

Officers

REGIMENTAL DOCUMENTS

NAME *ABRAHAM. Howard. Armstrong*

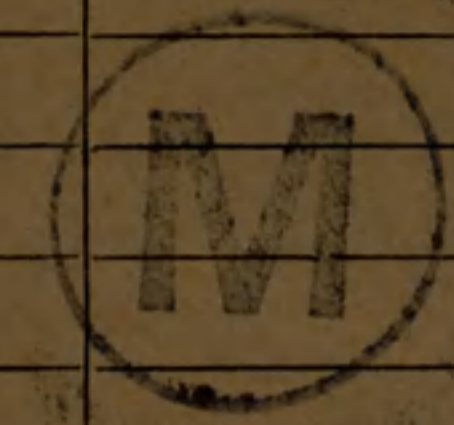
REGT. NO. *Capt.*

UNIT *6.A.M. 6*

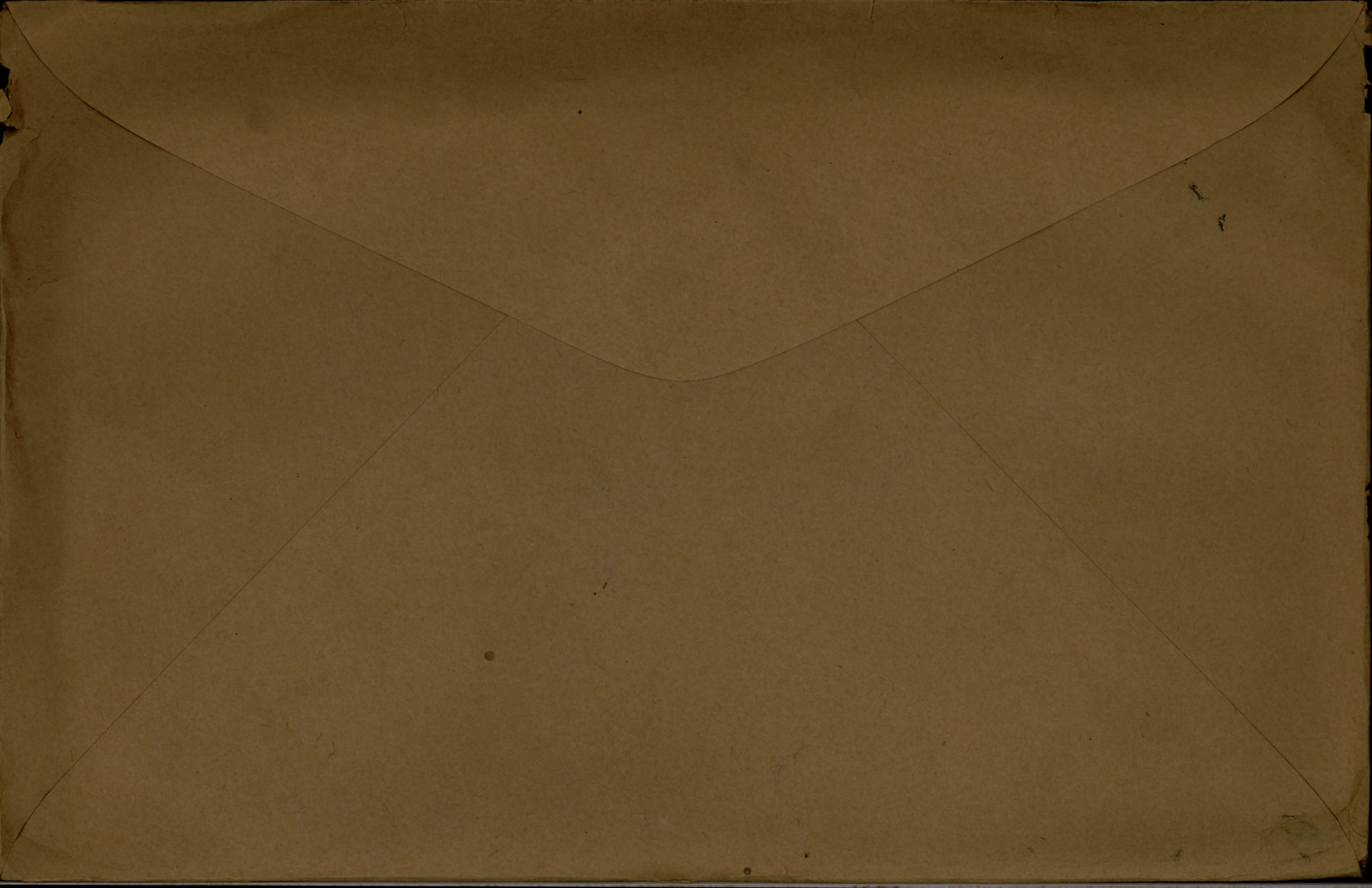
H. Q. FILE NO. *496*



CONTENTS		DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
5	ATTESTATION 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. 112)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
4	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					<i>Resigned - 1-1-18.</i>
	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	
1	LAST PAY CERTIFICATE (M.F.W. 44)					
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	PARTICULARS OF CHARACTER (A.F.W. 3225)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
3	<i>M.F.W. 67.</i>					
1	<i>Will</i>					
	<i>Pay sheets</i>					
4	<i>Cards.</i>					



10 7
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Original
HW

MEDICAL HISTORY SHEET

Surname ABRAHAM Christian Name Howard Armstrong

Examined { on <u>16</u> day of <u>February</u> 191 <u>7</u> at <u>Exhibition Camp, Toronto</u>	Approved by		
Birthplace { City or Town <u>Burlington,</u> County <u>Ont., Canada</u>	Rank		<u>M.O.</u>
Apparent age <u>33 yrs 9 mos.</u>	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
Trade or occupation <u>Physician</u>			<u>M.O.</u>
Height <u>5</u> feet <u>10 1/2</u> Inches			<u>M.O.</u>
Weight <u>160</u> lbs.			<u>M.O.</u>
Chest measurement { Minimum _____ inches Maximum expansion <u>35 1/2</u> inches			<u>M.O.</u>
Physical development			<u>M.O.</u>
Small-pox Marks			<u>M.O.</u>
Vaccination Marks { Arm <u>Right</u> <u>Left</u> Number _____	Date	Result	VACCINATIONS
When Vaccinated last			<u>M.O.</u>
(a) Marks indicating congenital peculiarities or previous disease <u>1 mole 2" above and 2" left of Umbilicus.</u>			<u>M.O.</u>
(b) Slight defects but not sufficient to cause rejection	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
			<u>M.O.</u>
			<u>M.O.</u>
			<u>M.O.</u>

Enlisted on 16th day of February 1917 at Exhibition Camp, Toronto.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>A.M.C.T.D.#2</u>	<u>Lieutenant</u> <u>capt.</u>		<u>16-21-17</u>
Transferred to	<u>Permitted to resign - Jan 1/1918. HQ. 372-2-549</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.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Original ~~not available~~; this copy made from data on hand.

Julian Boyd
JAN 20 1918
Major J.M.C.
A.M.C. TRAINING DEPOT No. 2

MEDICAL HISTORY SHEET

Surname Abraham Christian Name Howard Armstrong

Examined { on 16th day of February 1917
 at Ex Camp, Toronto, Ont.
 Birthplace { City or Town Burlington
 County Orant Co.

Approved by D. T. Richardson
 Rank Lieut MILITARY DEFENCE
JUN - 6 1918
H.Q. M.O.
CANADA

Apparent age 33
 Trade or occupation Physician
 Height 5 feet 10 1/2 Inches
 Weight 160 lbs.
 Chest measurement { Minimum 33 inches
 Maximum expansion 35 1/2 inches
 Physical development Good
 Small-pox Marks None

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

Vaccination Marks { Arm Right Left
 Number 2
 When Vaccinated last 1914
 (a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS
<u>1917</u>		
<u>April 1</u>	<u>Ref</u>	<u>Julian Stewart</u>
<u>April 20</u>	<u>Ref</u>	
<u>May 1</u>	<u>Ref</u>	
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection
One mole 2" above & 2" left of umbilicus

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1917</u>		
<u>April 1</u>		<u>Julian Stewart</u>
<u>April 20</u>		
<u>May 1</u>		
		M.O.
		M.O.
		M.O.

Enlisted on 16th day of February 1917 at Ex Camp Toronto Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>A.M.C.</u>	<u>Lieut</u>		<u>16-2-17</u>
Transferred to	<u>2102</u>	<u>Capt</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.

MEDICAL HISTORY SHEET

Surname Abraham Christian Name Howard Armstrong ENCE
1911-1918

Examined { on 16 day of Feb 1917 Approved by H. R. CANADA
 { at Exhibition Camp Toronto H. Starckherson
 Birthplace { City or Town Toronto Burlington Rank Lieut M.O.
 { County Brand Leo

Apparent age 33
 Trade or occupation Physician M.O.
 Height 5 feet 10 1/2 Inches M.O.
 Weight 160 lbs. M.O.
 Chest measurement { Minimum 33 inches M.O.
 { Maximum expansion 2 1/2 inches M.O.
 Physical development good M.O.
 Small-pox Marks none M.O.

Vaccination Marks { Arm Right Left 2
 { Number 2
 When Vaccinated last 1914

(a) Marks indicating congenital peculiarities or previous disease none 1 mole 2" above
2" to left of umbilicus
 Date 1917 Result VACCINATIONS
April 29 Reg Julian D. Smith M.O.
April 20 Reg M.O.
May 1 Reg M.O.

(b) Slight defects but not sufficient to cause rejection
One mole 2" above 2" left of umbilicus.
 Date 1917 Result ANTI-TYPHOID INOCULATIONS, ETC.
April 10 Reg Julian D. Smith M.O.
April 20 Reg M.O.
May 1 Reg M.O.

Enlisted on 16th day of February 1917 at Ex Camp Toronto Ont

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>Am Co. 2102</u>	<u>Lieut - Capt.</u>		<u>16-2-17</u>
Transferred to				

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.

To be made out in duplicate.

H.Q. 54-21-23-53

DEPT. MILITIA-DEFENCE
JUN - 5 1918
H.Q. CANADA

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..... *A.M.C. TRAINING DEPOT No. 2*

(2) Regimental Number..... *Lieut. - Capt.*

(3) Full Name of Soldier..... *Howard Armstrong Abraham*

(4) Place of Birth..... *Burlington Ontario*

(5) Are you married, or not?..... *Yes*

(6) If married, state,
 (a) Full name of your wife..... *Emma Abraham*

(b) Present Postal Address..... *29 Simpson Ave,
Toronto Ont. -*

(7) Are you a widower?..... *No*

(8) Have you any children?..... *Yes*
 If so, give number of boys and girls..... *One Girl*
 Also their names and ages..... *Rosalind Abraham 4 years*

(9) Is your Father alive? *Yes*..... *Rev. Dr. Robert Henry Abraham*
If so, state name and address..... *67 Winchester St Toronto, Ont;*

(10) Is your Mother alive? *Yes*.....
If so, state name and address..... *Annie Armstrong Abraham*
..... *67 Winchester St Toronto, Ont;*

(11) If your Mother is a widow..... *No*
Are you her sole support, or not?..... *No*

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

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

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

(15) Are you insured?..... *Yes*
If so, in what Company?..... *Yes*
Sum Life
Have you made arrangements for payment of your Insurance premium..... *Yes*
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date..... *February 16th 1917*

..... *Julian D Boyd* *Major A.M.C.*
.....
..... *Officer Commanding.*

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.

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- (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.....

A.M.C. TRAINING DEPOT No 2

(2) Regimental Number.....

Lieutenant Capt.

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

ABRAHAM, Howard Armstrong.

(4) Place of Birth.....

Burlington, Ontario, Canada.

(5) Are you married, or not?.....

Yes

(6) If married, state,

(a) Full name of your wife.....

Emma Abraham

(b) Present Postal Address.....

29 Simpson Ave., Toronto, Ont. Canada.

(7) Are you a widower?.....

No

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

----?

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

Also their names and ages..... ?

not available:

M. F. W. 67.

500M.-9-16.
1772-39-954.

Original ~~inst~~; this copy made from data on hand.

Julian Boyd

(SEE OTHER SIDE.)

JAN 20 1918 A.M.C. TRAINING DEPOT No 2

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

If so, state name and address

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

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

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

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

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

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

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

(15) Are you insured?.....?

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.

Major A.M.C.

Officer Commanding.

Date..... February 16th, 1917

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.

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- (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.....

..... AMC TRAINING DEPOT NO. 2

(2) Regimental Number ~~Lieutenant~~ *capt.*.....

(3) Full Name of Soldier..... **ABRAHAM, Howard Armstrong.**.....

(4) Place of Birth..... **Burlington, Ontario, Canada.**.....

(5) Are you married, or not? **Yes**.....

(6) If married, state,
(a) Full name of your wife **Emma Abraham**.....

(b) Present Postal Address **29 Simpson Ave., Toronto, Ont. Canada.**.....

(7) Are you a widower? **No**.....

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

If so, give number of boys and girls **---- ?**.....

Also their names and ages **?**.....

not available:

Original lost; this copy made from data on hand.

M. F. W. 67.

500M.-9-16.
1772-39-954.

Julian Wright

(SEE OTHER SIDE.)

AMC TRAINING DEPOT NO. 2

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

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

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

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

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

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

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

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

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

(15) Are you insured?.....?

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.

.....
Officer Commanding.

Date..... February 16th, 1917

Original

Unit MC Train Depot ^{No 2} Rank Lieut Name Abraham H A _{soft.}

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

DEPT MILITIA & DEFENCE
JAN 13 1918
H.Q. CANADA

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Abraham
- (b) What are your Christian Names? Howard Armstrong
2. (a) Where were you born? (State place and country) Burlington Ontario
- (b) What is your present address? 29 Simpson Ave, Toronto Ont
3. What is the date of your birth? May 4th - 1883
4. What is (a) the name of your next-of-kin? Emma Abraham
- (b) the address of your next-of-kin? 29 Simpson Ave, Toronto Ont
- (c) the relationship of your next-of-kin? wife
5. What is your profession or occupation? Physician
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? none
9. State particulars of any former Military Service. 4 years Cadet Corp Hamilton Ont
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

H A Abraham (Signature of Officer)

Taken on strength (place) Ex Camp Toronto Ont

(date) February 16th 1917

Julian Boyd
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date February 16 1917

Place Ex Camp Toronto Ont H Tarquarhanson
Medical Officer. Lieut

*Insert here "fit" or "unfit"

True Copy

[Signature]
for Director of Records.

UNITED STATES ARMY AIR FORCE

OFFICE OF MILITARY ATTACHMENT

WASHINGTON, D. C.

UNITED STATES ARMY AIR FORCE

OFFICE OF MILITARY ATTACHMENT

WASHINGTON, D. C.

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UNITED STATES ARMY AIR FORCE

OFFICE OF MILITARY ATTACHMENT

WASHINGTON, D. C.

UNITED STATES ARMY AIR FORCE

SECRET
MAY 19 1946
COMMUNICATIONS SECTION

UNITED STATES ARMY AIR FORCE

OFFICE OF MILITARY ATTACHMENT

UNITED STATES ARMY AIR FORCE

714A

Toronto Ont. M.D. 2

FORM OF WILL.

Enl.
& Camp
Toronto

I, Howard Armstrong Abraham (Name in full)
Regimental Number Capt. serving in A.M.C. TRAINING DEPOT No. 2

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs H A Abraham
30 Langley Ave
Toronto

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs H A Abraham
30 Langley Ave
Toronto

Name and Address of person or persons to receive personal estate* (See note).

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this First day of May A. D. 1917

Howard A Abraham Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness Ronald J Beckman
Address of Witness 379 St. Clares Ave Toronto

THE TWO WITNESSES MUST SIGN HERE

Occupation of Witness draughtsman

Signature of Second Witness C. E. Mellie

Address of Witness 48 Cumberland Ave Hamilton Ont.

Occupation of Witness Accountant

100-100000
100-100000

UNITED STATES DEPARTMENT OF THE ARMY

100-100000

UNITED STATES DEPARTMENT OF THE ARMY

UNITED STATES DEPARTMENT OF THE ARMY

UNITED STATES DEPARTMENT OF THE ARMY

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UNITED STATES DEPARTMENT OF THE ARMY

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. Rank Capt. Name ABRAHAM, Howard Armstrong

Corps A.M.C. TRAINING DEPOT No. 2 who was* permitted to resign

On 1-1-18 191... to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named ~~from~~ XXXX at Feb. 1, 1918 191... to, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	306.	25.
Advances } No.....			Regt'l Pay..... days at \$..... c.....		
by } No.....			Field Allow..... days at \$..... c.....		
Cheques } No.....			Other Allowances*.....		
Assigned Pay No.....			Other Credits*.....		
Other Charges* <u>Over-credited Jan.</u> <u>116.25</u>			Bal. Dr. (to be deducted by new unit).....		
Payment on transfer or discharge No.....					
Balance Cr. (to be paid by the new unit).....	190.	--			
Total.....	306.	25	Total.....	306.	25

*Give Particulars.

A monthly stoppage of \$ Nil (†) has (‡) been paid on account of Assigned Pay for the 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:—

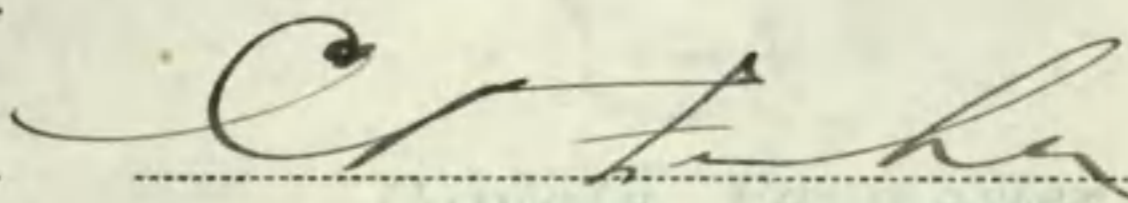
- State (1) date of enlistment 16-2-17
- (2) if married and if a Separation Allowance Card has been submitted Yes. Yes.
- (3) cause of discharge and authority H.Q. 372-2-549

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date February 23rd, 1918

Place EXHIBITION CAMP TORONTO


Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retentior. as a record.
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

X.S-2-7.

1 THIS IS TO CERTIFY that (Rank) Capt.

2 (Name in full) Abraham. Howard. ARMSTRONG.

3 Enlisted in C. A. M. Co.

4 CANADIAN EXPEDITIONARY FORCE, on the _____

5 day of _____ 191_____ AND WAS APPOINTED TO COMMISSIONED RANK

6 in C. A. M. Co.

7 CANADIAN EXPEDITIONARY FORCE on the sixteenth day

8 of February, 1917

9 He SERVED in CANADA with C. A. M. Co.

10 and was STRUCK OFF THE STRENGTH on the First day

11 of January 1918 by reason of being Resigned ^{permitted to}

12 Dated at Ottawa, this _____ day

13 of _____ 191_____

14

WASSER

II

REDDOCHER

BRIT

MADE IN CANADA

411

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. M.C. TRAINING DEPOT No. 2

Regimental No. _____ Rank Capt Name Howard Armstrong Abraham

Enlisted (a) 16-2-17 Terms of Service (a) C. E. F. Service reckons from (a) 16-2-17

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

Extended. _____ Re-engaged. _____ Qualification (b) Physician

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				
		<u>Permitted to resign</u>	<u>Toronto</u>	<u>1-1-18</u>	<u>H.Q. 372-2-549</u> <u>(Routine Order 188 of 11-2-18)</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

No.

RANK

Lieut.

NAME

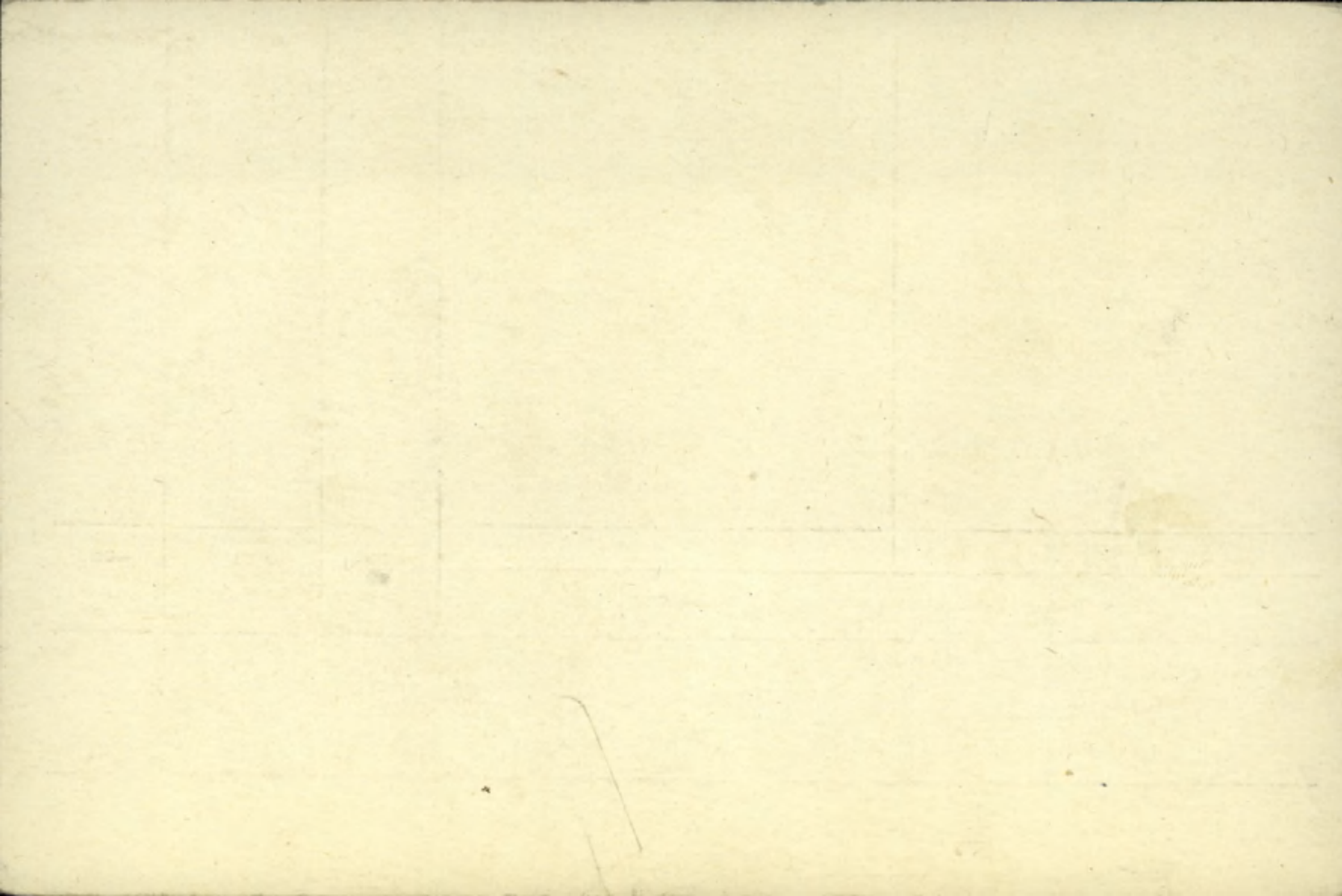
Abraham H. Howard

T. O. S.

UNIT

*Base Hospital A.M.C.*M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>			
<i>Mar. no a/c</i>		<i>u.</i>	<i>Duty. Quarters Rationis</i>	
<i>Apr. no a/c</i>		<i>n.</i>	<i>attach. for duty from A.M.C. In Depot #2</i>	<i>D.O. 130 of 9-4-17.</i>
<i>May. no a/c</i>		<i>n.</i>		



No.

RANK

Capt

NAME

Abraham, H. A.

T. O. S.

16-8-17

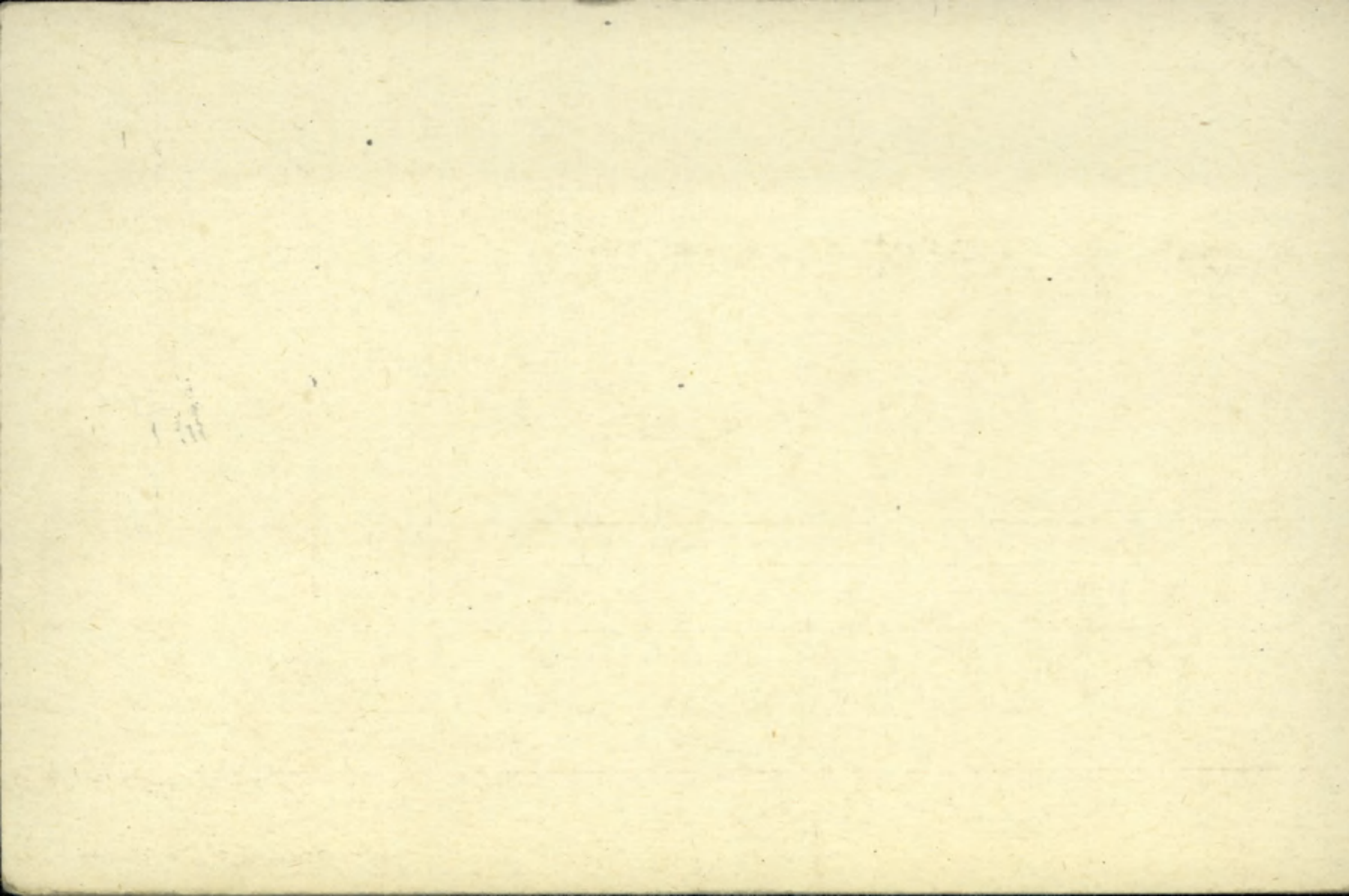
UNIT

A. M. C. Training Depot no 2.

DU 223 of 30-11-17

M. D. 2,

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
	Sept no a/c	n	attached form D & R, ceases to be attached	DU 301. Sept Paylist
	Oct no a/c	n		DU 327. " "
	Nov no a/c	n		
	1918			
	Jan	l		
	Feb no a/c	n		



No.

RANK

Lieut

NAME

Abraham H. A.

Howard A. [unclear]

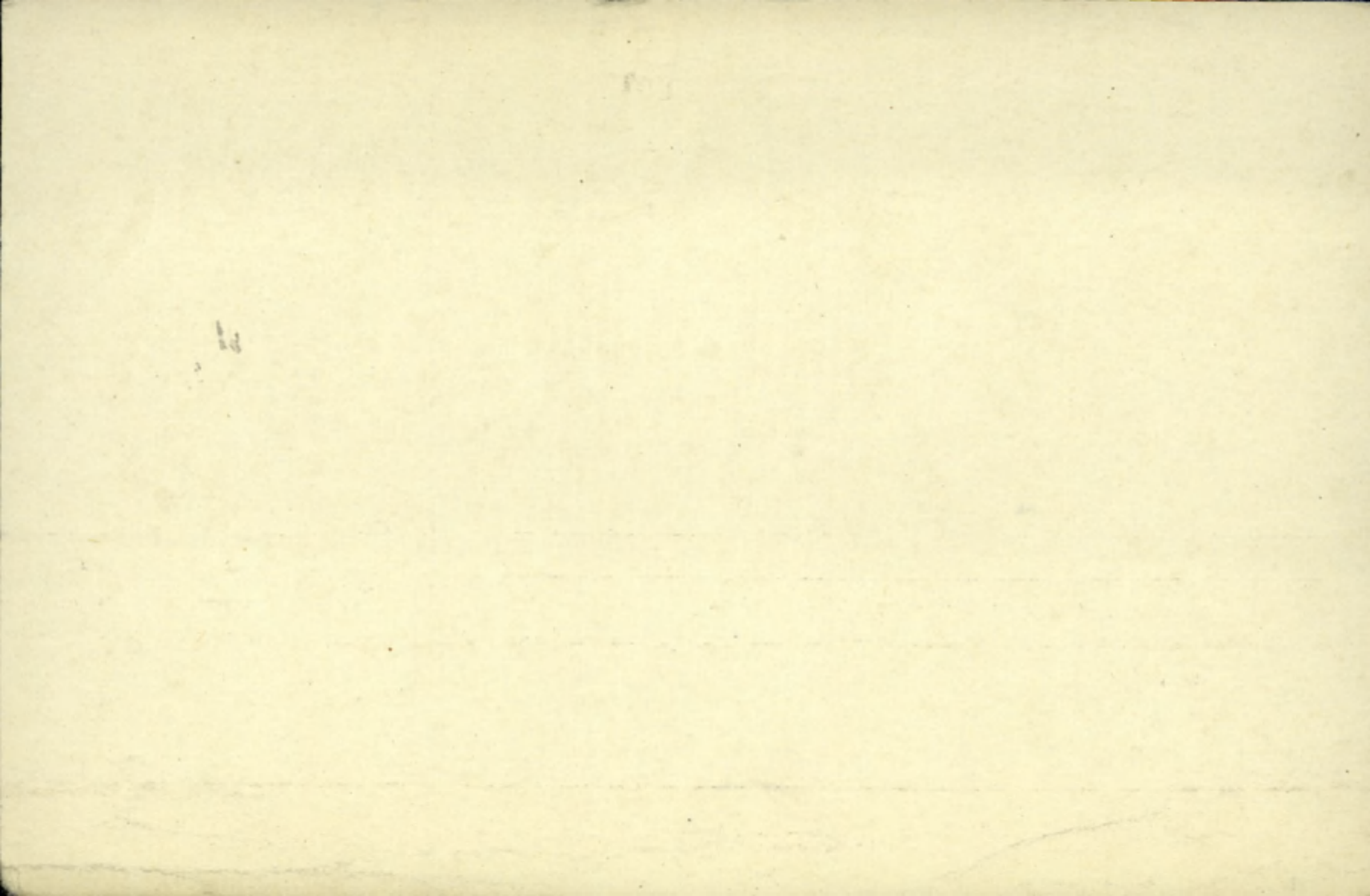
T. O. S. 16-2-17. UNIT

A.M.C. Training Depot #2.

(A.O. 52. 17-2-17)

M. D. 2,

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Feb 6	1917. March Apr May	✓ ✓ ✓	App. from 16-2-17	10688. 21-2-17
July 1	Dec 31	✓		



LEDGER No. 248 SERIAL No. _____

REG. No. _____ NAME Abraham. H. A.

RANK Lieut CORPS A. M. C. AGE 33. SERVICE 2 weeks.

HOSPITALS DATE OF ADMISSION
1 Base. Toronto. 28. 2. 17.

2 _____
3 _____

DIAGNOSIS Tonsillitis

TRANSFERRED TO _____

DISPOSITION 3. 3. 17. CATEGORY _____

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

REMARKS:

HOSPITALS.

DATE.

DIAGNOSIS.

A. S. Vancouver Military
Discharged

14. 7. 17.
8. 8. 17.

Pneumonia

Struck off strength 6. E. 21 1-1-18. auth P. O. #188 11-2-18

MARRIED

yes.

SINGLE

WIDOWER

TRADE OR CALLING

Physician

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Feb. 16th 1917.

*Present Address - 29 Simpson Ave
Toronto, Ont.*

SURNAME.

Abraham

CHRISTIAN NAMES

Howard Armstrong

*S.O.S. 1-1-18 #13
Dr. W. Folger
A.O. 188 E. 11-2-18*

REGL. NO.

RANK

Lieut.

UNIT

C.A.M.C. (Training Depot No. 2.)

FORMER CORPS

Nil.

CHANGE OF ADDRESS

NAI

REL

ADI

*Abraham, Mrs Emma
Wife
30 Langley Ave., Toronto, Ont.
L.S.A.A.P. 21-5-17*

COUNTRY OF BIRTH

Canada

Burlington

DATE

Int. May 4th 1883

PLACE OF ATTESTATION

Toronto, Ont.

DATE

Feb. 16th 1917.

mv

ASSIGNED PAY.
MILITIA AND DEFENCE

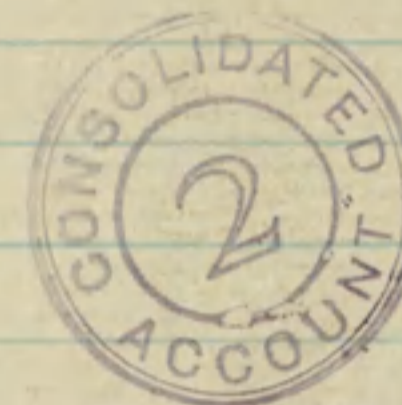
M. F. W. 11.
5m.—616
H. Q. 177-34-818.

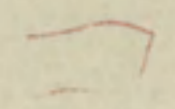
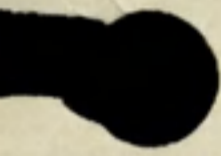
SEPARATION ALLOWANCE

Name *Mrs. Emma Abraham* Name of Soldier *Abraham, H.A.*
 Address ~~*29 Simpson Ave.*~~ Regtl. No.
30 Langley Ave Toronto. Rank *Lieutenant Capt*
J.S.D. 5-10-17 Corps *A.M.C. Trn. Dep. 2.*
 Relation to Soldier } *\$50⁰⁰* To what Corps belonging }
 wife, child or mother } *JUL 1 1917* when called out }

PAYMENTS

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





MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.—7-16
 1772—39—819.

Sheet No. 2. *Mrs Emma Abraham*
 (Assignee)

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier *Abraham H.A.*
Lieutenant - A.M.C. Tro. Hlep 2-

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$50-</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July		<i>F 26574</i>	<i>50</i>	
Aug.		<i>B 28209</i>	<i>50</i>	<i>09</i>
Sept.		<i>X 33278</i>	<i>50</i>	<i>5 150⁰⁰ ✓ 30 Langley Ave Toronto Ont</i>
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Closed.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

SEPARATION ALLOWANCE

Name *Emma Abraham*

Name of Soldier *Abraham, Howard A*

Address *29 Simpson Ave*
30 Langley Ave
Toronto
Ont.

Regtl. No. *Captain 1672/17 Spmk. 1676/17 W.B. 267/17*
Rank *Lieut*

Corps *A. M. C. I. D. No 2*

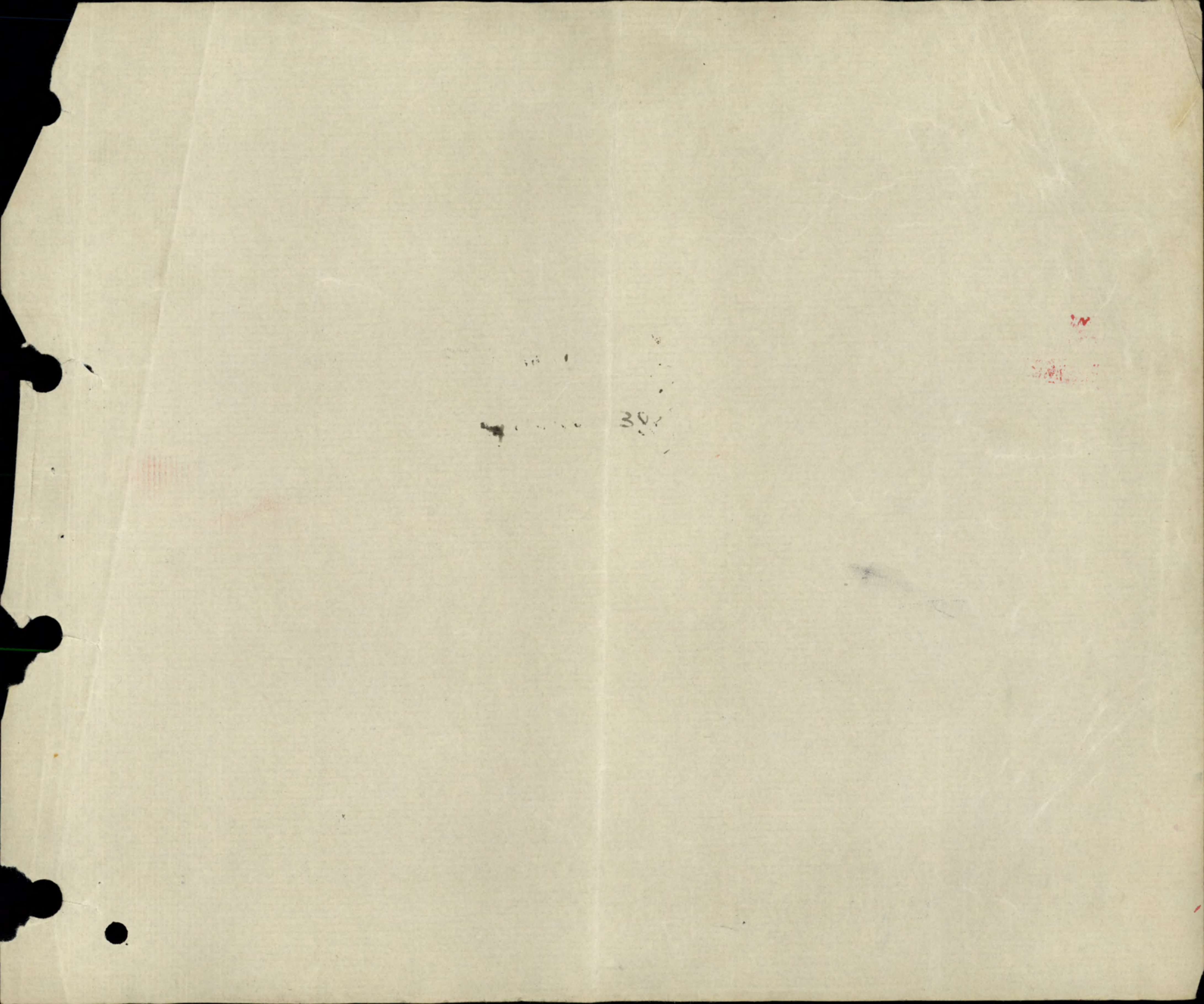
Relation to Soldier }
wife, child or mother } *Wife*

To what Corps belonging }
when called out }

PAYMENTS

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





16. 2. 14

MILITIA AND DEFENCE

M. F. W. 11a.
50m. - 6-16.
1772-39-813.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Emma Abraham

Wife
PAYMENTS.

Name of Soldier Abraham Howard A
Lieut

L. L. Job 4503. - Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
				Captain
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb. 20				
March				
April		A 3225	75	75 (W)
May		4 H R Y 5657	30	30 30 Langley Ave. Toronto Ont
June		C 7093	30	30
July		Captn B 11403	85	85
Aug.		O 10743	30	* (W) Cancel B 11403 26/6/17
Sept.		11 13741	40	m
Oct.		11 19228	40	B 300 ✓
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

RE-WRITE

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

Date of Enlistment

16-2-17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

Date of Assignment

Jul 1st 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

40			
----	--	--	--

RATE OF ASSIGNMENT

50			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *Capt*
 Rank *Lieut* Promoted *16-12-17* Reverted Discharge
 Soldier's Name *H. A. Abraham*
 Battalion *A. M. C. Tr. Dep No 2*
 Beneficiary *Mrs Emma Abraham*
 Relationship *wife*
 Address *30 Langley Ave - Toronto Ont.*

PARTICULARS OF ASSIGNMENT

Name *Mrs Emma Abraham*
 Address *29 Simpson Ave Toronto Ont.*
 Change of Address
 1 *30 Langley Ave Toronto Ont.*
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Sept 30-17</i>		<i>300</i>	<i>150</i>	<i>450</i>	
<i>Oct</i>	<i>B 50140</i>	<i>40</i>	<i>50</i>	<i>90</i>	<i>S.A. shows states Capt.</i>
<i>Nov.</i>	<i>B 51845</i>	<i>40</i>	<i>50</i>	<i>90</i>	
<i>Dec.</i>	<i>B 57446</i>	<i>40</i>	<i>50</i>	<i>90</i>	
<i>Jan/18</i>	<i>B 63893</i>	<i>40</i>	<i>50</i>	<i>90</i>	
<i>Jan</i>		<i>40</i>		<i>40</i>	
		<i>420</i>	<i>300</i>		

B. 63893 cancelled.
A.P. closed. Ad. C.P. In. made. no deductions
FX \$300 S.A. 13-12-17 as per table on file
55-11-2
\$200.00 recovered on this acct. See letter 8/2/18 from P.M.
M.D. #2 file 55-11-2 credit slip rendered. J.M. 12/2/18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128.
 40M. 6-7-172-39-1141
 L. L. 22320-M. & D. 1993.