

208030

ABEL

CLARENCE WOODS

I.D. number
No. d'identification

Surname
Nom de famille

Given names
Prénoms

OPEN ATA.

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

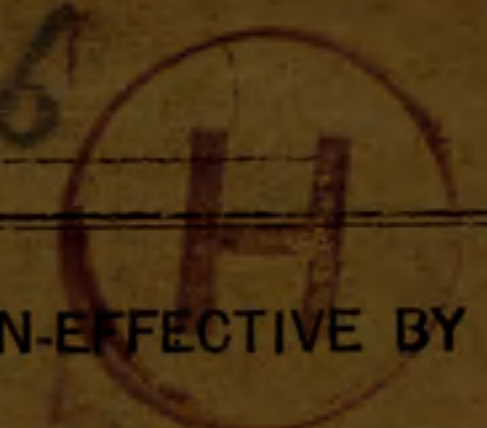
Location
Lieu

12



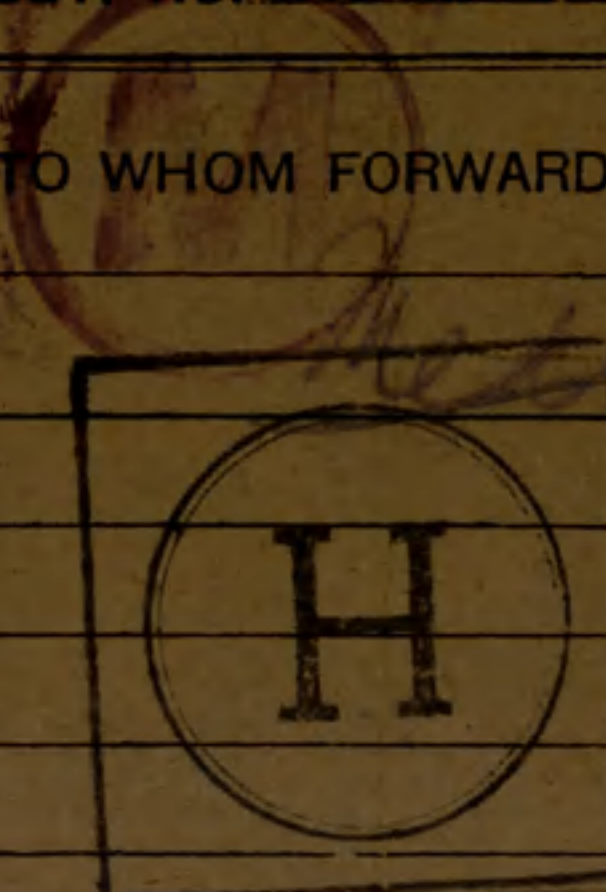
REGIMENTAL DOCUMENTS

NAME ABERH. CLARENCE WOODS ^{Sgt.} REGT. NO. 208070 UNIT 17th Reg H. Q. FILE NO. 316



4
S
9

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTENDANCE PAPER (M.F.W. 23, 133, or 51)					DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
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)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Shenck</i>
1 MEDICAL EXAMINATION (M.F.W. 129)					
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>60085009A</i>					
2 <i>B103</i>					
3 <i>Casford</i>					
2 <i>AF 51237-1</i>					
1 <i>A.F.W. 3172-1</i>					
1 <i>99122</i>					
1 <i>pay card</i>					



UNIT *97th Overseas Battalion C.B.F.*

Regimental No. *208030.*

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

2754 Zephyr Ave Pittsburgh Penna

1. What is your name? *Clarence Woods Abel*
2. In what Town, Township or Parish, and in what Country were you born? *Allegheny, Penn.*
3. What is the name of your next-of-kin? *Margaret Abel (Mother)*
4. What is the address of your next-of-kin? *2754 Zephyr Ave, Pittsburgh Penn.,*
5. What is the date of your birth? *Dec. 22nd 1891.*
6. What is your Trade or Calling? *Chaffeur*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force?
If so, state particulars of former Service. *No*
11. Do you understand the nature and terms of your engagement? *Yes.*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes.*

C.W. Abel (Signature of Man).

(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Clarence W. Abel*, do solemnly declare that the above answers made by me to the above questions 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 *February 25th 1916.* *(Sgd) C.W. Abel* (Signature of Recruit).
(Sgd) Harold Keating (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Clarence W. Abel*, 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 *February 26th 1916.* *(Sgd) C.W. Abel* (Signature of Recruit).
(Sgd) Harold Keating (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 *26th* day of *February* 1916.

(Sgd) Megible (Signature of Justice).

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Certified true copy.
(Sgd) [Signature] Lieut. (Approving Officer).
for Lieut Colonel i/c Records, C.B.F.

Description of Clarence W. Abel on Enlistment.

Apparent Age 24 years _____ months.
 (To be determined according to the instructions given in the Regulations for Army Medical Service.)

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 6 ft. 2 ins.

Chest measurement. (Girth when fully expanded 37 ins.
 Range of expansion 6 ins.)

Complexion Fair

Eyes Gray

Hair Dark

- Religious denominations.
- Church of England _____
 - Presbyterian _____
 - Wesleyan _____
 - Baptist or Congregationalist _____
 - Other Protestants _____
 (Denomination to be stated.)
 - Roman Catholic _____
 - Jewish _____

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 February 25th 1916.

(Sgd) W J Bunsley
Lieut Col

Place Windsor Ontario

*Insert here "fit" or "unfit."

Medical Officer.

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.

Clarence W. Abel 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.

(Sgd) Illegible (Signature of Officer).

Date February 25th 1916.

CANADIAN EXPEDITIONARY FORCE

War Service Badge Issued, Class *A* No. *3817*

War Service Badge Issued, Class *U* No. *22433*

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. *208030* (Rank) *a/sgt*

Name (in full) *Clarence Woods Abel* enlisted in the *97th Res Btn. C.E.F.*

CANADIAN EXPEDITIONARY FORCE at *Windsor Ont* on the *26th* day of *February* 19 *1916*

HE served in *97th. R.C.R. 17th Res Bn*

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 *27*

Marks or Scars *nil*

Height *6-2*

Complexion *Fair*

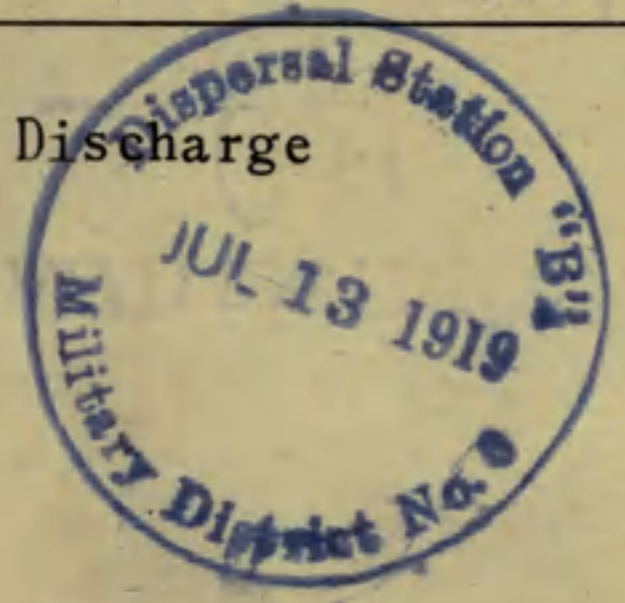
Eyes *Grey*

Hair *dark*

W. Abel
Signature of Soldier.

R. S. Bellemore
for *C. Dispersal Station "B"*
Issuing Officer.

Date of Discharge



Rank

Date *HALIFAX, N.S. JUL 4 1919* 19.....

NB - 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.

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

James P. Smith

WOUNDED STRIPES

One

AUTHORIZED TO WEAR

3736
966

ORIGINAL ORIGINAL MEDICAL HISTORY SHEET

Surname: Abel Christian Name: Clarence Woods

Examined { on 26 day of Feb. 1916 Approved by W. J. Deasley Per. Gen.
 at Windsor Ont
 Birthplace { City or Town Allypungy Rank Sgt M.O.
 County Punjab

Apparent age 24
 Trade or occupation Chaffer
 Height 6 Feet 2 Inches
 Weight 160 Lbs.
 Chest measurement { Minimum 31 inches M.O.
 Maximum expansion 37 inches M.O.
 Physical development Good M.O.
 Small-Pox Marks no M.O.

Vaccination Marks { Arm Right Left
 Number 1
 When Vaccinated last 1910
 (a) Marks indicating congenital peculiarities or previous disease none M.O.

(b) Slight defects but not sufficient to cause rejection
Slight flat foot
 Date Result ANTI-TYPHOID INOCULATIONS, ETC.
Apr 10-14 Return M.O.
Apr 13-14 Return M.O.
Apr 17-14 Return M.O.
Apr 23-18 Return M.O.
Apr 31-18 Return M.O.

Enlisted on 26 day of February 1916 at Windsor Ont

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>97th Div</u>	<u>208030</u>		<u>Feb 26, 1916</u>
Transferred to	<u>R C R</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.

CANADIAN

Christian Name *Christian Woods*

Surname *Woods*

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				
Bethnal Green Military Hospital Cambridge Road E.		10	10	17	29	10	17	G.S.W. Leg 1	19	Transf. to Bromley. L. leg. no loss nor nerve injury	H. Gallagher
CANADIAN CONVALESCENT HOSPITAL BROMLEY, KENT.		29	10	17	30	10	17	do	2	Discharging wound unable to fully extend knee or put any weight on foot, transferred to Epsom	H. Gallagher
W. H. Hipscom.		30	10	17	9	1	18	do.	42	severe wound. Left leg. sens almost healed. Massage. 26.12.17. wound improved under massage treatment. & 2.1.18. now recovered. no pain on tenderness and no disability.	H. Gallagher
NO 12 CAN. GENERAL HOSPITAL		27	5	18	1	6	18	Bronchitis	6	mild attack. Lung now clear discharge to lung	H. Gallagher

No. 208030 RANK

Pte
 Coypl.
 Sergt.
 Coypl.

NAME Abel C.

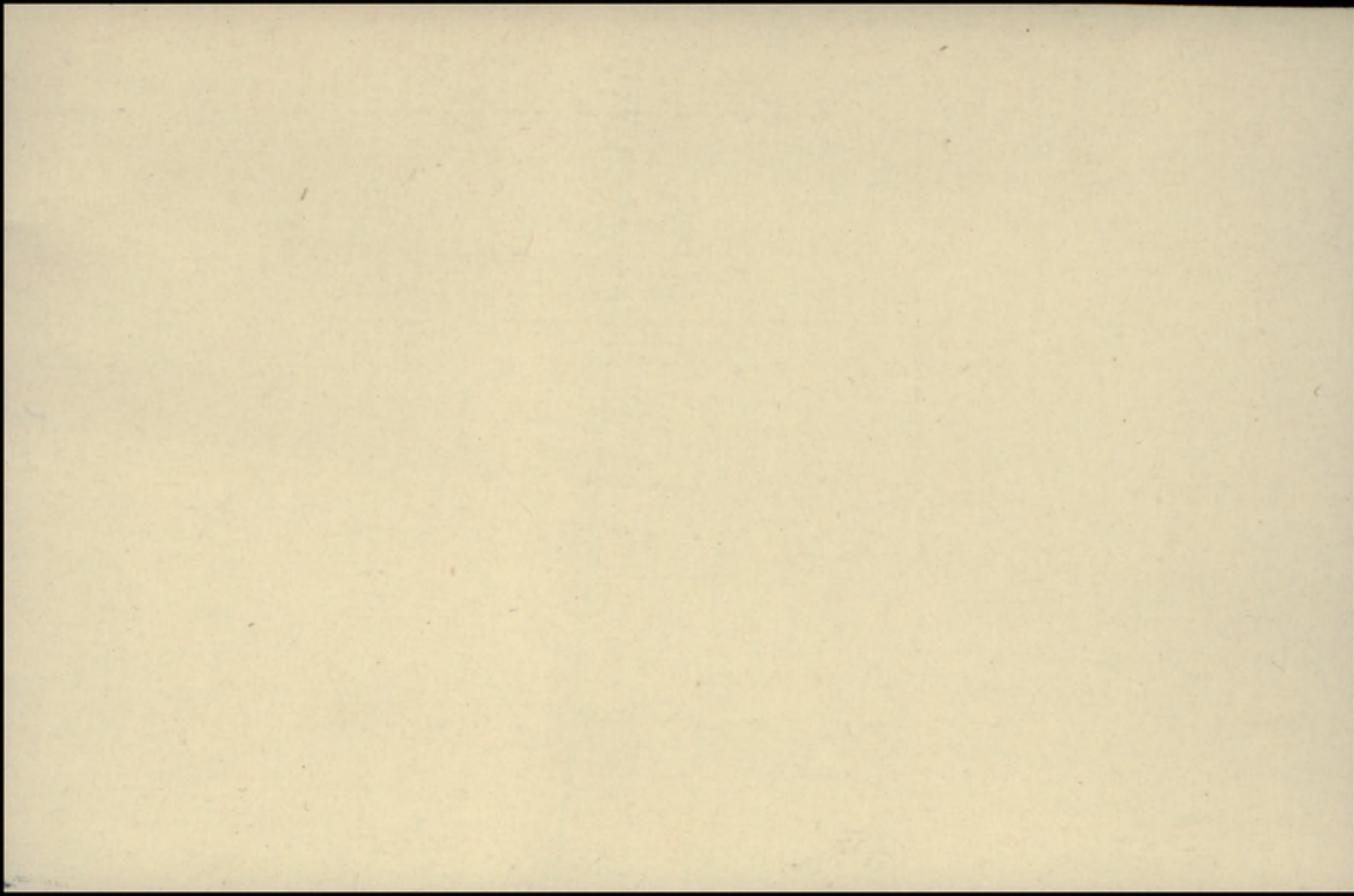
W.

T. O. S. 25 - 2 - 16. UNIT 97 Battalion C. C. F.
 (50.69 of 1 - 3 - 16.)

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916- Feb. 25.	1916- Mar. 31.	✓		
	Apr.	✓		
	May.	✓	Prom. Coypl. 29-4-16.	50.120 of 2-5-16.
	June.	✓		
	July.	✓	" Sergt. 1-7-16.	50.180 of 15-7-16.
	Aug.	✓		
Sept. 1.	Sept. 15.	η.	Reduced to Coypl. 13-9-16.	50.230 of 14-9-16.
" 16.	" 30.	η.		

UNIT SAILED
 SEP 18 1916



649-A-5124

CARD NO. *c.b.*
✓ B-6

SURNAME. *Abel.*

CHRISTIAN NAMES *Clarence Woods.*

80813-7-19
FOLL. *80190 of 9-7-19*

REGL. NO. *208030*

RANK *Cpl.*

ADG
B.W.

UNIT *97th.*

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Abel Mrs. Margaret*

RELATIONSHIP TO SOLDIER *Mother.*

ADDRESS *2754 Zephyr Ave. Pittsburg
Penn. U.S.A.*

COUNTRY OF BIRTH *U.S.A. Alleghany Penn.*

DATE *Dec. 22nd. 1891*

PLACE OF ATTESTATION *Windsor Ont.*

DATE *Feb. 26th. 1916.*

Sailed from Halifax 18/9/16 per S.S. Olympie

R/R 3-7-19 364
110
M. P. W. 27. 250M. - 2-16. H. O. 1772-39-338.
539
2

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

Chauffeur

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

24 YEARS

MONTHS

HEIGHT

6 FEET

2 INCHES

CHEST MEASUREMENT

37 INCHES

EXPANSION

6 INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

Dark

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Windsor Out.

DATE

Feb. 25th 1916.

*Present Address - 2754 Zephyr Ave
Pittsburg Penn. U.S.A.*

REGT'L. No. 208030.

NAME

Abel, O. C. W.

H. Q. FILE NO 649

RANK AND CORPS

Sgt. (Depot) N.S. Reg.

FOLLOWS

NO.

CABLE

NATURE OF CASUALTY

FOLLOWS

NO.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C 221.	12 Can Gen: Bramshott.	28 ⁷ 5-18.	Bronchitis
C 225,	Disco	1-6-18	"

REGT'L No 208030

H. Q. FILE No. 649-

NAME Abel Clarence Woods

RANK AND CORPS

Pte. ~~1st Lt~~ R. C. R. (Form 97) Bu

FOLLOWS

No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

5-1
M 6132

30-9-17

Adm 42 Cas Clg Stat Sept 23rd 1917
Gsw. Leg.

M 6224 WSM 20-10-17

Bethnal Green Military Hospital
Cambridge Heath E., Gsw. Leg.

M 6233

21-10-17

wsm
progressing satisfactorily, up

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 320.	#3 Div. Rest Stat.	²⁷ 30-1-17	P. U. O.
A 329.	Correct Rank should read	A/L/Cpl	
A 334	3rd Div Rest Station Diesel	14-2-17	P. U. O.
A 24	H2 Gas Gr Stat.	23-9-17	S. W. Leg.
A 28	6 Gen Queen	25-9-17	" " L 22-10-17
B 36	Mil Bethnal Green	11-10-17	S. W. Leg Sev.
B 52	Ex Can Conv. Hosp. Bromley	30-10-17	S. W. L. Leg.
B 53	Ex Mil. Conv. Hosp Epsom	31-10-17	" " " "
B 112.	4 " " " " " " " " " "	9-1-18	" " " "

Clarence Woods ✓

Form R. 149.

7106-250m-7/2/17.

Name ABEL ✓

Rank

~~PLT~~
Sgt ✓

Reg. No 208030

Unit ~~ACW~~ N.S.R.D.

Next of Kin ~~USA~~ ✓

Handwritten mark

Date	Movement	Place	Casualty	List No	Notified N/K O.	W.O. List
23.9.17	42 Cas Ck Station 3259		SW Leg	224	652	
25.9.17	Trans 6" for Hoop 7d 14491	Rowen	do	228		
11.10.17	Trans Multy Hoop R225 3545	Bethnal Green	do	236		
30.10.17	Trans Can Com 9001 4690	Bromley	do	252		
31.10.17	Trans Multy (Con) R225 4762	Green	do	253		
9-1-18	Discharged 2480		do			
						P.T.O.

Handwritten mark

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
--------------	----------	-------	----------	-------------	--------------------	-----------

28-5	12 Can Gen B'shott	Bronchitis	C	221		18794
1-6	Discharged		C	225		5460

(Handwritten mark)



12. Can Gen HOSPITAL.

D-1

AT

A. & D. No.

4056

PL. OF ACTION

(T.P.C.P.)

RANK

Sgt

REG. NO.

208030

UNIT

2d C. C. Co. C. Co.

SICK OR WOUNDED

NAME

Abel, C. W.

AGE

26

RELIGION

C of C.

PLACE IN HOSPITAL

Ward 1

DIAGNOSIS

Bronchitis

ADMITTED

27 5 18

FROM

lines

DISCHARGED

JUN 1 1918

TO

TRANSFERRED

SERVICE AT HOME

36
12

IN FIELD

2
12

RESULTS

(See Document Card for M.M. Sheet and other Documents.)

REMARKS.

Dotted lines for writing remarks.

Auto mechanic

Form DMS 1401.

8289 100M 9/3/17.

Barrow Browley HOSPITAL.

A. & D.
CARD

F

AT Browley
A. & D. No. T 3736 PL. OF ACTION

RANK Sergt 208030 UNIT R.6.R^o a 60 SICK OR WOUNDED

NAME Abel B.W AGE 26 RELIGION Copt

PLACE IN HOSPITAL

DIAGNOSIS S.W. Left leg.

ADMITTED 29-10-17 FROM Bethnal Green

DISCHARGED 30/1/17 TO Opsom

TRANSFER

SERVICE AT HOME 8 months IN FIELD 12 months

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

26 9. (P.T.O.)

REMARKS.

Surname
Abel

Christian Name or Names
C.W.

Reg. No.
208030

Rank *A.S.C.* Unit *R.C.R. n. 2, Depot.* Co.
Pte. a/sjt.

Troop Batty.

Hospital
3 D.R. Station 30-1-17.

Date of Admission

Transferred *42 C.C. Str*
6 Gen Hosp. Rouen

Hosp. *23-9-17*

Hosp. *25-9-17*

Mil. Petrus Green
Can. Con. Bromley
Epsom mil Conv.

Hosp. *11-10-17*

30-10-17

Hosp. *31. 10. 17.*

Diagnosis *P.U O.*

(1) Later Diagnosis (if changed)

S.W. Leg. R. Sw.

(2)

Bronchitis a.

(3)

Additional Diagnosis: if more than one state present

A.M.D. 2 DEPT.

Dep. of D.G.M.S. O.M.F.C. London.

DISPOSITION

Disch 14-2-17 Date
dis - 9-1-18

REMARKS

dis. 1. 6. 18.

C.L. 22-2-17 A320

7. 3. 17 A329

- 14-3-17 @ 334

1-10-17 A24(1)

5-10-17 @ 28.

15-10-17 B.36

2-11-17 B52(2)

3. 11. 17 B53.

14-1-18 - B.112.

30. 5. 18 @ 221

4. 6. 18 @ 225.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. 12 C. G. Bramshott

28. 5. 18.

2.

3.

4.

5.

6.

7.

Hospital.

Ward 12 No. of Bed _____ Date _____

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
208030	Abel Sgt	A. C. R.	L + Leg.

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

Green Lt. femur
72 ac or 75. lower
1/2.

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate _____

NIL ABNORMAL

Signature of M.O: [Signature]

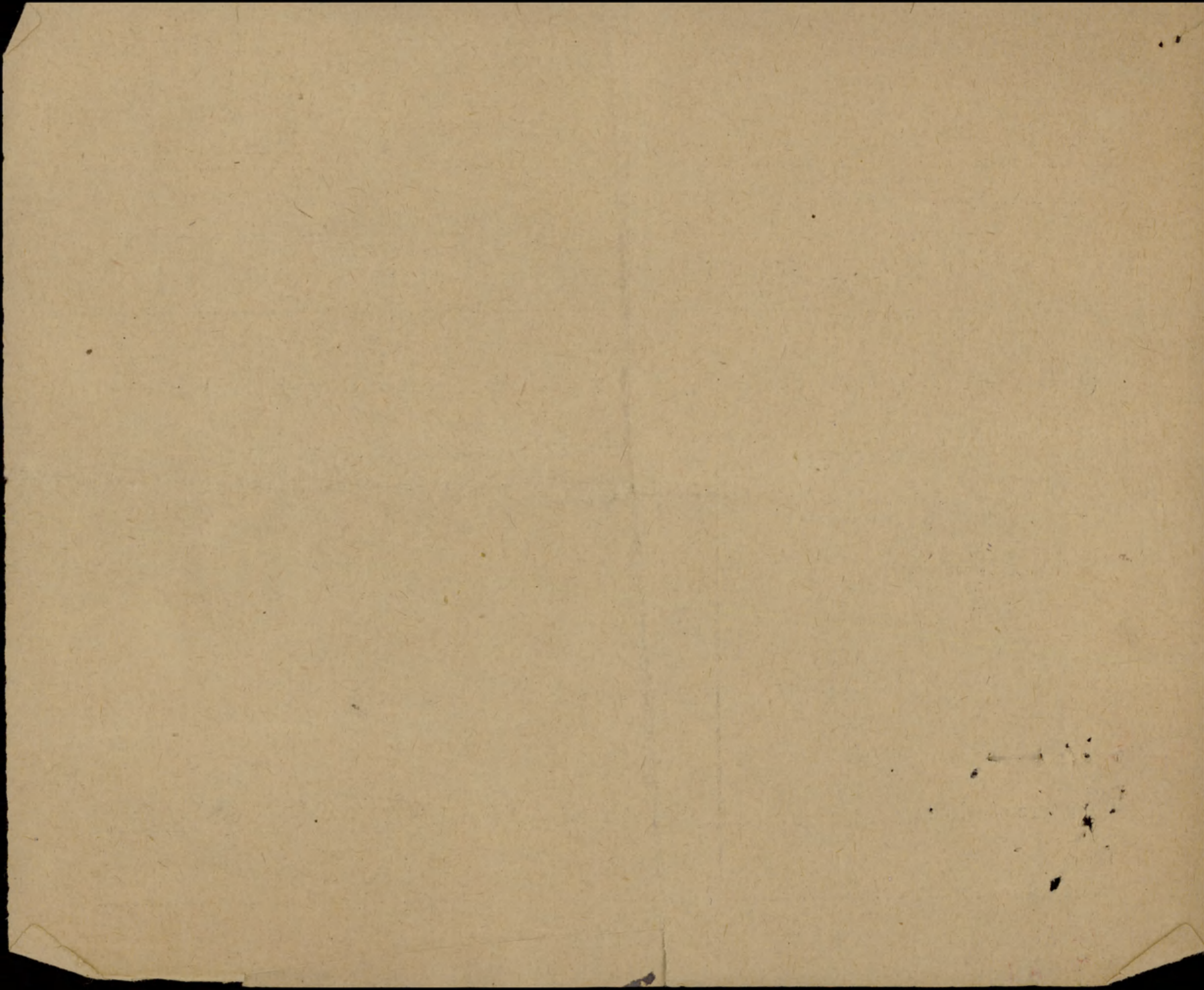
Date 28-9-17

Signature of Radiographer [Signature]

Date 28 SEP 1917

28 SEP 1917

08121



Regt1. No. Rank and Name Sgt. Abel. C. W. Corps 2nd Inf.
Disease Bronchitis Hospital Braunschott
To Officer i/c Laboratory. Ward 13

Please carry out an examination of the accompanying specimen of urine
with special regard to

Date May 28-18 Capt. M. J. ...
O. i/c Ward.

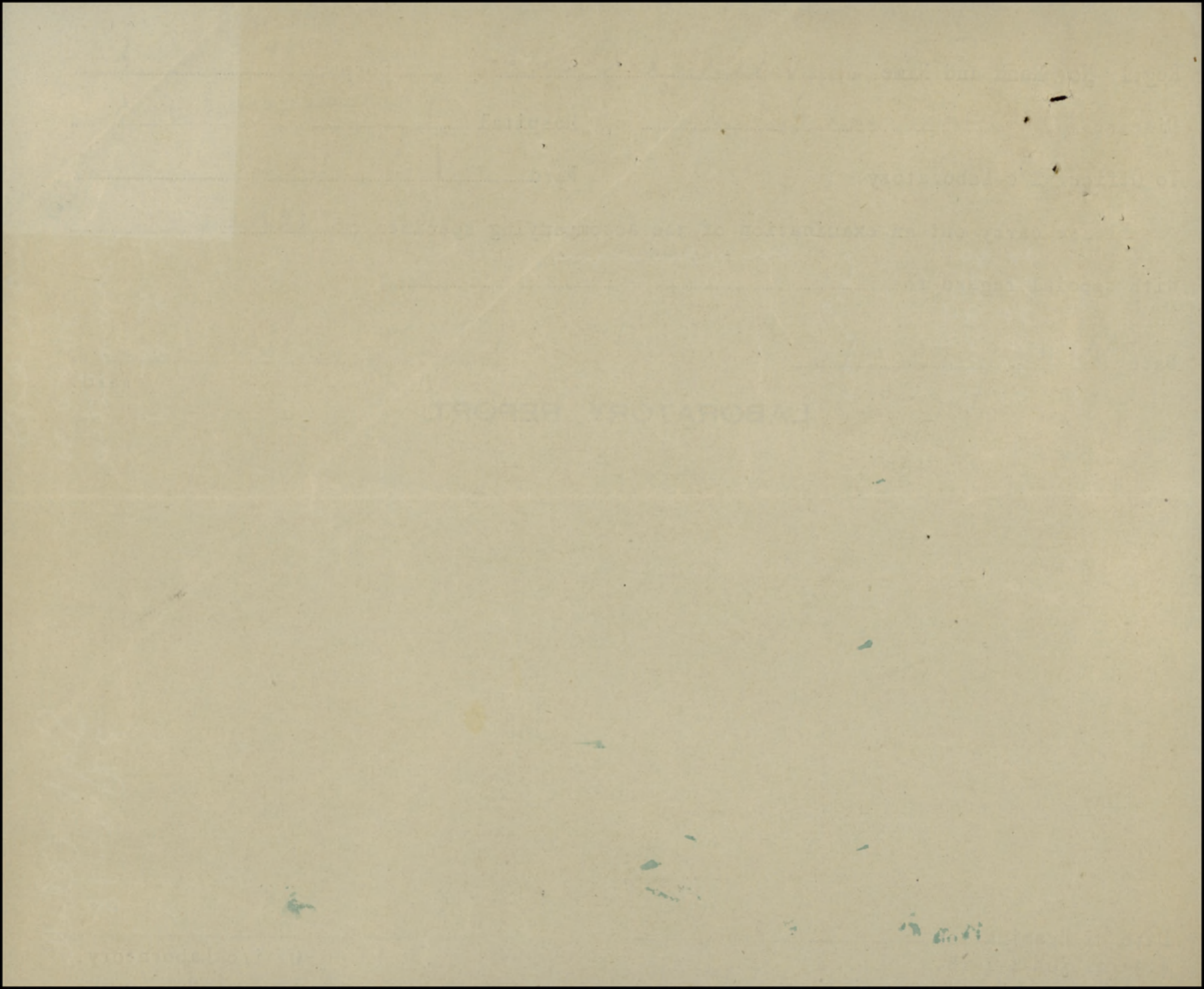
LABORATORY REPORT.

Reaction - Acid
Albumen - neg

Sp Gr - 1021
Sugar - neg

Date of Examination 29-5-18
W.3212. 50M-4-4-18.

R. J. ...
O. i/c Laboratory.



Date	From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
1/3/19	17 Res Bn	S.O.S. to A.C.R.	Ripon	1/3/19	20. 50.
10/3/19	17 th Res.	Sergeant Deaufer to Lt. Wing #6. Kimmel Park	Ripon	10/3/19	20. 57.
		17 Res. Bn. S.O.S.-O.M.F.C.-on Trans. To C.E.F.			
			<i>manley</i>		
					Lieut., Asst. Adj., 17th Canadian Res. Batt.
					H.M.T. MAURETANIA LEKD, SPTN. 28-6-19 SLG. NO. 24
28-6-19		T.O.S. No. 8 D.D. from... and posted			Dioptha B. H. J. D.O. 190
13-7-19	ALD	On Discharge			20 190
					<i>J. Bonner</i> Lieut. Officer V. Records No. 5 D.D.

Casualty Form—Active Service.

Regiment or Corps **Royal Canadian Regiment**

Rank **Pte.** Surname **abel** Christian Name **Clarence Woods**

Religion Age on Enlistment..... years months

Enlisted (a) **25/3/16** Terms of Service (a) **Dir. of War.** Service reckons from (a) **25/3/16**

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.

Date	Report		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...		
26/10/17		R. C. R.	Promoted Sergeant	Field.	Pt. 2. D.O. #105
				Reference	Can records wire 22/4/18
			<i>Free Transportation</i>	<i>23-12-18</i>	
		OC. 2nd OGD	Ceases to be attached to	RIPON.	Pt. 2 D. O. No 35
<i>13.2.19.</i>		2nd G. C. D.	on return to...	<i>19.2.19.</i>	<i>for OC. 2nd OGD.</i>
<i>13/2/19</i>	<i>notes</i>	<i>LOD from US&S</i>	<i>Ripon</i>	<i>13/2/19</i>	<i>for OC. 2nd OGD.</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.

Casualty Form—Active Service.

W.S.B.
CLASS "A"

Regiment or Corps 97th Res. Bn. Regimental Number 202131
 Rank Pvt. Surname Abel Christian Name Clarence
 Religion Methodist Age on Enlistment 25 years 9 months.
 Enlisted (a) 25.2.16 Terms of Service (a) 4 years Service reckons from (a) 25.2.16
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) Chauffeur
 or Corps Trade and Rate _____
 Signature of Officer i/c Records. C. E. Hunter

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
		Embarked ...	<u>Hull Co.</u>	<u>18.9.16</u>	
		Disembarked...	<u>L'pool Eng</u>	<u>25.9.16</u>	
<u>27.9.16</u>	<u>O.C. 97th</u>	<u>App. Act. L/Serjt.</u>			
		<u>" with pay</u>	<u>Otterpool</u>	<u>27.9.16</u>	<u>Bn. O. Bn. 244</u>
<u>27.10.16</u>	<u>O.C. 97th</u>	<u>Rev. to perm. grade</u>	<u>Otterpool</u>	<u>27.10.16</u>	<u>P/O. 274</u>
<u>27.10.16</u>	<u>O.C. 97th</u>	<u>Trans. to R.C.B.</u>	<u>Otterpool</u>	<u>27.10.16</u>	<u>P/O. 274</u>
					<u>CAPT.</u>
				<u>ADJT. 97</u>	<u>RES BN C. S.F.</u>
<u>8-11-16</u>	<u>O.C. C.S.D.</u>	<u>Taken on Strength of Battrn on arrival in France</u>	<u>C. B. D.</u>	<u>3-11-16</u>	<u>n. R</u>
<u>25-11-16</u>	<u>O.C. R.C.R.</u>	<u>Arrived at unit</u>	<u>Field</u>	<u>22-11-16</u>	<u>B213 DC8138</u>
<u>4.2.17</u>	<u>10 CFA</u>	<u>P.W.C.</u>	<u>10 CFA</u>	<u>29.1.17</u>	<u>A36 (B2410) DC8156</u>
		<u>adm Trans</u>	<u>3 LRS</u>	<u>30.1.17</u>	
<u>3.2.17</u>	<u>O.C. Unit</u>	<u>Appd. A.L. Corp.</u>	<u>Field</u>	<u>27-1-17</u>	<u>B213</u>
<u>5.2.17</u>	<u>9 CFA</u>	<u>I.U.O.</u>	<u>20 CFA</u>	<u>31-1-17</u>	<u>B213</u>

CERTIFIED CORRECT.
 17 NOV. 1916
 CAN. RECORDS, LONDON.

(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.
 [P.T.O.]
 (B99130) W 15012-5156 J. P. & Co., Ltd. Forms/B103/3.

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
17-2-17	4 C.A.	Laryngitis	Duty	17-2-17	A36 (2527/808164
21. 4. 17	O.C. Unit	Confirmed L/loop	Field	15.4.17	B213 411 050df.
21. 4. 17	"	apptd. A/loop.	"	15.4.17	B213 do.
2. 6. 17	"	Appptd. L/Sgt.	"	22.5.17	B213 9411 065df. 15/6/17
16. 8. 17	"	Appptd. A/Sergeant	"	16.8.17	B213 9411 089df. 27/8/17
24. 9. 17	8 C 8 A.	S.W. Lt. Leg	42 Co Co B	23. 9. 17	A36/A511
25. 9. 17	42 Co Co B	S.W. Leg. L.	42 Co Co B	23. 9. 17	A36/A9167
25. 9. 17	42 Co Co B	S.W. Leg. L.	A.I. 33	24. 9. 17	A36/A1161
25. 9. 17	# 8 gen	do adm	# 8 gen	25. 9. 17	A/2010
29. 9. 17	R.C.R. western Australia	Wounded in Action	Field	29. 9. 17	B213
9. 10. 17		Invalided (wounded) and Nova Scotia Regt'l. Depot. Bramshott	Posted to	9. 10. 17	W3083-4033 PT4nd #102 7/15.10.17
		<i>[Signature]</i> Captain, for Lieut. Colonel, A.A.G. Can. Sec 3 rd Ech. G.H.Q.			
17-10-17	MRD.	TOS from RCR Oper. Cas	Bishott.	9/10-17	Pt 217.
					LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F.
15-1-18	2 CCO	attached to 2 CCO	Bramshott,	9-1-78	Pt 2 # 12.

[Handwritten signature]
12/1/18

HPD 10.17

MEDICAL CASE SHEET.*

Woudge

966

No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

Christian Name.

208030

Sgt.

Abel.

C. M.

Unit.

Age.

Service.

Year

R. C. R.

26

18
12

Station and Date.

Disease

G. S. W. Z. Leg.

C.C.S.

Small wound, l. leg. Z.B. sutured from subcutaneous layer.

23-9-17.

No tension or inflammation.

Wound healing.

24-9-17.

Wd. satisfactory.

Bygones

Admitted in good general condition.

10-10-17

Wounds - sharp about margins.

Reg No 3 to margin. Marginal area normal. Bifurcating.

15-10-17

A-T. S 50.

22-10-17.

Wound well

25. OCT. 1917

W. W. Woudge
for
Lt Davis

CANADIAN CONVALESCENT HOSPITAL
BROMLEY, KENT.

30/10/17

Transferred to Epsom for further treatment & convalescence.

A. Allison

CAPTAIN C.A.M.D.

CANADIAN CONVALESCENT HOSPITAL

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 2nd Cav

No. 208030

Rank and Name Sgt. Abel C. W.

Age 26

Military Hospital Braunshott

Service 36/12

Disease Bronchitis

Date of admission 27 5-18

Date of discharge _____

Result _____

Dates of Observation	Time																											
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
27																												
28																												
29																												
30																												

on admission

Pulse per Minute
 80 76 84 72 86 74

Respirations per Minute
 20 20 20 20 20 20

Motions per 24 Hours
 - - -

Signature [Handwritten Signature] In charge of case.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
4056	208030	Sgt.	Abel	CW
Year	Unit.	Age.	Service.	
1918	2nd CCD	26	36/12	
Station and Date.	Disease			
Bramlett 27/5/18	<p><i>Bronchitis</i> admitted complaining of cough pain in the chest and general malaise. Duration one week. Proc. OK.</p>			
	<p>was in France (3 months). Returned in Oct. 1917 with S.W. Left leg. Was in different hospitals 5 months at that time. Reported to 2 CCD. Jan. 1918. Otherwise previous health good.</p>			
	<p>Present condition - well developed - Heart normal. No rvt. No murmurs. Lungs negative except for a few scattered rales. Expansion good. Bowels regular. Appetite good. Skin neg. nervous system neg. Urine negative</p>			
29/5/18	<p>Lungs now clear - Discharge to lines for medical capt camp</p>			

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

491

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *Clarence Woods* 2. Surname *Abel*
3. Rank *Serjt* 4. Original Unit *97th Bn* 5. Reg. No. *208030*
6. Address, in full, to which future payments of gratuity are to be forwarded.....
Berlin, Ste. P.O.
Pittsburg, Penn.
7. Date of enlistment in the C.E.F. *Feb 26 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
no
9. Relationship of such dependent.....
NOT APPLICABLE
10. Address, in full, of such dependent.....
NOT APPLICABLE
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
NOT APPLICABLE
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
.....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?.....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served.....
Canada 7 mos
overseas. Eng. 17th Res. 21 mos
France ReR. 12 mos.
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department.....
no
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?.....
no

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no*

20. ~~Have you been issued with a War Service Badge? If so what class?~~

21. Have you, during the present war, served in the Imperial Forces? *no*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *yes*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *no*

24. Are you now serving in the C.E.F.? *JUL 13 1919* If not, give (a) Date of discharge (b) Reason for discharge. **DEMOBILIZATION**

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *B. Walker*
 Place of Residence: *2754 Bephyr Ave, Pittsburg Penn.*

Declared before me at: *Ripon*
 This *2nd* day of *June* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918. *D. H. Sutherland*
12.13.14.20.24 to 27 are unanswered

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>183 days</i>	<i>42000</i>
			<i>less 70p</i>	<i>70</i>
				<i>\$3500</i>

Certified Correct.

District Paymaster.

MAJOR
9

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

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ABEL C W
REGIMENT 17th Res Bn RANK SGT No. 208030
Date of Examination in England 20-519 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 3-14-15
2. EXTRACTIONS 12-30
3. CROWNS _____
4. DENTURES _____
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____



HAS HE EVER REFUSED DENTAL TREATMENT? No

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 yes
- (c) In France _____

Signature of Dental Officer R. Ross Capt

1865
C. W. ...
...



Separation and Assigned Pay Branch

A

91

Feb 1/18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

2000			
------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 208030

Rank Sgt. Promoted W.C. Reverted Discharge

Soldier's Name Clarence Woods Abel

Battalion 97th Batta

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

(mother)

Name Mrs Margaret Abel

Address 2754 Zephyr Ave
Pittsburgh
Pa
U.S.A.

Change of Address

- MRS. MARGARET ABEL,
2754 ZEPHYR AVE.,
- PITTSBURGH, PA. 20
- % 208030 SGT CLARENCE WOODS ABEL
- TWENTY DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Feb	G 94982		20	20	27M. Feb 17/18.
Mar	G 97302		20	20	
Apr	S 7084		20	20	
May	H 10006		20	20	
June	Z 7007		20	20	
JUL	Z 17993		20	20	
AUG	Z 29952		20	20	
SEP	Z 43011		20	20	
OCT	Z 57460		20	20	
NOV	Z 71974		20	20	
DEC	Z 93059		20	20	
JAN	Z 102875		20	20	
FEB	Z 116503		20	20	
MAR	Z 129386		20	20	
APP	Z 128		20	20	
MAY	Z 9195		20	20	
JUN	Z 16445		20	20	
JUL	Z 21160		20	20	
			<u>\$ 360</u>	<u>360</u>	

M. F. W. 128
400M-617-1772-39-111
L. L. 2320-NL & D. 7866.

AUDITED

Ret'd per Margaret Abel

Date 4/2/19 F.X. 14/2/19 98032

Glerk M. R. O. Deshert

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/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128,
 400M. 1147-1172 39-1141
 L. L. 22320-M. & D. 7693.

2/5/19

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.				
15.6.17	R. G. R.	To Lt H/Sgt to complete establishment	Field	22.5.17	P50.65
27.8.17	.	App ^d A/Sgt (Paid)	"	16.8.17	-89
29.9.17	NSR	No 42 Gas Bldg Station	"	23.9.17	6L A 24 Sw. Leg.
4.10.17	"	No 6 Gen Hospil	Rouen	25.9.17	" 28 "
13.10.17	"	Mil Hospil Bethnal Green	"	11-10-17	6L A 36. "
15.10.17	RCH	Ins ^{id} + posted to NSRD. ^(PCR) 2d	"	9-10-17	Pt II 102
26.10.17	"	Conf ^d in Rank of Sergeant	"	10.9.17	Pt II 217 ^{d/17/17} NSRD Pt II 105.
1-11-17	NSR	Can Court ^h Hospil (PCR)	Bromley	30.10.17	6L B 52 Sw. Leg.
2-11-17	"	Mil Court ^h Hospil (PCR)	Epsom	31.10.17	" 53. "
12-1-18	NSRD.	On Command 2 nd CCD/Sq.	Blythott.	9-1-18.	Pt II 10. ^{d/12/15/18} 2CCD
14-2-19	NSRD	leaves ofc to 2 nd 6L D 9 S.O. to 17 th Res.	" Ripon	12-2-19	" 35935 ^{d/13-2-19} 2 nd 6L D 936 ^{d/13-2-19} 17 th Res.
11.6.19	17 th Res.	To CAGS. Baseball Champion- -ships	" "	11.6.19	-133
24.6.19	"	Off Com. from CAGS London	Sq ^t "	20-6-19	-144
28-6-19	-11-	SOS to Canada	" -11-	28-6-19	-148

CRF

94-B-119 d/ 28.6.19

A.G.R. Rank Name ABEL, Clarence Woods Reg'l No. 208030
 Unit 97th Bn. If in perm. Corps, What Unit? Married or Single Single.
 Place and Date of Enlistment Windsor, Ontario, 25th Feb., Place of Birth Alleghany, Penn.
 Name and Address, Next-of-Kin Margaret Abel, 1916.
 2754 Zephyr Ave., Pittsburg, Penn. Relationship Mother.

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

N/E. R.B. No. 11601
 Fila R.L.
 Category OR CAN

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.				
<i>C.</i>		<i>Arrived in England</i>	<i>S.S. Olympic</i>	<i>25 SEP. 1916</i>	<i>25 SEP. 1916</i>
<i>28-9-16</i>	<i>97th Bn.</i>	<i>To be Acty Sgt. with pay</i>	<i>Otterpool</i>	<i>25-9-16</i>	<i>Pt II O.244 266 30/9/16.</i>
<i>27-10-16</i>	<i>97th Bn.</i>	<i>Reverted to Perm. Grade</i>	<i>Otterpool</i>	<i>27-10-16</i>	<i>Pt. II 273</i>
<i>27-10-16</i>	<i>"</i>	<i>S.O.S. to R.C.R.</i>	<i>"</i>	<i>27-10-16</i>	<i>273 D.S.M.</i>
<i>8-11-16</i>	<i>R.C.R.</i>	<i>Taken on strength.</i>	<i>Field</i>	<i>3-11-16</i>	<i>Pt II O.67</i>
<i>17-2-17</i>	<i>"</i>	<i>Asptd. Act/Lieut/Lpl. (Pay)</i>	<i>"</i>	<i>27-1-17</i>	<i>Pt II 17</i>
<i>22-2-17</i>	<i>"</i>	<i>No. 3. Div. Rest. Station</i>	<i>"</i>	<i>30-1-17</i>	<i>ChA 320, P.M.O 103</i>
<i>14-3-17</i>	<i>"</i>	<i>Disc. " " " "</i>	<i>"</i>	<i>14-2-17</i>	<i>ChA 334 P.M.O</i>
<i>5-5-17</i>	<i>R.C.R.</i>	<i>Asptd A/Corpl. (Paid)</i>	<i>Field.</i>	<i>15-4-17</i>	<i>Pt II No. 50</i>
<i>5-5-17</i>	<i>"</i>	<i>Confirmed in appt. of Rec. Corpl.</i>	<i>"</i>	<i>"</i>	<i>"</i>

A.F.B. 103 CHECKED
 8 NOV 1916

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE: 1/ Feb 1918		EFFECTIVE DATE: -	
AMOUNT: 2000		AMOUNT: -	

NAME: ABEL, Woods Clarence
NUMBER: 208030

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

Mr. M. Abel
2954 Zephyr ave
Pittsburg Pa. U.S.A. (Mother)
stopped off 1/7/19
Stopped 1/3/19

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
Actos 26/10/17	10/9/17	Sgt.

UNIT AND TRANSFERS

ORIGINAL UNIT: 97 Div
DATE ACCOUNT FIRST OPENED: 1/10/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			USRA.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
10/7/17	8928		2000				2000
26.5	1040	Ripon	1947				1947
2.6.	128	"	247				247
			38.94				38.94

Discharge Canada 12/19 in 6 3402 - Ripon 17/1/19 in 6

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	PA.	P.F.A.	SUBS CE ALL'CE
Actos 253 21	1.25	15		
Actos 292 20				

PARTICULARS OF RENDITION

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918	unhd Balance forward								310.99	262	-
Apr	Sgt pay	45		ban ap				20			
				Act 198 11/4/18 2 nd CCD	14.84						
				Q 152 18/4/18 RCR	3.94						
				Act 478 29/4/18 2 CCD	9.97				307.23	262	-
May	Sgt pay	45		ban ap	28.75			20			
				Act 1025 13/5/18 2 nd CCD	14.84				318.89	262	
					14.84			20			
June	Sgt Pay	45.00		ban ap				20			
				AR 1612 20/6/18	14.6	14.84					
				15/6/18	10.6	9.97					
				AR 2014	25.6	24.33			294.99	262	
July		45		b & P	48.90			20			
				AR 2079 10/7	14.84						
				3101 26/7	9.97				296.68		
					24.81			20			
Aug		46.50		CA.				20			
				AR 2332 13/8/18 2 nd CCD	9.97						262
				3875 12.8/8/18	24.57				288.88		
					34.30			20			
SEP	Sgt's Pay	45.00		E.A.P.				20			
				Act 309 15/9	44.04				262.30	262	
				4688 26/9	7.54			20			
					51.53						
Oct	Sgt. Pay	46.50		E.A.P.				20			
				AR 5113 11/10/18 N.S.P.	14.84						262
				AR 5320 21/10/18 N.S.P.	9.97				263.99		
					24.81			20			

COMPILED BY
CHECKED BY

NUMBER 208030

RANK

Sgt

NAME

ABEL W. C

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Balance Forward								263.99		
Nov	Sgt Pay	115.00		bal.							
Dec	" "	116.50		AR 5750 11/1/18 bsd.	19.71			20.00			
Jan	" "	116.50		bal dec				20.00			
				AR 6300 27/1/18 nsh	114.84						
				AR 6572 10/1/18 "	114.84						
				AR 6855 18/1/18 "	12.41						
				bal Jan				20.00	280.19		
Feb	Sgt Pay	138.00		bal	61.80			60.00			
	Int on deferred pay	42.00						30.00			
		22.34		AR 7018 2/1/18 2660	114.60						
		64.34		AR 9053 9/1/19 2660	5.11						
				AR 8289 24-1-19 nsh	7.30				297.52	262	
				AR 8928 12-2-19 "	9.73						
				AR 5104 24/1/19 End on file	24.33						
				" 5717 12-3-19 17 Res Br	38.93				224.53		
		64.34			100.00			20.00			
Apr	Int on deferred pay			AR 313 8-4-19 17 Res Br	29.20						
		46.50		bal. Mar & Apr				40.00			
		45.00		AR 1151 23/1/19 17 Res Br	4.87						
				" 795 16-5-19 "	7.30				212.37		
		91.50			111.37	22.34		40.00			
June	Sgt Pay	115.00		bal. May				20.00			
May	Return of Def'd pay 30/6/19	28.41		bal. Jun				20.00	292.23		
	Sgt P.	116.50		AR 1010 30/6 17 Res Br	19.47						
				AR 1208 2/6 "	19.47				253.29		
		119.91			38.94			40.00			

So d. 29/1/19. Sh. 904

P. 559. MARRIED OR SINGLE

Single

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

8754 Zephyr Ave. Pittsburgh, Pa USA

RELATIONSHIP OF NEXT OF KIN

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	AUTHORITY
Reverts to Ranks	27-10-16	DD-73 27-10-16
Pris. with pay	27-1-17	DD-17-17/17
Confirmed in rank	15/4/17	DD-50-5/5/17
Appl. to pay	22/5/17	DD-50-5/5/17
Appl. to rank	16-8-17	DD-89-27-8/17
Confirmed in Rank	10/2/14	DD-105-28/10/17

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. NO. 805030 RANK *Sgt* NAME *Abel Noods Clarence*

IF IN PERM. CORPS WHAT UNIT UNIT *97 Ball* TRANSFERRED TO *R.E.R.* DATE *2/11/16* AUTHORITY *...*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *2562* DATE *1/1/17* AUTHORITY *...*

PLACE OF ATTESTATION *Windsor, Ont.* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *26th 1916* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *Feb 1/18*

PAYABLE TO *Mrs M Abel 2754 Zephyr Ave. Pittsburgh* RELATIONSHIP *Mother*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

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)

Checked *CH Rolenta*

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							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS				RATE	AMOUNT		1	2	3	4	1				2	3				4	CREDIT	DEBIT				
			\$	C.			\$	C.						\$	C.																				
1-31	26 ¹⁰		28 60	26							43 20																								
Oct	25 ¹⁰		5 00	5 ¹⁰		3 10					36 70																								
Nov 1-20	20	✓	20 -	20		2 00					22 -																								
Nov 21-30	10		10	10		1 00					11																								
Dec 1-31	31		31	31		3 10					34 10	1096 29/11																							
1917			9 20			9 20																													
Jan 31	31	1 ¹⁰	34 10								34 10	118 14/11	1176 2/11																						
Feb 28	28	1 ¹⁰	30 80								25 30 80	1225 2/11																							
March 31			35 65								35 65	1271 12/11	1489 12/11																						
April 1-30	30		34 50								34 50	1315 24/11	1380 2/11																						
May 30	30	1 ¹⁰	34 20								80 38 00	113 19/11																							
June 30	30	1 ¹⁵	39 -								1 40 -	244 4/6																							
July 31			40 30								40 30	332 19/6	371 4/11																						
			356 45								45 25 402 00																								

E. J.

208030 *Lt Sgt Abel Woods Clarence*

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										
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT								
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE													
<i>Bf</i>	1-15	15	356	75					45	25	102	00					108	64	8	71	8	72			126	07	275	93	161	-	<i>appt. Sgt with pay 16.8.17</i>				
<i>Aug</i>	16-31	15	19	50																															
<i>Aug</i>	16-31	15	24	00																															
<i>Sept</i>	30		45						45	25	490	50																							

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DER. RED. PAY	SER. ALLG. ENG.
<i>Oct</i>									328	74	50
	<i>Serg's Pay</i>	46	50	9/12 243. 29/11/14 3 rd Dir Sp. Co.	6	24					
				4000 P. 11114 24/10/14	4	84			364	13	201
<i>Nov</i>	<i>Sept pay</i>	46	50								
<i>Dec</i>	" "	46	50						455	63	
<i>1918</i>		91	50								
<i>Jan</i>		46	50	AR 6610 11/12 Epsom	14	60					
				AR 6291 30/11 Epsom	9	73					
				AR 7137 22/12 "	9	73					
				AR 7026 31/10 Epsom	9	73			459	34	167
<i>1918</i>	<i>Feb</i>	46	50	ban a p 20.26					20		
		42		3/1/18 ASRN							
				AR 1577 21/1 23 Res	48	67					
				AR 51 10/1 Epsom	8	7					
				AR 1552 30/1 26 Res	14	84					
				" 2093 13/2 "	24	57					
				" 1539 9/1/18 Epsom	48	67					
				2 days pay rw 3/1/18	137	62			20		367
				ban a p					20		
<i>Mar</i>	29/1/19 21/1/19	8	76	AR 2139 27/2 26 Res	15	84					
	12/15/19	46	50	" 2770 19/3 "	49	16					
	<i>Sgt pay</i>	55	76						20		310

Mauretania 4.7.19.

AUDITOR *B* PAYMASTER *1*

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

REGT. No. 208020 RANK *Sgt* NAME (IN FULL) *Abel, W. E.*

M. OR S.

ORIGINAL UNIT C.E.F. <i>G.S.R.</i>	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
ASSIGNED PAY \$ <i>2000</i>	DATE EFFECTIVE <i>1.8.17.</i>	<i>491</i>
PAYABLE TO <i>Mrs Margaret Abel</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS <i>2754 Jephyn Ave Pittsburgh U.S.A.</i>		<i>2754 Jephyn Ave Pittsburgh U.S.A.</i>
STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE	
DISCHARGED <i>Mrs</i>	DATE <i>JUL 13 1919</i>	REASON <i>Demot</i> AUTHORITY <i>No. 190</i> IF ENTITLED TO POST DISCHARGE PAY

MONTH	NO. OF DAYS	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	
		AMOUNT	RATE			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT		
<i>30.6.19</i>				<i>255.29</i>															
<i>13.7.19</i>	<i>13</i>	<i>150</i>	<i>19.50</i>	<i>35.00</i> <i>70.00</i>	<i>377.79</i>				<i>487.50</i>	<i>347.92</i>	<i>2000</i>				<i>377.79</i>			<i>to Bal of acct ad U.S.A. ad Boat Col 1st Reg Dist Col 3 at July</i>	
WAR SERVICE GRATUITY, W.S.G. S.A.																			
<i>183 days</i>				<i>430.00</i> <i>4.04</i>	<i>430.00</i> <i>424.04 (+)</i>							<i>70.00</i> <i>70</i> <i>70</i> <i>74.04</i>			<i>280</i> <i>210</i> <i>214.04</i> <i>140</i>			<i>101 Pmt U.S.A.</i> <i>1120523 12-8-19</i> <i>1136657 6/9/19</i> <i>(+) Ex not entered on R.P.C.</i> <i>1508011 9-10-19</i> <i>1771570 6/11/19</i> <i>1780435 9-12-19</i>	
				<i>424.04</i>	<i>424.04</i>							<i>70</i> <i>70.00</i>			<i>70</i> <i>nil</i>				
												<i>424.04</i>			<i>424.04</i>				

all Payments made. *Completed*
W. E. Abel

JUL 30 1919

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

Group..... A
 Checked by No. 23
 Date..... 21/6/19

Occupational Area No. B (Over 12 no 12)
 Occupational Group 23
 W.S.B. Class "A"
 381288
 SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)
 H.M.T. MAJRETA (A)
 LBKD. SPT.N. 28-6-19
 SLG. NO. 94

1. No.	<u>208030</u>
2. Rank.	<u>Sgt</u>
3. Name.	<u>ABEL. Clarence Woods.</u>
4. Unit.	<u>17 Res Bn, R.C.R. O. Unit. 97 Bn.</u>
5. Date of Discharge	<u>13/7/19</u> Place
6. Reason for Discharge.	<u>Demob.</u> <u>Next of kin, - Mother</u> <u>Religion - Pres.</u>
7. Authority.	<u>R.O. 1420</u>
8. Proposed Residence after Discharge	<u>2754 - Zephyr Ave. 25th Ward</u> <u>Pittsburg Penn U.S.A.</u>
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. ? <u>Evale</u> Signature of Soldier.
10. CONFIRMATION.	The discharge of the above named man is hereby confirmed. Place..... Date..... HALIFAX, N.S. JUL 4 1919 <u>R. J. Bellman</u> Signature (O. C. Discharging Unit.)