\frac{309}{125}$ Plc-

From Halifax per S.S. "Olympic" 3/6/17

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Clerk R.

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

30

YEARS

—

MONTHS

HEIGHT

5

FEET

5 1/4

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

L. Brown

DISTINGUISHING MARKS

N.B.

MEDICAL EXAMINATION.

PLACE

Ottawa, Ont.

DATE

May 1st 1916.

Present Address. Y. M. C. A. Metcalf St.
Ottawa, Ont.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Service Badge
Class "A" No. 246484

THIS IS TO CERTIFY that No. 246188 (Rank) Pt

Name (in full) SCHOFIELD Private enlisted in

the 207th Trench Coy Bn

CANADIAN EXPEDITIONARY FORCE at Ottawa on the 1st

day of May 19 16

HE served in England and France 2nd Battalion

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 33 years

Height 6' 5 1/4"

Complexion Fair

Eyes Blue

Hair Dark Brown

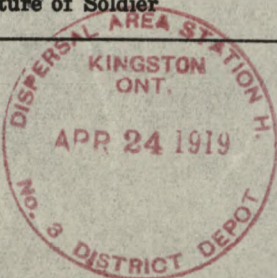
Marks or Scars Scar on left side

of chin and one in front

Two scars on right knee

Signature of Soldier

Date of Discharge



for O. C. Dispersal Area Station H

Rank

Date 19

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

enlisted in

entire

15. *Staphylococcus aureus*

21

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

REGIMENT

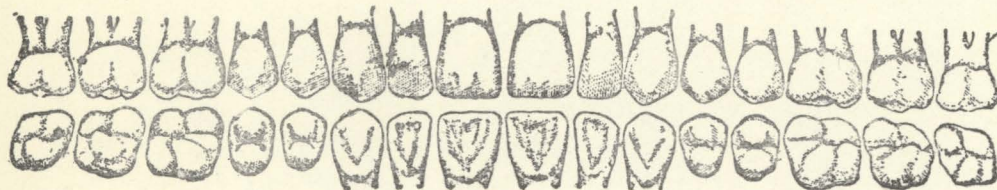
RANK

No.

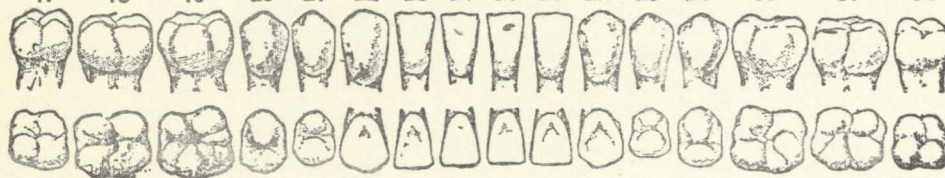
Date of Examination in England

Date of Examination in France

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

(c) In France

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer

DIRECTIONS TO
DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

11/11

R. H. A. J. A. E.
Laf

181108 . 650770102

11/01/02

1001 11/01/02

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. 246188 Rank Pte Surname SCHOFIELD
(Given name in full)

Unit or Corps 2nd Ban Bn Birthplace Graves End Eng

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

1. GENERAL DESCRIPTION:

Physique Good Weight 130 lbs.

Height 5 ft. 5 1/2 in.

Colour of Eyes Blue

Nutrition Good

Pulse 70 Regular

Condition of arteries Soft

Vision Rt. 1/2 ft. Left 1/2 ft.

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Scar on left side of
chin and one in front
Two scars right knee
Vaccination mark left
arm

Opinion as to general health and physical condition Good

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

Nervous System No Genito Urinary Sytem No 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.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Brampton (Overseas)

Date March 25-1919

Signed John D. Russell M.O.

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

Signature John D. Russell

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

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

Signature

(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]

MEDICAL HISTORY SHEET

Surname Schofield Christian Name Oliver Angus

Examined { on <u>1st</u> day of <u>May</u> 191 <u>6</u> at <u>Ottawa Ont</u>	Approved by <u>J. Chaskey</u>	
Birthplace { City or Town <u>Gravesend Kent</u> County <u>England</u>	Rank <u>Maj</u> M.O.	
Apparent age <u>30</u>	Date	Fit or Unfit
Trade or occupation <u>black</u>	EXAMINED FOR RE-ENGAGEMENT	
Height <u>5</u> feet <u>5 1/4</u> Inches		M.O.
Weight <u>125</u> lbs.		M.O.
Chest measurement { Minimum <u>30</u> inches Maximum expansion <u>34</u> inches		M.O.
Physical development <u>good</u>		M.O.
Small-pox Marks <u>none</u>		M.O.
Vaccination Marks { Arm Right Left Number <u>None</u>	Date	Result
When Vaccinated last	<u>16/8/16</u>	<u>Por</u>
(a) Marks indicating congenital peculiarities or previous disease <u>none</u>		M.O.
(b) Slight defects but not sufficient to cause rejection <u>none</u>		M.O.
	Date	Result
	<u>16/8/16</u>	<u>Good</u>
	<u>15/6/17</u>	<u>Good</u>
		M.O.
		M.O.

Enlisted on 1st day of May 1916 at Ottawa Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>207th Bn.</u>	<u>246188</u>		
Transferred to	<u>7th Reg. Bn.</u> <u>156th Bn.</u> <u>2nd Bn.</u>			<u>10.6.17</u> <u>16.6.17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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.

Christian Name

Salve Anguis

[illegible]

DL .

Rank _____ Name SCHOFIELD Clive Angus ✓
 Unit 207th Bn to East Ont ^{If in perm. Corps} _{What Unit?} Regt ^{Married or Single} Single. ✓
 Place and Date of Enlistment Ottawa May 1st. 1916. ✓ Place of Birth Gravesend Kent ✓
Eng

Name and Address, Next-of-Kin Mrs Jane Schofield ✓
647 Princess St.
Kingston. Ontario. Canada. ✓ Relationship Mother.

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No 12333
 File R.L. _____
 Category Can O.R.

Discharge, Date and Place _____ Reason _____ Character _____

H. W. V., Ltd.-9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. Rank The authority to be quoted in each case.	Place.	Date.	REMARKS
Date.	From whom received.				Taken from Official Documents.
⇒ARRIVED IN ENGLAND 9 6 17 S/S OLYMPIC.⇒					
14-6-14	Y th Res Bn	TOS.	Beaufort	10-6-14	PTD 142
16-6-14	156 th Bn	TOS from Y th Res Bn	Norley	13-6-14	PTD 165
18-1-18	"	Posted to 2 nd Bn Operas	"	18-1-18	" 18
25-3-19	2 nd Bn	Proceeded to England	"	21-3-19	" 18
17-4-19	B. Wing	So S to Canada	"	14-4-19	1012
49-H-140			14-4-19.		

103 CHECKED

[illegible]

W. S. B. CLASS. A

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

M. F. W. 54. (A. F. B. 102.)

350M.—5-16

H. Q. 1772-39-920

Casualty Form—Active Service.

207th. OTTAWA, CARLETON BATTALION

Unit, Regiment or Corps.

Regimental No. 246188 ✓

Rank

Otc ✓

Name

Schiffeld Blive angles

Enlisted (a) 1/5/16

Terms of Service (a)

E. F.

War.

Service reckons from (a)

1/5/16.

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)

Clerk

None.

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								
PORT OF EMBARKATION:- <i>Halifax</i> NAME OF TRANSPORT:- <i>2810</i> DATE:- <i>28/5/17</i>									
PORT OF DISSEMBARKATION:- <i>Liverpool, Eng</i> DATE:- <i>10 June 1917</i>									
<i>6.17</i>	<i>OC. 207th Bn.</i>	<i>Transferred to 7th Res. Bn.</i>	<i>Seaford.</i>	<i>10/6/17</i>	<i>PT II Order No 140</i> <i>Jewell & Co</i> <i>Capt 9041</i>				
<i>14.</i>	<i>OC. 7th Res. Bn.</i>	<i>Taken on Strength 7th Res. Bn.</i>	<i>Seaford.</i>	<i>10. 6. 17.</i>	<i>PT II Order No 142.</i>				
<i>17.</i>	<i>OC 7th Res. Bn.</i>	<i>Transferred to 156th Can Inf. Bn.</i>	<i>Seaford.</i>	<i>13. 6. 17.</i>	<i>PT II Order No 142.</i> <i>J. C. Fuller</i> <i>Lieut & Asst Adj</i> <i>7th Res. Bn.</i>				
<i>18-1-18</i>	<i>OC. 156th Bn.</i>	<i>Taken on Strength</i> <i>Proceeded Overseas for Witley Service with 2nd Bn</i>	<i>Witley</i>	<i>13. 6. 17</i> <i>18-1-18</i>	<i>PT II D. O. 165</i> <i>PT II 18</i> <i>W. W. Armstrong</i> <i>ADJUTANT,</i> <i>For O.C., 156th CANADIAN INFANTRY BATTN.</i>				

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				

19-1-18 O. B. D. ARRIVED C. B. D. FRANCE 19-1-18 N. R. D. PART II ORDERS No. 6. D. 23-1-18

21-1-18 C. B. D. LEFT C. B. D. FOR CCKC 21-1-18 N. R. D.

21-1-18 O. C. BN ARRIVED CCKC BN. FIELD 21-1-18 B. 213 D.

16-3-18 2nd Bn joined 2nd Bn. do 9-3-18 B. 213

18-1-19 2nd Bn Granted 14 days leave U.K. 18-1-19 B. 213.

15-2-19 do From leave Field. 13-2-19 B. 213.

Emb. Camp. Proceeded to England. 20 MAR 1919 N.R. Pt. 2 O.No. d/.....

W. J. Moore
Capt.
LIEUT.
FOR LCOL.
A. A. G.

12-4-19 SCS - - OMPC PROCEEDED TO CANADA Pt. 12

OLYMPIC

SOUTHAMPTON

15-1-19 O. S. 390 154519

Discharged... Kingston... Pt. 2 Order...

24-4-19

O. C. Dispersal Area Station

(Mother)

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTSM. F. W. 12.
25m-4-17.
H. Q. 1772-39-819.

Mrs Schofield, Flora
To Whom
Address 644 Princess St.,
Kingston Ont.

By Whom Assigned

Regtl. No. 246188

Rank Pte

Corps 207 B.N.

Rate \$1500

JUN 1 1917

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				



2200-7
P1745L

Mrs

(Mother)
MILITIA AND DEFENCEM. F. W. 12a.
18m.—4-17.
1772—39—819.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2
(Assignee)

Flora Schofield

Name of Soldier

Schofield, Clive A.
Pte. 207 B.N.

PAYMENTS.

246188,

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
			15 ⁰⁰	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		O 20023	15	
July		U 24814	15	Ln
Aug.		L 32581	15	
Sept.		R 39551	15	CD
Oct.		D 48585	15	
Nov.		O 53189	15	
Dec.		T 60128	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

1886

7205-2R.

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.				

C. A.

SOS Canada	14/4/19	}
SL 49		

Re. Schofield C. A.

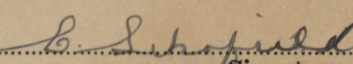
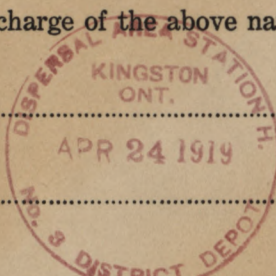
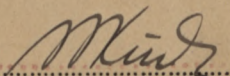
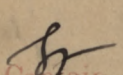
May	P.P.	30 80
		34 10

War Service Badge
Class "A" No. 246484

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.	246188		
2. Rank.	Pte		
3. Name.	SCHOFIELD Clive		
4. Unit.	2nd Can Bn.		
5. Date of Discharge	24-4-19	Place	Kingston Can
6. Reason for Discharge	Demobilization		
7. Authority.	R. O. 1420		
8. Proposed Residence after Discharge	Kingston Ontario		
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. ? ^B 39		
	 Signature of Soldier.		
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Date..... 		
	Signature.....   for O. C. Dispersal (O. C. Discharging Unit.)		

H
3

PROCEEDINGS ON DISCHARGE

(Demobilization)

1. No.	2. Rank	3. Name	4. Unit
5. Date of Discharge	6. Reason for Discharge	7. Authority	
8. Proposed Residence after Discharge			
9. CERTIFICATE TO BE SIGNED BY SOLDIER I hereby acknowledge that at the undersigned place and date I received my discharge Certificate M. E. W. T. Signature of Soldier			
10. CONFIRMATION The discharge of the above named man is hereby confirmed. Place Date Signature (O. C. Discharge Unit)			

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Trinitate	Medical Form W. 23
or Particulars of Receipt	Medical Form W. 102
Field Conduct Sheet	Medical Form W. 178 or A. F. 12
Camp Life Form	Medical Form W. 54 or A. F. 108
Last Day Certificate	Medical Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Medical Form H. 318 or A. F. 178
Proceedings of Medical Board	M. F. R. 227, A. F. R. 179 or A. F. 144
Dental History Sheet	Medical Form H. 486
Medical Report	M. F. W. 129 or D. M. S. 1216
Regimental Conduct Sheet	Medical Form H. 283
Company Conduct Sheet	Medical Form H. 283

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. 500M).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39).
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing.
12. Last Pay Certificate (P. 851). *& dup*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group 13

Checked by No. 14

Date 8. 4. 19

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

01571

June 1-17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15-			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 246188
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Clive A. Schofield
 Battalion 207 Battrn.
 Beneficiary
 Relationship
 Address

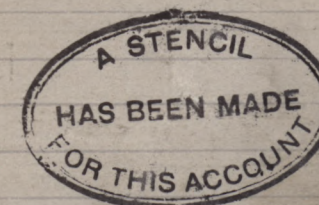
PARTICULARS OF ASSIGNMENT

Name Mrs. Flora Schofield
 Address 647 Princess St.
 Change of Address Kingston, Ont.
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					16252-67
Dec 31	—		105	105	
Jan 1918	X 71772		15	15	✓ R
Feb.	R 72977		15	15	✓
Mch	S 92313		15	15	✓
Apr	S 11000		15	15	✓
May	V 18982		15	15	✓
June	U 24909		15	15	✓
July	E 24326		15	15	✓
Aug.	U 36902		15	15	✓
Sept	X 46820		15	15	✓
Oct.	L 51323		15	15	
Nov	X 59128		15	15	
Dec	C 68346		15	15	
Jan.	S 72231		15	15	
Feb.	H. 81014		15	15	✓
Mar	G 85021		15	15	✓
Apr.	S 4497		15	15	✓
				345	

A/c Closed 30-4-19
 Ret'd per... OLYMPIC
 Date... 2-4-19
 Clerk... J.P.A. 29-4-19

L.H. R.W.
 M.R.D. Destroy 19276



Date of Assignment

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

		1000	
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PARTICULARS OF ASSIGNMENT

4

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

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

M. OR S. *nil*

REGT. NO. *246188* RANK *PC* NAME (IN FULL) *Schofield Clive*

ORIGINAL UNIT C.E.F. *207th*

IF IN P.F. WHAT UNIT?

ADDRESS *nil*

RELATIONSHIP

PARTICULARS *PC Clive Schofield, 647 Parnell St., Kingston, Ont.*

EFFECTIVE DATE

AUTHORITY

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

TO WHOM PAID *nil*

RELATIONSHIP

ADDRESS *nil*

DATE EFFECTIVE

ASSIGNED PAY \$ *15.90*

DATE EFFECTIVE *1-5-16*

PAYABLE TO *Mrs. Flora Schofield, Mother*

RELATIONSHIP *1-6-17*

ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *647 Parnell St., Kingston, Ont.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED *Kingston*

DATE *24-4-19*

REASON *Resemb.*

AUTHORITY

IF ENTITLED TO POST DISCHARGE PAY

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.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$		C.						
			\$	C.					NO.	DATE	NO.	DATE	NO.	DATE												\$	C.	\$	C.	\$	C.
April	29	1.10	31.90	✓	35.00	✓						4.87	✓	5.00	✓	108.50	✓	15.50	✓			3.53	✓	3.53	✓	Returned "Olympic". Bal. per Eng L. V. C., Clothing Allow. and 1st Payment W. S. G. Pay to Estimate duty on discharge. Advances in England. Boat Money, Train Money. Overpaid 5 days on discharge.					
								</																							

