S

REGIMENTAL DOCUMENTS

NAME ABICK. Leonard. REGT. NO. 842135 UNIT 148th Bn. H. Q. FILE NO. 449

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W. 2589
100M-11-19
1272-39-1377

148TH "OVERSEAS" BATTALION
CANADIAN EXPEDITIONARY FORCE

ORIGINAL

# ATTESTATION PAPER.

No. A 842135

Folio. 116

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? ..... Abick., Leonard
2. In what Town, Township or Parish, and in what Country were you born? ..... Paregan., Norway
3. What is the name of your next-of kin? ..... Condrad Abick
4. What is the address of your next-of-kin? ..... Paregan, Norway
5. What is the date of your birth? ..... 19th. November 1884
6. What is your Trade or Calling? ..... Barber
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Do yor. now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? .. U.S. Coast Artillery Corps
    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

Leonard Abick (Signature of Man.)

H Bauchen (Signature of Witness)

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Leonard Abick, 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.

Leonard Abick (Signature of Recruit)

Date May 8th. 1916 191 . H Bauchen (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leonard Abick, 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.

Leonard Abick (Signature of Recruit)

Date May 8th. 1916 191 . H Bauchen (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 Montreal this 8th day of May 1916

Wm Gelinas (Signature of Justice)

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

.....(Approving Officer)

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

# Description of Leonard Abick on Enlistment.

Apparent Age 32 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

| | | |
|---|---|---|
| Height | 5 ft 9 ins. | |
| Chest measurement. Girth when fully expanded | 36 ins. | |
| Chest measurement. Range of expansion | 3 ins. | |
| Complexion | Fair | |
| Eyes | Hazel | |
| Hair | Light Brown | |
| Religious denominations. | Church of England | |
| | Presbyterian | |
| | ~~Wesleyan~~ Methodist | |
| | Baptist or Congregationalist | |
| | Other Protestants (Denomination to be stated.) | Lutheran |
| | Roman Catholic | |
| | Jewish | |

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).

None

## 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 8th. 1916 Chas. Smith

Place Montreal-Que Capt

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.

Leonard Abick 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.

Lt. Col., (Signature of Officer)
O. C., 148th "Overseas" Battn. C. E. F.

MAY 12 1916

Date ..... 191 .

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

**This is to Certify** that No. 842135 (Rank) Private

Name (in full) ABICK, Leonard enlisted in

the 148th Battalion

CANADIAN EXPEDITIONARY FORCE at Montreal, QUEBEC on the 8th

day of May 1916

HE served in FRANCE

and is now discharged from the service by reason of Medicall t Unfit

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

Age 34 years 2 months

Height 5 feet 9 inches

Complexion Fair

Eyes Hazel

Hair Light Brown

Marks or Scars Numerous small pox marks face.

L. Abick

Signature of Soldier

Issuing Officer

Lieutenant,

Officer i/c Discharge Section District Depot No. 4. Rank

Appointment

Date of Discharge January 25th, 1919

Signed at Montreal, QUEBEC this 25th day of January 1919

in Military District No. 4

File Reference No. DD4 19-A-164

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.

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

# 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

Demobilization
Particulars called for on
the back of this cer-
tificate will not be com-
pleted.

ORIGINAL

ORIGINAL

# MEDICAL HISTORY SHEET.

*Surname* Abick *Christian Name* Leonard

Examined { on 8th day of May 1916
at Montreal-Que

Birthplace { City or Town Paregan
County Norway

Apparent age 32

Trade or occupation Barber

Height 5 Feet 9 Inches.

Weight 138 Lbs.

Chest measurement { Minimum 93 inches.
Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks On face + shoulder + chest.

Vaccination Marks { Arm Right. Left.
Number 1

When Vaccinated last 6 years ago

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection Tendency to adeno-cellerosis

Approved by Geo. D. Smith

Rank Lieut M.O.

| Date. | Fit or Unfit. | Examined for Re-engagement. | |
|---|---|---|---|
| | | 11 " " E Dr Clay Capt. | M.O. |
| | | | 17 APR 1917 M.O. |
| | | | 24 AUG 1918 M.O. |
| | | | M.O. |
| | | | M.O. |
| | | | M.O. |
| | | | M.O. |

| Date. | Result. | Vaccinations. | |
|---|---|---|---|
| 6/6/16 | Good | Hair D. Dr Capt. | M.O. |
| JAN 21 | 9 " E. a B lab | | M.O. |
| FAB | 5 10 " E. Pte | | M.O. |

| Date. | Result. | Anti-Typhoid Inoculations, Etc. | |
|---|---|---|---|
| JUN 23 1916 | | Goodmillon Hair | M.O. |
| July 3/16 | 2/1000 " | Capt. | M.O. |
| 14/2/16 | 1000 " | | M.O. |
| 27/11/16 | T.A.B. | | M.O. |

28/6/17 TAB

*Enlisted on* 8th *day of* May 1916 *at* Montreal-P.Q.

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | 148TH "OVERSEAS" BATTALION CANADIAN EXPEDITIONARY FORCE | 84213 | | |
| Transferred to | 2nd RESERVE BATT-DEPT. 24th Bn. SEP 1 1917 | | | SEP 1 1917 |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| Brampton | 2-12-18 | S.S.W. Ltd Portion | Bn Fit for Military Duty |
| Montreal | Jan 22/19 | S.C. | Cn Discharged J.Mo |

CANADIAN

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.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-439.

Surname A Gick Christian Name Leonard

| STATION. | Date of Arrival at the Station. | Dates of Admission into Hospital. Day | Month | Year | Discharge from Hospital. Day | Month | Year | 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. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ONTARIO MILITARY HOSPITAL ORPINGTON, KENT. | | 11 | 4 | 17 | 15 | 5 | 17 | gs. w. Lt Buttock | 34 | Wounded April 8th/17 Vimy Ridge - F.H. - CCS No Aeration. Small punctured wd Rt hip 6" behind gt trochanter - no discharge. X Ray shows piece of shell 6" above acetabulum. Removed & sutured with B.I.P. - Sent to Bromley Convalescent. | James W Ross Capt. |
| CANADIAN CONVALESCENT HOSPITAL BROMLEY, KENT, | | 15 | 5 | 17 | | | | Do | | Cured. Class D; Duplicate Medical History Sheet posted to here. F.S. | [illegible] |
| 4th Southern General Devonport | | 22 | 8 | 18 | 11 | 9 | 18 | s.w. l arm & foot | 21 | S.W. Lr 1/3 left leg. F.B. removed. T & T. left arm. no fracture of L arm - Bullet removed from leg. | [illegible] |
| [illegible] Epsom | | 11 | 9 | 18 | 22 NOV 1918 | | | G.S.W. Left foot. Left forearm flesh | 73 | In admission wd foot healed. T & T wd forearm nearly closed. In provided on mass, remedial gymnastics & P.T. no disability. [illegible] | [illegible] MAJOR R.A.M.C. T.F. |

Dr. [illegible] Capt CAMC

49/

# CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 24 Can  Military Hospital ONTARIO

No. 8[illegible]25  Rank and Name Pte Abick L.  Age 32  Service 1/12 4/12

Disease G.S.W. left Buttock  Date of admission 11 APR 1917  Date of discharge 15/5/17  Result Improved (To C.H. Toronto).

| Dates of Observation | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | May 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Days of Disease | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature Fahrenheit | Time A.M. P.M. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Admitted.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pulse per Minute | 84 | 88 | | | | 80 | 84 | 92 | 84 | 76 | 64 | | 80 | | | 70 | 76 | | | | | | | | | | | | | | |
| Respirations per Minute | 20 | 20 | | | | 20 | 20 | 20 | 20 | 18 | 18 | | 20 | | | 20 | 20 | | | | | | | | | | | | | | |
| Motions per 24 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(3253) W7204—1542. 750,000. 8/15. McA. & W. Ltd. Forms/B. 181/3.

Signature [illegible] In charge of case.

CAN.CON HOSPITAL
EFFINGHAM, KENT.

Forms
I. 1237
10

Army Form I. 1237.

# MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.
2.T. 1430
Year
1917.

Regimental No. 84435 | Rank. Pte. | Surname. Aberich | Christian Name. L.

Unit. 24 Can | Age. 32 | Service. 11/12 4/13

Station and Date.

Disease G. S. W. Left Buttock.

CANADIAN MILITARY HOSPITAL
EFFINGHAM, KENT.
12 APR 1917

Wounded April 8th - Vimy-Ridge - to Field Ambulance - to Clearing Station & was inoculated - to No. 8 Temporary Hospital at Boulogne. No operation. Admitted to O. M. H. April 12th.
Examination shows -
Small punctured wound of Rt Hip. 6 inches behind. G Tuberosity - no discharge.
No exit wound -
X Ray shows.

16/4/17 - 1500. c.c.

17/4/17 Piece of Hg. ½" x ½" removed from gluteal muscles at depth of 5 inches - pus - Curetted & Cauterized & Redressed with B.P.

23/4/17 1500 Units.

30/4/17 - ~~Front sutures~~ have not held

5/5/17 ~~last~~ Still slight serous discharge

7/5/17 Sutures removed

15/5/17 To V.H.D. Epsom. [illegible]
Card Clear

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station
and Date.

To be made out in duplicate.

H.Q. 54-21-23-53

# 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) Regimental Number ..... 842135 .....

(3) Full Name of Soldier..... Leonard Abick .....

.....

(4) Place of Birth..... Paregan., Norway .....

.....

(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 ? .....

(8) Have you any children ?.....

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

Also their names and ages.....

.....

.....

.....

.....

M. F. W. 67
200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

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

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

(10) Is your Mother alive ?.....No.....

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

.....

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

Are you her sole support, or not ?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....Condrad Abick, (Brother).....

.....Paregan-Norway.....

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....

(15) Are you insured ?.....No.....

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

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

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

Date May 8th. 1916

.....
Officer Commanding.
Lt.-Col.
O. C. 148th Overseas Battn. C. E. F.

(YM)

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

# CANADIAN EXPEDITIONARY FORCE.

# LAST PAY CERTIFICATE

Regimental No. 842135 Rank Pte Name ABICK Leonard
(Surname first)

Unit 148th Bn who was* Discharged

On 25-1-19 191..., to...

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 to 25-1-19 191...
the inclusive date of transfer or discharge.

Cr LPC

| | Dr. | | Cr. | |
|---|---|---|---|---|
| Bal. Dr. or Cr. from prev. month | | | 195 | 93 |
| Regimental Pay 25 days at $ 1 c 00 | | | 25 | 00 |
| Field Allowance 25 days at $ c 10 | | | 2 | 50 |
| Separation Allowance | | | | |
| Clothing Allowance | | | 35 | 00 |
| Post Discharge Pay | | | 70 | 00 |
| *Other Credits Subs.D.O.10-1 | | | 12 | 00 |
| | | | | |
| Advances 17123 | 50 | 00 | | |
| Separation Allowance and Assigned Pay Cheque No. | | | | |
| *Other Charges | | | | |
| | | | | |
| Balance on transfer or on discharge, cheque No. 18507 | 290 | 68 | | |
| Total | 340 | 68 | 340 | 68 |

*Give particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of

Assigned Pay for the month of 191...
and Separation Allce. for month of 191... } (to) Assignee ...

(Address) ...

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

## ON TRANSFER OF AN OFFICER.

Outfit Allowance of $...has been paid by Paymaster, Military District No...

REMARKS:—

State (1) date of enlistment 18-5-16 married or single...

(2) Separation Allowance, entitled or not Nil (3) Reason for discharge...

(4) Authority for discharge or transfer D.D.#4 19-A-164...

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

MILITARY DIST. No. 2 JAN 24 1919 DEMOBILIZATION PAY DIVISION

Date ...

Place ...

CAPTAIN-PAYMASTER
O.I.C.—Demobilization Pay Division-Military Dist. 2

...
*Paymaster.*

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

## CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

| Date | Place | Cheque No. A.R. No. or Other Particulars. | AMOUNT | | Signature of Officer Making Payment. |
|---|---|---|---|---|---|
| | | | Dr. | Cr. | |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |

C.A.D.C. 5009 A

41

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

# DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ABICK, L.

REGIMENT G.R.D. RANK PTE No. 842135.

Date of Examination in England 9'12'18 | 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
2. EXTRACTIONS 4.
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
- (*c*) In France

S. D. O. 9 DEC. 1918 5th H.C.S. BRIGADE BRAMSHOTT

*Signature of Dental Officer* J. Moffatt Capt.

| 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 | | | | |
| 31-8-18 | Q R D | Taken on Strength | Bishott | 21-8-18 | To 212 |
| | | | | | Aaardrein |
| | | | | | FOR LT. COL. DC RECORDS, C.O.M.F. |
| 27-11-18 | 2nd C.C.D. | ttached to 2nd C.C.D. | Bramshott | 22-11-18 | Pt. II No. 281 |
| 11 DEC 1918 | OC. 2ndCCD | Ceases to be attached to 2nd C.C.D. on return to Q.R.D. ~~Res. Bn.~~ | Bramshott | 11 DEC 1918 | Pt. 2 D.O. No. 293 J Clarke Lieut for OC. 2nd CCD. |
| 12.12.18 | | Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 294 Ceases to be attached C.D.D. Buxton on embarking for Canada. R P Dick Lt. for Lt. Col. Commanding Canadian Discharge Depot. | | | |
| 23-12-18 | | Embarked for Canada. Sailing #101. SS. Tunisian J J F. Allen Capt & Adjt for O.C. #14. C.T.P.C.S | | | |
| 25.1.19 | S.O.S. Discharged | c-3 Med, Unfit. | D.O.Pt.2.#28 | | |
| | | R W Yee Lieutenant Officer in Discharge Section, District Depot No. 4 | | | |

(2)

Army Form B. 103.

Regimental Number 842135

## Casualty Form—Active Service.

Regiment or Corps 24th Canadian Battalion

Rank Pte Surname Abick Christian Name Leonard

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) 8.5.16 Terms of Service (a) Do/W Service reckons from (a) 8.5.16

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

Extended { ..... } Re-engaged { ..... } Qualification (b) Barber

or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

| Report: 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 ... | | | |
| | | Disembarked... | | | |
| 9.8.18 | 9 Genl | GSW Leg L. arm L. | 9 Genl | 9.8.18 | G7945 |
| 9.8.18 | 1 CFA | " " " " Lower | 1 CFA | 8.8.18 | } A36 A7072 |
| 9.8.18 | " " " | " " " " " | CCS | 8.8.18 | |
| 11.8.18 | 24 CBn | Wounded | Field | 8.8.18 | K1.14/1407 |
| 13.8.18 | 5 CCS | SW Leg | 5 CCS | 8.8.18 | } H332 |
| 13.8.18 | " " " | " " | 14 A Dn | 8.8.18 | |
| 21.8.18 | 9 Genl. | GSW Leg L. arm L. | Engld | 21.8.18 | H113 |
| 21.8.18 | " " | " " " " " " Posted to | Western | 21.8.18 | W3083-5810 |
| | | Que Reg. Dep Bramshott | Australia | | P20 890/1918 |

J Whogan

Major for Lt.-Col., A.A.G.
Canadian Section, G.H.Q. 3rd Echelon B.E.F.

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c.

(6396) Wt. W1289 300,000 5/18 McA & W Ltd. Form B/103 (E. 3109)

[P.T.O.

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

298 93

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 148TH "OVERSEAS" BATTALION, C.E.F.

Regimental No. 842135 Rank Private. Name ABICK. Leonard.
C. E. F.

Enlisted (a) 8/5/16 Terms of Service (a) War & 6 mos. Service reckons from (a) 8/5/16

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) Barber

| Date | Report: From whom received | 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. |
|---|---|---|---|---|---|
| | | Embarked Canada | Halifax | 27-9-16 | |
| | | Disembarked England | Liverpool | 6-10-16 | |
| | O.C 148th | Proceeded overseas for service with 24th Bn | Knitting | | D.O. Pt. II No 271 [signature] ADJUTANT, for O.C. 148TH BN CANADIAN INFANTRY. |
| 23.12.16 | CB Dep | Reinforcement ex 148th Bn | CB Dep | 23.12.16 | NR. 920.4 dt 15/1/17 |
| 18.1.17 | " | Left join 2nd Can E Bn | Field | 18.1.17 | NR |
| 21.1.17 | 2nd Can E Bn | Joined 2nd Can E Bn | | 21.1.17 | NR |
| 8.3.17 | " | Left join 24th Can Bn | " | 8.3.17 | NR |
| 9.3.17 | 24 CBn | Joined | " | 8.3.17 | B213 289 dt 20/3/17 |
| 10-4-17 | 8 Staty | Y S W, Buttock L. | 8 Staty | 10-4-17 | W3034 |
| 12.4.17 | " | " | England | 12.4.17 | W3034 |
| 20.4.17 | 24 CBn | Wounded | Not stated | 9.4.17 | Kt 16/3116 301 dt 28/4/17 |
| 12.4.17 | 8 Staty | G S W Buttock L. & posted to 1st Quebec Regt Dep Shoreham | Princess Elizabeth | 12.4.17 | W3083-5308-920 36 dt 28/4/17 |

CERTIFIED CORRECT. 2 JAN. 1917 CAN. RECORDS, LONDON. DEC 22 1916

DEC 22 1916

[signature] Capt. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213. Army Form A. 36, or other official documents. |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| 21.4.17 | 1st Res Bn. | T.O.S. from 24 Bn. | Shoreham | 12.4.17 | Pt II Do 41 |
| | | | | | L. Greenaway Lieut. for Lt. Col i/c Records. C.O.M.E |
| 30-7-17 | | DISCHARGED FROM 3RD C. C. D. Seaford. TO 23rd Res | | | C. No. 138. 3/8/17 |
| 2/8/17 | 23rd. CAN. RES. BN. | TAKEN ON STRENGTH | SHOREHAM | 2/8/17 | For O.C. 3rd Canadian Command Depot. D.P. II. 0. No. 211 |
| | 2.9.17. 23rd. Res. Battalion | Posted to 24th. Bn. W.M. Charles O.C., 23rd. | Shoreham 1.9.17. | | D.P.II 0.242 Lieut. and Adjutant for Canadian Reserve Battalion |
| | C. B. D. | ARRIVED C. B. D. | FRANCE | 2.9.17 | N. R. D 6.9.17 PART II ORDERS No 56 D 26.9.17 |
| | C. B. D. | LEFT C. B. D. FOR | 6 & R 6 | 14.9.17 | N. R. D 14.9.17 |
| | O. C. 1/K BN | ARRIVED 6 & R 6 BN. | FIELD | 16.9.17 | B. 213 D 16.9.17 |
| 9.11.17 | C.C.R.C.2 | Left for 24th Bn | " | 9.11.17 | NR 34 |
| 23.11.17 | 24th Bn | Joined " " | " | 17.11.17 | B213 |
| 5.6.18 | | Sentenced to 14 days FP No.1. for Drunkenness | | 30.5.18 | B2069. P2 60 dft 1/6/18 |

CERTIFIED CORRECT. 8-SEP-1917 CAN. RECORDS, LONDON.

1586

Ontario Military Hospital

Ward 8

Plate No. L. ~~136~~ B A.P.Stereo.

| | |
|---|---|
| Name. | Abick H.Pte. |
| Reg.No. | 142135 |
| Unit. | 24th.BN.C.E.F. |
| Bdge. | 5th. |
| Div. | 2nd. |
| Part. | Lt.Hip |
| Date. | Apr. 15/17 |
| View. | Posterior. |

REPORT:- 75cm. 6cm. Piece off shell $\frac{1}{2}$"x$\frac{1}{4}$" about $\frac{1}{2}$" from the Ilium and 1" above the upper border of the Acetabulum. Shift of image- 1.2cm. Depth from Posterior mark- 12.5cm.=5".

G.

Army Form W. 3172.
(In pads of 50.)

o.m. Hospital.

Ward V.111 No. of Bed 49 Date April 15th 1917

| Regtl. No. | Rank and Name | Corps | Part to be X-Rayed |
|---|---|---|---|
| 142135 | Pte Labicke | 24 Canadian | Rt. Hip |

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case)

Norwegian
5th Brigade
2nd Division
No 8 Boulogne.
Rt. Hip.

Signature of M.O. Wm Clark Lt

Date

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 1 B/136 3 Stereo 12x10 A.P.
7.5 cm 6 cm
Piece of shell 1/2" x 1/4" about 1/2" from the Ilium and 1" above the upper border of the acetabulum.
From stereoscopic picture
shift = 1.2 cm.
Depth from Posterior mark = 12.5 cm
= 5"

Signature of Radiographer L Gilchrist
Capt

Date April 15/17

(9 38 40) W 8290—3262 100,000 8/15 H W V(M 163) Forms/W. 3172/1
15134—116 300,000 1/16

R—122

A.G.R. Rank Name ABICK, Leonard ✓ Reg'l No. 842135 ✓

Unit 148th Bn. If in perm. Corps, What Unit? Married or Single Single. ✓

Place and Date of Enlistment Montreal, 8th May, 1916. ✓ Place of Birth Paregan, Norway. ✓

Name and Address, Next-of-Kin Condrad Abick,

Paregan, Norway ✓ Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 17465
File R.L.
Category R. CANADA

H. W. & V., Ld.—7165-16.

| Report. Date. | Report. From whom received. | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place. | Date. | REMARKS. Taken from Official Documents. |
|---|---|---|---|---|---|
| | | ARRIVED IN ENGLAND S S LACONIA 6 10 16 | | | |
| 22.12.16 | 148th Bn. | Trans. to 24th Bn. O.S. | Witley | 22.12.16 | Part II D.O. # 24/1 |
| 15.1.17 | 24th Bn. | T.O.S. from above. | Field | 23.12.16 | " H |
| 18.4.17 | " | Adm 3rd Stat. Hosp | Wimereux | 10.4.17 | C.L. A496. GSW L. Buttock |
| 19.4.17 | " | Ontario Military Hosp | Orpington | 14.4.17 | C.L. B342 |
| 21.4.17 | 1st CRD. | T.O.S. W. on posting from 24th Bn. | Shorncliffe | 12.4.17 | Pte II 041. 24th Bn. Pte II 36 d 25/4/17 |
| 19.5.17 | 24 Bn | Trans to. Can Convl Hosp | Bromley. | 16.5.17 | C.L. B364. GSW L Buttock |
| 23.6.17 | " | Disch " " " | " | 18.6.17 | — B397 " |
| 20.6.17 | 3rd C.C.D. | att to C.C.D. | St Leonards | 18.6.17 | Pte II C 103 & 1st Can Pte II 094 d 21.6.17 |
| 3.8.17 | —.— | ceases to be att + Disch to 23 Res | Seaford | 2.8.17 | Pte II No 138 |

A.F.B. 103 CHECKED
1 JAN 1917

| Report. Date. | Report. From whom received. | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place. | Date. | REMARKS NB Taken from Official Documents. |
|---|---|---|---|---|---|
| 2.8.17 | 23 Res | Ceases to be att to 3 CCD. & T.O.S from 1st Que | Shoreham | 2.8.17 | Pt II DO 211 |
| 4.8.17 | 1st Que. | Ceases to be att to 3 CCD. & S.O.S. to 23 Res. | — " — | 2.8.17 | Pt II DO 132 |
| 2.9.17 | 23rd Res. | S.O.S on transfer to 24th Batt | Pte Field | 1.9.17 | Pt II DO. 242 & 24 Bn Pt II 085 d/26.9.17 |
| 15.8.18 | Que | Wounded | " — " — | 9.8.18 | Cha 292 DO #212 D/31.8.18 Q RD. |
| 31.8.18 | 24 Bn, | Im. hd. S.O.S. to Q RD. | — " — | 4.8.18 | DO #89. |
| 24.11.18 | Q.R.D. | On Command CCD (2nd) | " B. Shott | 22.11.18 | Pt II 284 |
| 12.12.18 | " | Ceases on Com 2nd C.C.D. | " | 11.12.18 | DO 301 |
| ~~19.1.19~~ | | On com C D D Buxton | | | |
| 19.1.19 | Q R D | S.O.S to C.E.F Canada & ceases on Comd. | Pte B'Shott | 23.12.18 | DO 16. |

A.F.B. 103 CHECKED 5 SEP 1917

Name _____ _____

Date of Embarkation for England _____

Proceeded to France Returned to England.

_____

Date returned to Canada.

P.R.285.

Please

verify

142835—

not allotted

*Name ABICK Leonard Rank Pte. Regtl. No. 842135

Original unit 148 th. Present unit M. or S. Age 34 Religion Lutheran Fyle Depot 164 Ref. H.Q.

Port, ship, and date of arrival St. John, N.B. S.S.Tunisian 3-1-19.

Next of kin Conrad Abick Paregan Norway.

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Barber Date and place of enlistment May 8th./16 Montreal P.Q.

Diagnosis Date of Medical Boards

| Date. | Remarks | Pt. 2 Order No. |
|---|---|---|
| 10-1-19 | T.O.S.from O/S 24-12-18. Posted to Cas.Coy 5-1-19. | |
| | Fur W/S. to 19-1-19. | 10. |
| | | |

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

(over)

| Date. | Remarks. | Pt. 2 Order No. |
|---|---|---|
| 28-1-19. | S.O.S. Discharged. R.O. 1420 Med.Unfit. Cat. C3 | |
| | effect. 25-1-19. | 28 Page 2 |

M.F.W. 192
150M—6-18.
1772-39-1243.

FORM D.M.S. 1300.
8137—50m—28/2/17.

| Surname | Christian Name or Names | Reg. No. |
|---|---|---|
| Abick | L | 842135 |

| Rank | Unit | Co. | Troop | Batty. |
|---|---|---|---|---|
| Pte. | 24th Batt | Que. | | |

| Hospital | Date of Admission |
|---|---|
| 8 Sta Wimereux | 10-4-17 |
| Transferred | Hosp. |
| Ont. Mil Orpington | 12-4-17 |
| Can. Conv. Bromley | Hosp. 16-5-17 |
| 9 Gen H Rouen | Hosp. 9.8.18 |
| 4th. S.G. Plymouth. | Hosp. 22.8.18. |

Diagnosis G.S.W. lt Buttock R

(1)
Later Diagnosis (if changed) GSW. lt leg + lt Arm R

(2)

(3)

Additional Diagnosis: if more than one state present

| DISPOSITION | | Date |
|---|---|---|
| C.L. 18-4-17 | A 496 | Dis 18-6-17 |
| 19-4-17 | B 342 TTE | Dis. 22-11-18 |
| " 19-5-17 | B 367 | |
| 23-6-17 | B 397 | |
| 15.8.18 | A 292 III | |
| 28.8.18 | B 304 (2) | |
| 14-9-18 | B 319-2 | |
| 26-11-18 | B 381 (3) | |

REMARKS

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

# EPITOME OF HOSPITAL TREATMENT.

| | Hospital | Adm. |
|---|---|---|
| 1. | Woodcote Pk. Epsom | 12-9-18. |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

No. 842135 RANK Pte NAME Abick Leonard

T. O. S. 8-5-16 UNIT 148th Battalion
D01089-5-16

M. D. C

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1916 | 1916 | | | |
| May 8 | May 31 | ✓ | | |
| | June | ✓ | | |
| | July | ✓ | | |
| | Aug | ✓ | | |
| | Sept | | | |

UNIT SAILED
SEP 26 1916

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
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Form R. 149.

*Name* ABICK.Leonard. *Rank* Pte *Reg. No.* 842135

*Unit* 24th Bn.

*Next of Kin* Conrad Abick.Paregan.NORWAY.

| Date 1918 | | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|---|
| 9-8 | | No.9.U.S.A.G.H.Rouen | | GSW.L.Leg & L.Arm | A. 292 | 14/8 | 3144-4 |
| 22- | 8. | 4. S.G.H. Plymouth. | | do | B 304 | H 254 | 24728 |
| 12- | 9. | Mil (Con). Lyon | | do. | B 319 | | 26455 |
| 22 | 11. | Discharged | | | B 381 | | 9711 |
| 2. | 12 | 2 CCD | B'shott | | Eng A | 1924 | |

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
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FORM R. 149.
7106—250m—7/2/17.

*Name* ABICK.Leonard.*Rank* Pte. *Reg. No.* 842135.

*Unit* 24th.Battalion.

*Next of Kin* Mr.C.Abick.Paregan.Norway.

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| 10-4-17. | 8. SH. | Wimereux. | GSW L Buttock. | A496. | M2128. | 18-4- |
| 12-4-17. | Ontario MH. | Orpington. | " " | B342. | | |
| 16.5.17 | Can Can Hosp | Bromley | do | B534 | | |
| 18-6-17 | Discharged | | do | B397 | | |

REGT'L NO 842135

NAME Abick Leonard.

H. Q. FILE No. 649-

RANK AND CORPS Pte. 24th Bn. & Norw. 148th Bn.

FOLLOWS

FOLLOWS

| CABLE No. | CABLE DATE | NATURE OF CASUALTY |
|---|---|---|
| | | Norway. |
| M2128. | 19-4-17 | aand. to No. 8 Stationary Hosp. Wimereux April 10th 1917. GSW buttock. |
| 1536 H2544. | 17-8-18. | Adm. 9 Gen. H. Rouen Aug. 9th/18. GSW L. Leg, Arm. |

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

| LIST No | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| A496. | 8 Stat Wimereux | 10-4-17 | GSW L. Buttock |
| B342. | Ont. Mil. Orpington | 12-4-17 | GSW. L. buttock |
| B367. | To Can. Conv Bromley | 16-5-17 | " " " " " |
| B397 | Discharged. | 18-6-17 | GSW L. Buttock |
| A292 | 9 Gen. Rouen | 9-8-18 | GSW L. Leg & L. Arm |
| B304. | 4th South Gen: Plymouth | 22-8-18. | " " " " " " " " |
| B319 | Mil Conv. W Cote Pk Epsom | 12-9-18 | " " " " " " " " |
| B381. | " Disc. | 22-11-18 | " " " " " " " " |

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Barber, RELIGION Lutheran

DESCRIPTION.

APPARENT AGE 32 YEARS MONTHS

HEIGHT 5 FEET 9 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Hazel. HAIR Lt. Brown

DISTINGUISHING MARKS

Mil.

MEDICAL EXAMINATION. PLACE Montreal P. Q. DATE May 8th 1916

Present Address, not stated

C/

SURNAME. Abick

CHRISTIAN NAMES Leonard

REGL. No. 842135 RANK Pte.

UNIT 148th Bn.

FORMER CORPS U.S. Coast Art. Corps.

CARD No. 4

S.O.S. Dis 25-1-19

M.U. FOLL.

DO 28 of 28-1-19

NEXT OF KIN.

NAMES IN FULL Abick Condrad,

RELATIONSHIP TO SOLDIER R.M.S.

ADDRESS Paregan, Norway,

CHANGE OF ADDRESS

COUNTRY OF BIRTH Norway Paregan DATE Nov. 19th 1884

PLACE OF ATTESTATION Montreal, P.Q. DATE May 8th 1916

Sailed from Halifax Dev "SS "Laconia" 26/9/16 561/3

R/C 4-1-19 249/14

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... Nat. Applecall .....

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 ..... Received One months War Service Gratuity from Paymaster No to be sent .....

20. Have you been issued with a War Service Badge? If so, what class? ..... no .....

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 ..... Nat. Applecall .....

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ..... no .....

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

24. Are you now serving in the C.E.F. ..... no ..... If not, give:—(a) Date of discharge ..... January 25th 1919 ..... (b) Reason for discharge ..... Medically unfit .....

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 ..... Nat. Applecall .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ... 20 months in France with 24th Batt Dec 1916 ... Aug 1918 .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... no .....

(b) If so, are you in receipt of full pay and allowances from that Department? ..... no .....

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: Leonard Abick

Place of Residence: 19 Congregation st. P. St Charles Montreal

Declared before me at: Montreal

This 24th day of January 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

Hilda D. Devenish

Commissioner for the taking of oaths,

---

## POST DISCHARGE PAY.

| Date paid | Paid Soldier | Paid Dependent | War Service Gratuity | Net amount due |
|---|---|---|---|---|
| ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... |

Certified Correct.

District Paymaster.

25

POST DISCHARGE OFFICE
JAN 30 1919
Military District No. 4
MONTREAL

# DEPARTMENT OF MILITIA AND DEFENCE.

# WAR SERVICE GRATUITY.

(44)

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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.

A

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names ... Leonard ... 2. Surname ... Chick ...

3. Rank ... Pte ... 4. Original Unit ... 148th Batt ... 5. Reg. No. ... 842135 ...

6. Address, in full, to which future payments of gratuity are to be forwarded ...
... 19 Congregation Street ...
... Pt. St. Charles Montreal ...

7. Date of enlistment in the C.E.F. ... May 8th 1916 ...

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ... Not Applicable ...

9. Relationship of such dependent ... " ... " ...

10. Address, in full, of such dependent ... " ... " ...
... " ... " ...

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:—
... England Sept: 1916 till Dec. 1916 148th Batt ...
... In France with 24th Batt Dec. 1916 - May 1918 ...

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? ... Not ...

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service ...
... No. Applicable ...
...

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 ... 33 months ...
... 7 months with 148th Batt. 21 months ...
with 24th Batt. ...

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ... Not Applicable ...

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ... No ...

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

26

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

| ASSIGNED PAY. | * ENGLAND OR CANADA. | SEPARATION ALLOWANCE. | * ENGLAND OR CANADA. |
|---|---|---|---|
| EFFECTIVE DATE:– | | EFFECTIVE DATE:– | |
| AMOUNT:– | | AMOUNT:– | |

NAME:- ABICK. Leonard

NUMBER:- 842 135/153

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

PARTICULARS OF RANK OR APPOINTMENT

| AUTHORITY | DATE EFFECTIVE | RANK OR APPOINTMENT |
|---|---|---|
| | | Private |
| | | |
| | | |
| | | |

UNIT AND TRANSFERS

ORIGINAL UNIT:- 148th Bn

DATE ACCOUNT FIRST OPENED:- 1/10/16

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T'SF'D | UNIT TRANSFERRED TO |
|---|---|---|---|
| | 1/2/18 | | 24th Bn |
| BO 212. 31/8/18 | 1/9/18 | 20/9/18 | Q R D |
| | | 9/10/19 | Canada Section |

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

| DATE OF PAYMENT | NUMBER OF A.R | UNIT PAID BY | AMOUNT | DATE OF PAYMENT | NUMBER OF A.R | UNIT PAID BY | AMOUNT |
|---|---|---|---|---|---|---|---|
| 22/11/18 | 6092 | Epsom | 418 67 | | | | |
| 22/11/18 | DD 281 | 100 dys F.P. | | | | | |
| | | | | | | | |
| | | | | | | | |
| P 868 Rend 21/1/18 for Dft #24 54/100 | | | | 1-1-19 | | | |

DAILY RATES OF PAY AND ALLOWANCES

| AUTHORITY | PAY | F.A. | P.F.A. | SUBS'CE ALL'CE |
|---|---|---|---|---|
| | 1 00 | 10 | + 10 | |
| | | | | |
| L P C C Bal #265 53/XA | | | | |

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged to Canada 31/12/18. Auth: G.R.D.R. 1002. 10/12/18

| MONTH 1918 | PARTICULARS | CR. 1 | CR. 2. | PARTICULARS | DR. 1 | DR 2. | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mar 31st | Bal Forᵈ | | | | | | | | 368 70 | 270 | |
| Apl | P.Pay | 33. | | | | | | | 401 70 | 285 | |
| | | | | A.R. 120. 22 Bn 27/4/18 | 8 03 | | | | 393 67 | | |
| | | 33 | | | 8 03 | | | | | | |
| May | P.P. | 34 10 | | | | | | | 427 77 | | |
| | | | | A.R. 2. 24 Bn 11/5/18 | 4 46 | | | | 423 31 | 300 | |
| | | | | " 93 " 28/5/18 | 3 57 | | | | 419 74 | | |
| | | 34 10 | | | 8 03 | | | | | | |
| June | P.P. | 33 | | | | | | | 452 74 | | |
| | | | | A.R. 425. 25 Bn 16/6/18 | 2 68 | | | | 450 06 | | |
| | | | | Sen 14 dys F.P.I. 30/5/18 for drunkenness BO 60. 19/6/18 24 Bn | | 15 40 | | | 434 66 | 300 134 | |
| | | 33 | | | 2 68 | 15 40 | | | | | |
| July | P.P. | 34 10 | | | | | | | 468 76 | | |
| | | | | A.R. 205. 24 Bn 2/7/18 | 4 46 | | | | 464 30 | | |
| | | | | " 356 22 " 12/7/18 | 3 57 | | | | 460 73 | | |
| | | | | " 462 " 26/7/18 | 4 46 | | | | 456 27 | 314 60 | |
| | | 34 10 | | | 12 49 | | | | | | |
| Aug | P.P. | 34 10 | | | | | | | 490 37 | 329 60 | |
| | | 34 10 | | | | | | | | | |
| Sept | P.P. | 33 | | " 2223 CCH Epsom 12/9 | 9 73 | | | | 513 64 | | Cheque |
| | | | | HR 30382 7/9 | 9 73 | | | | 503 91 | 344 | |
| | | 33 | | | 19 46 | | | | 34 10 | | |
| Oct | P.R. | 34 10 | | | | | | | 538 01 | | |
| | | | | 14 AR 3262 " 12-10-18 | 4 87 | | | | 533 14 | 359 | |
| | | 34 10 | | | 4 87 | | | | | | |

War loan $300.00 Surrendered for cash
Purchase Ord $269.00 to be deducted from remaining $31.00 " "

1918 NUMBER 842153 RANK Pte NAME ABICK. L

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Bt Fwd | | | | | | | | 533 14 | 359 - | |
| Nov | PP | 33 | | | | | | | 566 14 | | |
| | | | | 2/ 6 AR3411 CCREPS. 7-11-18. | 9 73 | | | | 556 41 | 374 | |
| | | | | " 1245. " 12-11-18. | 4 87 | | | | 551 54 | 269 - | Victory Loan |
| | | | | 4/1 Victory War Loan for £300. Deff'd Pay 269.00 Bal. 31.00 300 00 | 300 00 | | | | 251 54 | 105 - | |
| Dec. | PP | 34 10 | | | | | | | | | |
| | Inst on Dy Pay. | 21 26 | D 21 26 | | | | | | | | |
| | S.7. 22/11/18. 00/281. 2nd CCD | 7 30 | D 7 30 | 21/ AR6002. CCREPS 22-11-18 | 18 67 | | | | | | |
| | | | | 2/ AR6002 CCREPS 22-11-18 | 48 67 | | | | 314 20 | 105 | |
| | | | | P868 Renet | | | | | 265 53 | | |
| | | | | 55/ AR6594. 2 CCD. 10-12-18 | 24 57 | | | | 240 96 | | |
| | | | | 2 PC Endt. | | | | | | | |
| | | | | 41/ AR6021 CDD Buxton 20-12-18 | 9 73 | | | | 231 23 | | |
| | | 9 56 6 | | | 397 57 | | | | | | |

L P C.

S.O.S Canada 23-12-18
D.O 16 - A.R.D. 14-1-14.

P. 559.
MARRIED OR SINGLE S.

PLACE OF BIRTH Paregan Norway

NAME AND ADDRESS OF NEXT OF KIN Conrad Abick
Paregan Norway

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

**CASUALTIES, PROMOTIONS, &c.**

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| | | |

**ADMISSIONS TO HOSPITAL, &c.**

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

REG'L. No. 842 ~~135~~ RANK Pte NAME Abick Leonard

IF IN PERMT. CORPS } WHAT UNIT UNIT 148th Bn.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Montreal

DATE OF ATTESTATION May 8 1916

ASSIGNED PAY MONTHLY $ Nil DATE EFFECTIVE

PAYABLE TO Nil RELATIONSHIP

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)

TRANSFERRED TO 24th Bn. DATE ~~22/12/16~~ 11/1/17 AUTHORITY

TRANSFERRED TO C.C.A.C. DATE 29/4/17 AUTHORITY C.R.O. 342 9/4/17

TRANSFERRED TO Orpington Patients DATE 31/5/17 AUTHORITY A. Roll

TRANSFERRED TO 1st C.R.D. 24 Bn DATE 1-11-17 1-2-18 AUTHORITY

D

62

| DATE | PAY NO. OF DAYS | PAY RATE | PAY AMOUNT $ | PAY AMOUNT c. | FIELD ALLOWANCE NO. OF DAYS | FIELD ALLOWANCE RATE | FIELD ALLOWANCE AMOUNT $ | FIELD ALLOWANCE AMOUNT c. | WORKING OR SPECIAL PAY NO. OF DAYS | WORKING OR SPECIAL PAY RATE | WORKING OR SPECIAL PAY AMOUNT $ | WORKING OR SPECIAL PAY AMOUNT c. | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS 1 NO | 1 DATE | 2 NO. | 2 DATE | 3 NO. | 3 DATE | 4 NO. | 4 DATE | CASH PAYMENTS 1 | 2 | 3 | 4 | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE CREDIT | BALANCE DEBIT | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sept 30 | | | | | | | | | | | | | 23 00 | | 23 | | | | | | | | | | | | | | | 23 00 | | | | Bal from Canada |
| Oct 1-31 | 31 | 1 | 31 | | 31 | 10 | 3 10 | | | | | | | | 34 10 | 18 | 19/10 | | | | | | | 29 20 | | | | | | 29 20 | 27 90 | | | |
| Nov. 1-30 | 30 | 1 | 30 | | 30 | 10 | 3 | | | | | | | | 33 | 63 | 3/11 | 193 | 30/11 | | | | | 12 16 | 9 73 | | | | | 31 62 | 29 38 | | | |
| Dec 1-31 | 31 | 1 | 31 | | 31 | 10 | 3 10 | | | | | | | | 34 10 | 219 | 12/12 | 120 235 | 15/12 17/12 | | | | | 9 73 | 2 43 | | | | | 12 17 | 5 21 | 46 45 50 | 5 21 | |
| Dec | | | 9 20 | | | | 9 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan 1-31 | 31 | 1 10 | 34 10 | | | | | | | | | | | | 34 10 | | | | | | | | | | | | | | | 85 31 | | | | |
| Feb 28 | 28 | 1 10 | 30 80 | | | | | | | | | | | | 30 80 | | | 10780 1/1 9999 29/1 (R.R.D.) 527 30/1 | | | | 4 36 4 36 2 61 | | | | | | | 11 33 | 104 78 | | | |
| Mar. 31 | | | 34 10 | | | | | | | | | | | | 34 10 | | | 2233 23/3 2177 16/3 | 2248 21/2 1st D.E. 396 10/2 2nd E.Bn. | | | 262 | 262 | 54 262 | | | | | 11 02 | 127 86 | 90 - | | | |
| April 28 | 28 | 1 10 | 30 80 | | | | | | | | | | | | 30 80 | | | | | | | | | | | | | | | | 158 66 | | | |
| r 29/30 | 2 | - | 2 20 | | | | | | | | | | | | 2 20 | | | | | | | | | | | | | | | | 160 86 | | | |
| May 30 | 30 | - | 33 | | | | | | | | | | | | 33 | | | | | | | | | | | | | | | | 193 86 | | | |
| May 1 | 1 | 1 10 | 1 10 | | | | | | | | | | | | 1 10 | 224 | 1/4 | | | | | | | 4 87 | | | | | | 4 87 | 190 09 | | | |
| ~~June 30~~ | ~~30~~ | ~~1 10~~ | ~~33~~ | | | | | | | | | | | | ~~33~~ | | | | | | | | | | | | | | | | | | | | |
| | | | ~~231 00~~ | | | | | | | | | | | | | | | | | | | | | | | | | | | ~~95 34~~ | | | | |
| | | | 267 30 | | | | | | | | | | 23 00 | | ~~254 00~~ 290 30 | | | | | | | | | 51 10 | 27 13 | 17 11 | | | | 100 21 | | | | |

a3w.3069-a2265-31/1/17.

Loans C.C.A.C. Eff 29/4/17 C.R.O. B.342 1/4

Orpington Patients 31.5.17 a Roll.

CANADIAN
ASSIGNED PAY ~~AUDITED~~
English account
AUDIT CLERK
DATE 15-5-17

842 153 Pte. Abick L.

| DATE | PAY: No. of Days | PAY: Rate | PAY: Amount $ | PAY: Amount c. | Field Allowance: No. of Days | Field Allowance: Rate | Field Allowance: Amount $ | Field Allowance: Amount c. | Working or Special Pay: No. of Days | Working or Special Pay: Rate | Working or Special Pay: Amount $ | Working or Special Pay: Amount c. | Assigned Pay Credits | Other Credits | Total Credits |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 267 | 30 | | | | | | | | | | | 290 30 |
| Bal Forward. | | | ~~231~~ | ~~90~~ | | | ~~32~~ | ~~00~~ | | | | | | 23 | ~~254~~ |
| June 30 | | 1.10 | 33 | | | | | | | | | | | | 33 |
| July 31 | | 1.10 | 34 | 10 | | | | | | | | | | | 34 10 |
| Aug 31 | | | 34 | 10 | | | | | | | | | | | 34 10 |
| Sept 31 | | | 34 | 10 | | | | | | | | | | | 34 10 |
| Oct 30 | | | 33 | | | | | | | | | | | | 33 |
| | | | 401 | 50 | | | | | | | | | | 23 | 424 50 |

| Acquittance Rolls 1: No. | 1: Date | 2: No. | 2: Date | 3: No. | 3: Date | 4: No. | 4: Date |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | 90 | 1/6 | | | | |
| | | 64 | 21/5 | | | | |
| | | | | | | | |
| | | | | 2R2 59 | 3/4 | | |
| | | | | | | | |
| | | | | | | | |

| Cash Payments 1 | 2 | 3 | 4 | Assigned Pay | Other Charges | Total Debits | Balance Credit | Balance Debit | Pay Withheld or Deferred | Pay Available for Issue |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | 100 21 | | | | |
| 51 10 | 27 13 | 17 11 | | | | ~~95 34~~ | 190 09 | | | |
| | 4 47 | | | | | 97 4 | 213 35 | | | |
| | 4 87 | | | | | | 4 | | | |
| | | | | | | | 97 45 | | | |
| | | 2 62 | | | | 2 62 | 278 93 | | | |
| | | | | | 1 32 | 1 32 | 310 61 | ~~18~~ | 180 00 | |
| 51 10 | 36 87 | 19 73 | | | 1 32 | 113 89 | 310 61 | | | |

REMARKS: B #005 No 3478 2/8/17

| MONTH 1917 | PARTICULARS | Cr. 1 | Cr. 2 | PARTICULARS | Dr. 1 | Dr. 2 | Dr. 3 | Dr. 4 | BALANCE | Deferred Pay | Ser. Allce. Ens. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Sept 30 | Balance | | | | | | | | 310 61 | 180 | |
| Oct 31. | Pres Pay. | 34 10 | | | | | | | 344 71 | 195 | |
| Nov. | P. P. | 34 10 | | DR 127. CCH Brmk 18/6/17. | 8 67 | | | | | | |
| | | 33 — | | DR 948. 73 Rec 30/8/17. | 4 87 | | | | | | |
| Dec. | P. P. | 34 10 | | DR 791. 73 Rec 14/8/17. | 7 30 | | | | | | |
| | | | | DR 859. " 23/8/17. | 2 43 | | | | | | |
| | | | | " 799. 3 CCB 13/7/17. | 4 87 | | | | | | |
| | | | | " 15 2 Disch Rem 229.17. | 2 68 | | | | | | |
| | | | | " 89. 9 CCB. 3/1/17. | 9 73 | | | | | | |
| | | | | " 592. 2 RBD 14/9/17. | 4 46 | | | | | | |
| | | | | " 119. 10 RD. 5/10/17. | 4 46 | | | | | | |
| | | | | " 514 28 Mcare 8/11/17. | 3 57 | | | | 318 77 | 225 | |
| | | 67 10 | | | 93 04 | | | | | | |
| 1918 Jan | PP | 34 10 | | DR 315. 2 CCB RRC. 24-10-17. | 3 57 | | | | | | |
| | | | | " 915 24 Bm 5-12-17. | 8 92 | | | | | | |
| | | | | " 845 24 " 20-11-17. | 3 57 | | | | 336 81 | 240 | |
| | | 34 10 | | | 16 27 | | | | | | |
| Feb | PP | 30 80 | | DR 1073 24 Bm 9/1/18 | 5 35 | | | | | | |
| | | | | " 969 " 19/12/17 | 4 46 | | | | | | |
| | | | | " 1024 " 29/12/17 | 3 57 | | | | 354 23 | 255 | |
| | | 30 80 | | | 13 38 | | | | | | |
| Mar | PP | 34 10 | | DR 1170 24 Bm 9/2/18 | 8 03 | | | | | | |
| | | | | " 1214 " 19/2/18 | 3 57 | | | | | | |
| | | | | " 1265 " 8/3/18 | 4 46 | | | | | | |
| | | | | " 1313 " 19/3/18 | 3 57 | | | | 368 70 | 270 | |
| | | 34 10 | | | 19 63 | | | | | | |

AUDITOR | PAYMASTER

JKB

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

M. OR S. | REGT. No. 8H2135 | RANK Pte | NAME (IN FULL) ABICK, LÉONARD (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

1-1-19

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| W.O.S. | 24/12/18 | |
| bas 60. | 5/1/19 | + gtd |
| L-w/s to | 19/1/19 | Do. 10/1 |

ORIGINAL UNIT C.E.F. 148th Bn. | IF IN C.E.F. WHAT UNIT?

PLACE OF ATTESTATION Montreal | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION May 18 - 1916 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO Wife | RELATIONSHIP

ADDRESS 19 Congregation St. P.E. St. Charles, Montreal.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

ANY CHANGE IN ASSIGNEE OR ADDRESS
N.D.G. to
158 Ste Catherine St. W.
17-5-19
Montreal Que

DISCHARGED Montreal | PLACE | 25/1/19 | DATE | REASON D.R.4-1916 | AUTHORITY DO 28/2 | IF ENTITLED TO POST DISCHARGE PAY

| MONTH | PAY AND F.A. NO. OF DAYS | RATE | AMOUNT $ | C. | OTHER CREDITS $ | C. | $ | C. | TOTAL CREDITS $ | C. | ACQUITTANCE ROLLS COL. NO. 1 NO. | DATE | COL. NO. 2 NO. | DATE | COL. NO. 3 NO. | DATE | CASH PAYMENTS COL. NO. 1 $ | C. | COL. NO. 2 $ | C. | COL. NO. 3 $ | C. | ASSIGNED PAY $ | C. | REGIMENTAL CHARGES $ | C. | OTHER CHARGES $ | C. | $ | C. | TOTAL DEBITS $ | C. | BALANCE DEBIT $ | C. | CREDIT $ | C. | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Balance from previous account | | | | | 25 | 195 | 93 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 116.93 = C.E.F. P.E. |
| 25/1/19 | 25 | 1.- | 27 | 50 | 12 | 00 | | | | | 3 | 21 | | | | | 50 | 00 | | | | | | | | | | | | | 50 | 00 | | | | | Subs 12.00 Do |
| | | | | | 35 | 00 | 270 | 68 | | | 1857 | | | | | | 290 | 68 | | | | | | | | | | | 70 | 00 | 220 | 68 | 70 | 00 | | | Bal W.S.G. |
| | | | | | | | | | | | | | | | | | 340 | 68 | | | | | | | | | | | | | | | | | |

| | Other Credits | W.S.G. | S.A. | Total |
|---|---|---|---|---|
| 25.2.19 | | | | |
| 25.3.19 | | | | |
| 25.4.19 | | | | |
| 25.5.19 | 350 | | | 350 |

War Service Gratuity

| | Other Charges | W.S.G. | S.A. | Total | Balance Soldier | Dependant |
|---|---|---|---|---|---|---|
| | | 70 | | 70 | 280 | |
| | | 70 | | 70 | 210 | |
| 24.5.19 | | 45 | 43 | 70 | 140 | |
| | | 70 | | 70 | 70 | |
| | | 70 | | 70 | | |
| | 24 57 | 325 | 43 | 350 | 00 | |

1 Copy D.A.G.
86967
Amended L.P.C.
226489 (3)
3923514
35

# List of Discharge Documents.

| | | |
|---|---|---|
| Reg. Conduct Sheet, | Militia form | B. 263 |
| Squadron / Battery / Company } Conduct Sheet, | " | B. 263a |
| or | | |
| Field Conduct Sheet | " | W. 178 |
| Copies of Convictions, by C. P. | | in MS. |
| Med. Hist. Sheet, | Militia form | B. 313 |
| Casualty Form | " | W. 54 |
| Medical Report for Invalid§ | " | B. 227 |
| Dental History Sheet | " | B. 465 |
| Last Pay Certificate | " | W. 44 |
| Duplicate Discharge Certificate | " | W. 39A |
| ‡Form of Will | " | W. 82 |

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

| | | |
|---|---|---|
| Attestation Paper | Militia Form | W. 23 |
| or | | |
| Particulars of Recruit | " | W. 133 |
| Proceedings on Discharge | " | B. 218 |

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*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.*

6298

a-1115

15-8-38.

28

This space to be for numbers.

# Proceedings on Discharge.

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

No. 842135

Rank Pte

Surname ABICK,

Christian name Leonard

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 148th Bn

Date of discharge Jan.25th/19

Place of discharge Montreal, QUE

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 34 years 2 months.

Height 5 feet 9 inches.

Complexion Fair

Eyes Hazel

Hair Light Brown

Trade Barber

Intended place of residence (To be given as fully as practicable.) Khaki Club, 660 Dorchester St.W. Montreal, QUE

Descriptive marks

Numerous small pox marks face

2. The above-named man is discharged in consequence of

RO 1420 Para (A) Cat.C3 ~~Dem-~~ Med. Unfit

Authority for discharge

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.

Deceased 7 June, 1938.
649-A-10518.

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.

200M.—5-18.
H. Q. 1772-39-113.

Medical Document forwarded to ~~S. C. R.~~ or B. P. C. on 4/2/19

(OVER)

Gmaed 11-2-19

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, and that I have received my permanent discharge certificate.

(Place).....Montreal,QUE. L. Abier.....*(Signature of Soldier.)*

(Date).....Jan.25th,1919 Robt W Rice.....*(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.

(Place).....Montreal,QUEBEC.....

(Date).....Jan.25th/19.....

*(Signature)*.....Lieutenant,

Officer i/c Discharge Section, District Depot No. 4.

**Reservations referred to at Para. 8.**

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

NO RESERVATIONS

L. Abier.

## OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Concur

19. Is the invalid fit for
(a) General service, (Category A) ~~(Yes or No.)~~
(b) Service abroad, not general service, ( " B) ~~(Yes or No.)~~
(c) Home service (Canada only), ( " C) ~~(Yes or No.)~~
(d) Temporarily unfit. ( " D) ~~(Yes or No.)~~
(e) Unfit for service in Categories A, B and C ( " E) ~~(Yes or No.)~~

C3

20. It is certified that the invalid
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
(b) Does not require treatment.
(c) ~~Should pass under his own control.~~
(d) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

C3

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

[signature] President.

PLACE Montreal

DATE Jan., 22, 1919

J. E. Guibord Lt. } Members

### TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned ..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness ..... Signed .....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

..... President

PLACE .....

DATE ..... } Members

APPROVED BY

J. R. Spiers Lt Col
for Assistant Director of Medical Services.

DATE 22/1/19

APPROVED BY

Director-General of Medical Services.

DATE .....

THIS FORM WILL BE USED FOR ALL RANKS

# MEDICAL HISTORY OF AN INVALID

### INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Montreal DATE 22/1/19

1. 1 (a) Unit D.D. #4 (b) Regimental No. 842135 (c) Rank Pte
(d) Surname Abick (e) Christian name Leonard
(f) Home address Khaki Club, Montreal.
(g) Next of Kin Mr. Conrad Abick (h) Relationship father
(i) Address of Next of Kin Pargau Norway
2. Age last birthday 34 Date of birth Nov. 19 1884
3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date 8/5/16
4. Personal description:
(a) Height 5' 9" (b) Weight 145 (stripped) (c) Complexion mottled
(d) Colour of hair brown. (e) Colour of eyes blue. (f) Identification marks, Scars, etc.
Numerous small pox marks face
5. Former trade or occupation Barber

| 6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted). | Years | Days |
|---|---|---|
| | 2 years | 9 mos. |

| | Periods From | Periods To |
|---|---|---|
| Canada | 8-5-16 | Sept., '16 |
| England | Sept., '16 | Dec., 1916 |
| France or other theatres of War | Dec., 1916<br>Sept. 1917 | Apr., 1917<br>Aug., 1918 |

7. Original disease, or injury (1) G.S.W. left hip. (2) G.S.W. left forearm and left foot.
(a) Date of origin (1) 8-4-17 (2) 8-8-18 (b) Place of origin (1) & (2) France
(c) Cause (1) & (2) Shrapnel

M. F. B. 227.
400M.—11-18.
1772-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Effects of G.S.W. left forearm

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Longitudinal scar 2½ ins. long ½in. about middle of flexor surface left forearm. Scar is not tender but is partly adherent to flexor tendons. Scar same size as former about middle of extension surface left forearm. This scar is not tender nor adherent. There is considerable wasting of both forearm and hand- most marked in hand and fingers. Circumference left forearm 1" less than right at same level. left hand ¾ in. less than right due to wasting of interossei muscles Extension of all fingers can be done but flexion is limited 20%. Power and strenght little & ring fingers limited 90 %. Middle finger 40 % index finger & thumb normal. No loss of sensation although man complains of frequently feeling numbness and cold in hand. Power & grip of hand diminishes 50% of forearm 50 %.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System....no....Cardio-Vascular System....no....Genito-Urinary System....no....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses....no....Respiratory System....no....Integumentary System....no....

Disturbances of Mentality....no....Digestive System....no....Muscular System....no....

Osseous and Joint Systems....no....Any other general condition....no....

Longitudinal linear scar 3" long running upward from middle left ankle (anterior). Not tender nor adherent. No disability. All movements and power of ankle joint normal. Scar is operation wound for removal of T.B.

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

Wounded 8-8-18. Was in France ;5 days- was operated on. Sent to England- was was in hospital and convalesence for about 3 mos.



10. (b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Superficial scar irregularly ⅜" x ⅛" over left acetabulum. Not tender nor adherent causes no disability All movements at hip are nprmal.

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

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

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?....no....
The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?....6 mos....

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

Devonport 21 days G.S.W. left arm & foot
Epsom 73 days " " " " "

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?....
(If the answer is "yes" state nature of treatment required and probable duration)

no

16. Can the former trade or occupation be resumed? Not for at least 6 mos. Lack of strenght of left hand.
(If not, briefly state why)

17. Recommendations....

Cat. -C- 3.

R.R. Scottish Corps
*Medical Officer by whom the case is brought forward.*

## STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned....Pte....have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of....nothing....

J R
L Alder
....Rank.
*Signature of invalid examined.*

## Statement of the Soldier

*(This is to be completed only in the case of the Soldier taking his Discharge in England.)*
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

Leonard Abick *Signature of Soldier examined.*

## Instructions to Medical Officers

**Question 1.**—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

**Question 2.**—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

**Questions 3 and 4.**—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

**Question 5.**—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

**Question 6.**—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

### ENTRIES OF RECATEGORIZATION

| Date | Station | Category | Signature of M. O. | Date | Station | Category | Signature of M. O. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D.543

Reserved for M.H.C.

Regt. No. 842135 Rank Pte Surname ABICK Christian Name LEONARD

Unit or Corps—(a) Overseas from United Kingdom 24th Bn (b) in United Kingdom Q.R.D.

Born at—Town Tarragon County or Province ..... Country Norway

Date of Birth—Day 19 Month November Year 1884 Age 34 yrs. — months.

Joined at Montreal Date May 8-1916

Former trade or occupation Barber

Permanent Marks or any peculiarity that will serve for future identification :—

Small pox marks, face, shoulder + chest.
G. S. W. Scars - See "6"

Height—feet.....inches.....Colour of eyes Blue

Signature of Soldier (*for identification purposes*) Leonard Abick

## Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities placing those resulting from separate causes in separate groups.

Disabilities Group (a) PARTIAL LOSS OF FUNCTION LEFT HAND

Disabilities Group (b) NIL

Disabilities Group (c) NIL

2. CAUSE OF DISABILITY

| | | Place of origin. | Date of origin. |
|---|---|---|---|
| (i.) As to Group (a) above. | G.S.W. LEFT FOREARM | FRANCE | Aug 8 1918 |
| (ii.) As to Group (b) above. | na | na | na |
| (iii.) As to Group (c) above. | na | na | na |

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(i.) As to Group (a) above ? no If yes, has Active Service aggravated it ? na

(ii.) As to Group (b) above ? na If yes, has Active Service aggravated it ? na

(iii.) As to Group (c) above ? na If yes, has Active Service aggravated it ? na

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(i.) As to Group (a) above ? yes

(ii.) As to Group (b) above ? na

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

PART I. (continued).

5. MEDICAL HISTORY. In France 16/12 Ont Mil Hpl 11-4-17 to 15-5-17 G.S.W. Lt Buttock "Wounded Apr 8-17 & Ray shows piece of shell above acetabulum, removed." Can. Convol Hpl Bromby 15-5-17 to ~~[illegible]~~ Gm ? "Class Di". Fourth Stn Gen Hpl 22-8-18 to 11-9-18 G.S.W. lt arm & foot "No fracture [illegible], bullet removed from foot." M.C.H. Epsom 11-9-18 to 22-11-18 G.S.W. Lt foot and forearm, flesh "improved on massage & gymnastics, no disability Di." Man has not been able to make "4" category on account of left hand only.

6. PRESENT CONDITION. General condition good. There is a non-adherent scar from G.S.W. over gt trochanter left hip 1"x3" which causes no disability. There is an incised scar 1/4"x3" over tendon of tibialis anticus at left ankle, causes no disability. There are two G.S.W. scars of 3 & 3 w'd at centre of left forearm each 3 in. in length. Missile has gone through interosseous membrane without fracture of bones of forearm. There is marked adherence of both scars. The interosseous muscles are markedly atrophied with limited abduction of the fingers of left hand. There is small degree of "griffe" and grip is impaired about 10%. (Injury to ulnar nerve - diagnosis). Cardiovascular, respiratory and digestive systems negative.

7. OPERATION. (i.) Was one performed? Yes (ii.) If so, state what Treatment wounds

(iii.) Was one advised and declined? no

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? no

(ii.) If so, describe. n a

9. DO YOU RECOMMEND:— (b) Invalid to Canada? n a

(a) Fit for duty? (state category) B ii (c) Discharge from the Service as permanently unfit? n a

Date of Report 2-12-1918 Signed [illegible] Capt. Officer in medical charge of case.

Station Bramshott

I have satisfied myself of the general accuracy of the above Report, and concur therein *except not in hospital {Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART II.

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

10. Is the diasbility fully described in Part I. (1)? If not, describe it. Yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. Yes

12. From the medical information now adduced, was the disability caused or aggravated by:— (a) Negligence of the Soldier {Caused? no / Aggravated? no} (b) Misconduct of the Soldier {Caused? no / Aggravated? no}

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 5%, 10%, 15%, 20%, etc.) 15%

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.) What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (Estimate at none, 1/10, 2/10, 3/10, etc., or all.) all

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? no
(ii.) If not permanent, what is its probable minimum duration (in months)? six months

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

17. Can the former trade or occupation be resumed? no

18. REMARKS:— Boarded under Authority A.G. telegram 9083 dated 11-11-18.

19. RECOMMENDATION:— (b) Invalid to Canada? no

(a) Fit for duty? (state category) B ii unlikely to be raised in six months (c) Discharge from Service as permanently unfit? no

Date of Board 2-12-18 Signatures of the Board {J. W. Fidmarsh Major President. / D. A. Magdalene Capt. / T. S. Tupper, Capt.}

Station 2nd CCB Bramshott

Approved [signature] Major, D.A.D.M.S. for A.D.M.S., Canadian Troops, Bramshott Camp. A.D.M.S.

Dated at Bramshott Station 3 DEC 1918 191