

REGIMENTAL DOCUMENTS

NAME *ACKROYD, Percival*

REGT. NO. *548382*

UNIT *R.C.H.A.*

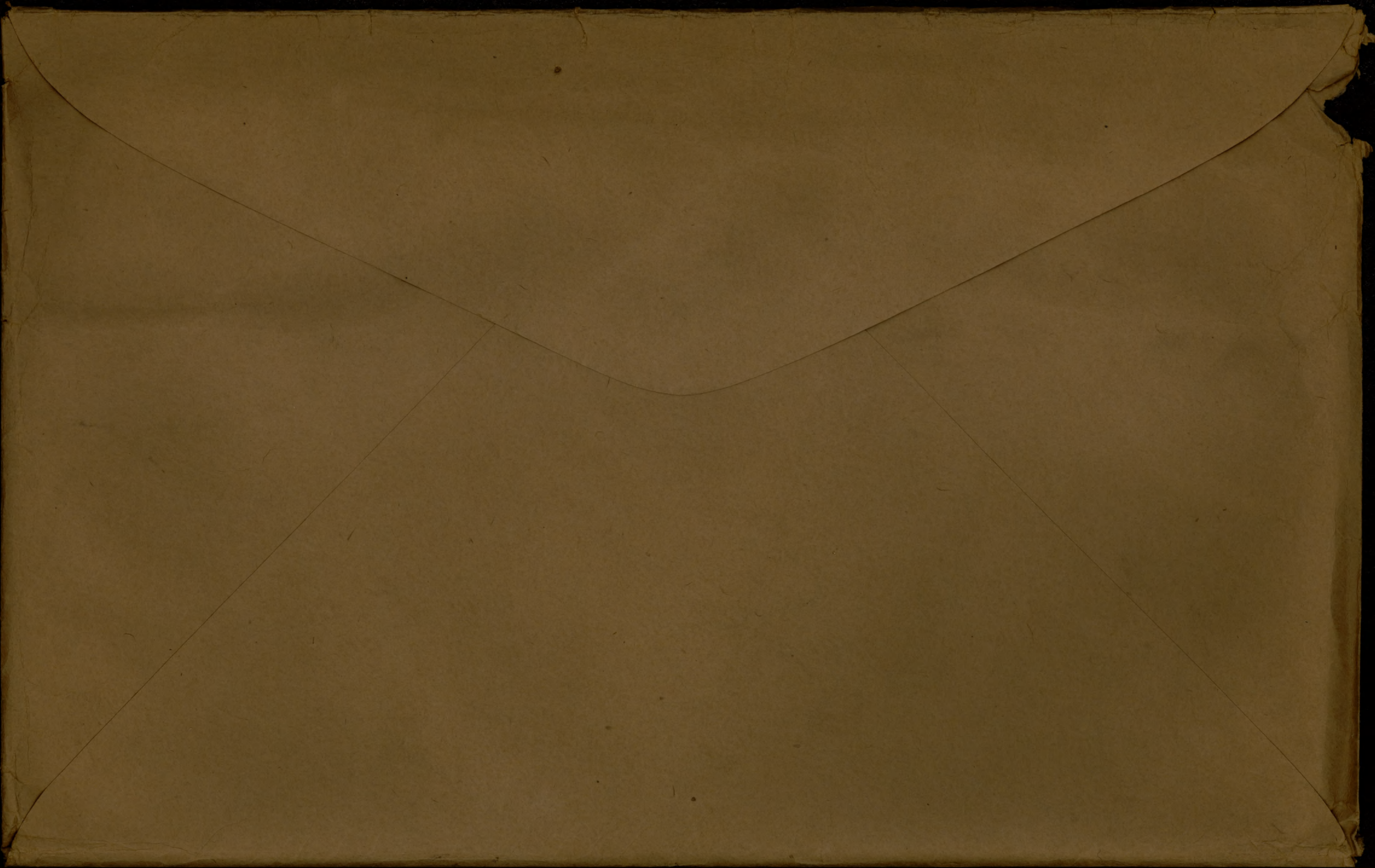
H. Q. FILE NO. *819*

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ORIGINAL 3483.83

# ATTESTATION PAPER.

No. 3483.83  
Folio. 3483.83  
3483.83

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS).

- 1. What is your surname?..... AcKroyd
- 1a. What are your Christian names?..... Percy
- 1b. What is your present address?..... Toronto
- 2. In what Town, Township or Parish, and in what Country were you born?..... Huddersfield Yorkshire Eng.
- 3. What is the name of your next-of-kin?..... Mary AcKroyd
- 4. What is the address of your next-of-kin?..... 1443 Aurora Parkdale Toronto
- 4a. What is the relationship of your next-of-kin?.. Mother
- 5. What is the date of your birth?..... January 28<sup>th</sup> 1890
- 6. What is your Trade or Calling?..... Accountant
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?.. No  
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the } Yes  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Percy AcKroyd, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

P. AcKroyd (Signature of Recruit)

Date December 7<sup>th</sup>, 1915, A. B. Williams Bdr. (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Percy AcKroyd, 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.

P. AcKroyd (Signature of Recruit)

Date December 7<sup>th</sup>, 1915, A. B. Williams Bdr. (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 Kingston, Ont. this 7<sup>th</sup> day of December, 1915.

Jeffery J. Williams (Signature of Justice)



Description of Percy Achroyd on Enlistment.

Apparent Age... 25 years... 11 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height... 6 ft. 1 1/2 ins.

Chest measurement { Girth when fully expanded... 37 1/2 ins.  
 Range of expansion... 4 ins.

Complexion... Fair

Eyes... Blue

Hair... Light brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and declares that he is not subject to fits of any description.

I consider him\* fit for the **Canadian Over-Seas Expeditionary Force.**

Date... Dec 14th 1915 ... H.A. Payne

Place... Kingston ... H.A. Payne  
 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.

Percy Achroyd 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.

Date... Dec 1915 ... H. Wallace (Signature of Officer)  
H. Wallace Capt. R.C.H.A.  
 Commanding "C" Battery, R.C.H.A.  
 A.C.D.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 348383 (Rank) Sgt.

Name (in full) ACKROYD, Percival enlisted in  
the R.C.H.A.

CANADIAN EXPEDITIONARY FORCE at Kingston, Ont. on the 7th.  
day of December 19 15

HE served in England and France

and is now discharged from the service by reason of

"Medically Unfit"

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

Age 28

Height 6' 1-1/4"

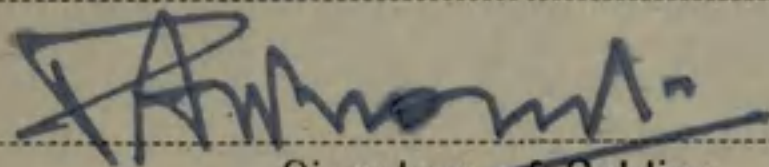
Complexion Medium

Eyes Blue

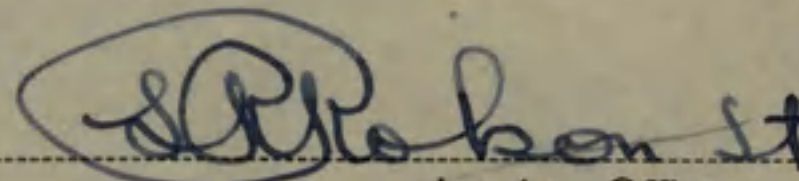
Hair Brown

Marks or Scars

Vacc. scars left arm



Signature of Soldier



Issuing Officer

Date of Discharge January 6th, 1919

J.S.  
Rank  
O. C. Discharge Sections,  
No. 2 District Depot  
Appointment

Signed at Toronto, Ont. this 6th. day of Jan. 19 19

in Military District No. No. 3

File Reference No. JAN 6 1919

**DISTRICT DEPOT**

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



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. \_\_\_\_\_ (Rank) \_\_\_\_\_ Name \_\_\_\_\_

Unit \_\_\_\_\_

Address on Discharge \_\_\_\_\_

Character and Conduct \_\_\_\_\_

Former Occupation \_\_\_\_\_

Special Qualifications of Value in Civil Life \_\_\_\_\_

Medals and Decorations \_\_\_\_\_

Remarks \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Rank

*O. C. Discharge Sections,  
No. 2 District Dept*

\_\_\_\_\_  
Appointment

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



667

pls. verify.

348382 P Acroyd

348383. E. Allingham

~~XXXXXXXXXX~~



# PROCEEDINGS OF A MEDICAL BOARD.

Dated at Shorncliffe. July 26th. 1917. 1916.

No. 348382 Rank Sgt. Name Ackroyd, P.

Local Unit 2nd. Bde. C.R.A. Overseas Unit -- Age 27

Examination held at Risboro Bks.

DISABILITY.  
~~Overseas~~—Local.  
(scratch one out)

DEFECTIVE VISION.

### PRESENT CONDITION.

West Cliff report 4-6-17.

R.V. 6/6. L.V. Fingers at 1 ft.  
External Strabismus in left eye since childhood. No  
glasses ordered. Category B i.

Has a small thyroid enlargement of right side, but he states  
it does not cause him any inconvenience. There are no  
symptoms. Can march and run without any trouble.

BOARD RECOMMENDS:— B i.

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

S. Members { J. Swinden, Capt. CAMC...... President.  
H. Coppinger, Capt. CAMC......  
.....

APPROVED

*Simon Davis*  
 FOR A.D.M.S. CANADIANS, SHORNCLIFFE

Dated at 28 JUL 1917 1916.

For A.D.M.S.



PROCEEDINGS OF A MEDICAL BOARD.

Dated at \_\_\_\_\_

No. \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ Overseas Unit \_\_\_\_\_ Age \_\_\_\_\_

Examination held at \_\_\_\_\_

DISABILITY  
Type - \_\_\_\_\_

PRESENT CONDITION.

History of illness - \_\_\_\_\_  
Onset of illness - \_\_\_\_\_  
Progress of illness - \_\_\_\_\_  
Present symptoms - \_\_\_\_\_  
Examination - \_\_\_\_\_

BOARD RECOMMENDS -

- 1. Fit for Duty
- 2. Fit for duty after \_\_\_\_\_ weeks physical training
- 3. Fit for Temporary Base Duty \_\_\_\_\_ weeks
- 4. Fit for Permanent Base Duty \_\_\_\_\_ weeks
- 5. Discharge

Signatures

President \_\_\_\_\_

Members

APPROVED

Dated at \_\_\_\_\_ 28 July 1918



# PROCEEDINGS OF A MEDICAL BOARD.

Dated at Shorncliffe June 11th, 1916.

No. 348382 Rank Sgt. Name ACKROYD, P.

Local Unit RES. BDE. CPA. Overseas Unit --- Age 27

Examination held at Risborough Barracks.

DISABILITY.  
~~Overseas~~—Local.  
(scratch one out)

ENLARGED THYROID.  
DEFECTIVE VISION.

### PRESENT CONDITION.

Enlarged Thyroid. No symptoms. Claims no disability.

West Cliff report:-

R.V. 6/6.  
L.V. Fingers at 1 ft.  
External strabismus since childhood. Glasses not  
ordered. Recommend B i.

He is fit for Garrison or Construction.

### BOARD RECOMMENDS:— B ii.

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

### Signatures:—

S. Members { H. Goppinger, Capt. C.M.C...... President.  
H. B. Thomson, Capt. C.M.C......  
.....

APPROVED

Dated at 11 JUN 1917 1916.

*L. Walker*  
.....  
FOR A.D.M.S. CANADIANS, SHORNCLIFFE  
For A.D.M.S.



PROCEEDINGS OF A MEDICAL BOARD.

Form 100  
1-1-1918

Dated at \_\_\_\_\_ 1918

No.	Name	Rank	Local Unit	Overseas Unit	Age	Examination Held at	DISABILITY Overseas-Local

PRESENT CONDITION

BOARD RECOMMENDS

1. Fit for duty
2. Fit for duty after \_\_\_\_\_ weeks physical training
3. Fit for temporary base duty \_\_\_\_\_ weeks
4. Fit for permanent base duty
5. Discharge

Signatures:

President \_\_\_\_\_

Members \_\_\_\_\_

APPROVED

Dated at \_\_\_\_\_ 1918



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

Christian Name.

348382

Sgt

ackroyd

Percival

Year

Unit.

Age.

Service

CS of B.

28

3/12

30/2

Station and Date.

Disease

Gritte

I dont somewhat rapid & excitable  
 sounds accentuated loud and ringing  
 Hypertrophy slight. Thyroid enlarged  
 2.5 cm. on right. Slight exophthalmos  
 some tremors of fingers. no noticeable  
 indigestion - no evident loss of weight  
 not emaciated - appears of nervous  
 type and claims to be nervous.  
 Recommended BIII 4/17/13.

W. A. Dutton  
 Capt. Comd.

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



Station  
and Date.



# MEDICAL HISTORY SHEET.

Surname *Acroyd* Christian Name *Lucy*

Examined { on *14* day of *Dec* 191*5*  
at *Kingson*

Approved by *H.A. Boyce*  
Rank *Leut Airie* M.O.

Birthplace { City or Town *Suddesfield*  
County *England*

Apparent age *25-571 mth*

Trade or occupation *Accountant*

Height *6* Feet *1 1/2* Inches.

Weight *✓* Lbs.

Chest measurement { Minimum *34 1/2* inches.  
Maximum expansion *3* inches.

Physical development *Good*

Small-Pox Marks *✓*

Vaccination Marks { Arm Right Left *✓*  
Number *one*

When Vaccinated last *1912*

(a) Marks indicating congenital peculiarities or previous disease *✓*

(b) Slight defects but not sufficient to cause rejection *✓*

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

Date	Result	VACCINATIONS.
<i>11-4-17</i>		<i>H.A. Boyce</i> M.O.
<i>11</i>		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>30/3/17</i>		<i>H.A. Boyce</i> M.O.
<i>10-4-17</i>		<i>H.A. Boyce</i> M.O.
<i>19.4.17</i>		<i>W.B. ...</i> M.O.

Enlisted on *7* day of *Dec* 191*5* at *Kingson*

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>RETA</i>	<i>34838B</i>		
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.







*Los on porting to  
b S of G. and/a 108.*

(2)

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Witley, 15th, April, 1918.

No. 348382 Rank Sgt. Name ACKROYD, PERCIVAL.

Local Unit C. S. of G. Overseas Unit Can. Cnys. School Age 28.

Examination held at Witley

DISABILITY  
Overseas-Local  
(SCRATCH ONE OUT.)

GOITRE

PRESENT CONDITION.

This N.C.O. was 3 mos. in France. Always in B category on account of left eye - external strabismus.

The right lobe thyroid enlarged. Slight exophthalmos, but not pronounced. Heart rate 120. No tumors.

This N.C.O. says he is feeling in good health but has nervous symptoms, which he says are aggravated by his employment - instruction work on parade ground. He would get on alright if he had some employment as "accounts" or "P.O." Symptoms do not necessitate treatment.

BOARD RECOMMENDS:-

1. Fit for Duty ..... B II
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

R. H. G. Gibbons President.

Members

V. W. Davidson Capt.

APPROVED

Dated Witley Apr. 16th, 1918. W. J. Nicholson Major comm. For A.D.M.S.



PROCEEDINGS OF A MEDICAL BOARD

1918  
Name  
Present condition  
Responsible  
Personnel

PRESENT CONDITION

1. For duty  
2. For temporary base duty  
3. For permanent base duty  
4. Discharge

Signature  
Member

APPROVED  
Date





DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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.

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

1. Christian names *Percival* 2. Surname *Ackroyd*
3. Rank *Serjt.* 4. Original Unit *R. C. H. A.* 5. Reg. No. *348382*
6. Address, in full, to which future payments of gratuity are to be forwarded  
*136 Compress Crescent,  
Parkdale, Toronto.*
7. Date of enlistment in the C.E.F. *Dec 7th 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Bernice Edith Ackroyd*
9. Relationship of such dependent *wife*
10. Address, in full, of such dependent *136 Compress Crescent,  
Parkdale Toronto*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no.*
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:—  
*Canadian Reserve Artillery Witley Camp - also Shorncliffe,  
From Apr. 1917 to Nov. 1917*
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? *yes no*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *On active service both in England and  
France.*
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 *1 yr - 3 months R. C. H. A. Kingston Ont. (original unit)  
1 yr - 4 mos. Can. Reserve Artillery + Can. School of Gunnery, Witley Camp, England.  
4 mos. Can. Corps Headquarters, B.E.F. France - 3 years + 1 month in all*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no.*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no.*



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

No.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid

First payment of Post Discharge Pay received. - \$30.00 received by my wife, \$70.00 received by me, from No 2 District Discharge Depot, - on discharge

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

No.

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? not applicable

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge

Jan. 6th/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

No.

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

Can. Corps Headquarters, B.E.F. France, from Dec 1917 - to March 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: F. Achroyd

Place of Residence: 136 Empress Crescent, Parkdale, Toronto, Ont.

Declared before me at: Toronto

This 6th day of February 1919

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

[Signature]

**POST DISCHARGE PAY.**

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

Certified Correct.

District Paymaster.



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

P.M. 25-Ac-10.

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.

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

1. Christian Names *Percival* ..... 2. Surname *Acroyd* .....
3. Rank *Serjt.* ..... 4. Original Unit *R.G.H.A.* ..... 5. Reg. No. *348382* .....
6. Address, in full, to which future payments of gratuity are to be forwarded .....  
*52 Mountriview Ave. Toronto.*
7. Date of enlistment in the C.E.F. *December 7th 1915* .....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *wife Bernice Edith Acroyd.* .....
9. Relationship of such dependent *wife* .....
10. Present address, in full, of such dependent .....  
*52 Mountriview Ave. Toronto.*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no.* .....
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:—  
*Canadian School of Gunnery, Dec 1917 to Nov. 1917*  
*Witley Camp, Shorncliffe, England*
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? *no.* .....
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *Service both in England & France* .....
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 *Dec 7th/15 to Mar/1917 R.G.H.A. Kingston, Ont.*  
*3 years 1 month service, in all*  
*Apr 1917 to Nov 1917 Canadian Artillery Witley Camp, Shorncliffe England*  
*Dec 1917 to Mar 1918 Can. Corps HQs, B.E.F. France, Mar 1918 to Dec 1918 Can. School of Gunnery Witley & Borden England*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no.* .....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no.* .....



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

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid .....  
*Two post discharge pays have been received by my wife, & me. Self, \$70 dollars from Discharge Dept & \$70.00 from Paymaster No 2 M.D. — Wife \$60.00 in two payments one from Toronto & one from Ottawa*

20. Have you been issued with a War Service Badge? If so, what class? .....  
*Class 4, 113.*

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

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

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England .....  
*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 *Jan 7<sup>th</sup> 1919.* (b) Reason for discharge *Medical Unfitness*

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 .....  
*no.*

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 .....  
*Yes. Canadian Corps Headquarters, B.E.F. France. Dec 1917 until Mar 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: *R. Ashford*  
 Place of Residence: *52 Mountbatten Ave, Toronto Ont*  
 Declared before me at: *[Signature]*  
 This *7<sup>th</sup>* day of *Mar*, 19*19*  
 Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths. *[Signature]*

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.  
 District Paymaster.



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..... "C" Battery, R.C. Coy. 4th Div. C.E.F.

(2) Regimental Number..... 348383

(3) Full Name of Soldier..... Ackroyd, Percival

(4) Place of Birth..... Huddersfield, Yorkshire, England

(5) Are you married, or not?..... No

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

(b) Present Postal Address.....

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

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

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

Also their names and ages.....



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

If so, state name and address Arthur Ackroyd, 136 Empress Crescent,  
Parkdale, Toronto, Ont.

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

If so, state name and address Mary Elizabeth Ackroyd, 136 Empress Crescent,  
Parkdale, Toronto, Ont.

(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?..... 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.

*Ganeca* Lieut. R. C. H. A.  
Commanding "C" Officer-Commanding.

Date..... April 9th, 1917.



# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

NAME OF SOLDIER

*Beatty, Percival*

REGIMENT

*66 ON 00 SVC*

RANK

*Sgt*

No. *348382*



## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

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

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

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhosa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
<p><b>DISCHARGE EXAM.</b>  <b>CASUALTY Co. # 2 D.D.</b> } Certificate issued for <i>filling and</i>  <b>Date <u>DEC 31 1918</u></b> } <i>extract root</i></p>																						
																				<i>H. Temple</i>		







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).)

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

Scar of bite on nose 1/2 " long 1/8" from tip.

11.—(a) Did the disabling condition have its origin before enlistment? 1. No. 2. Yes.

(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.)

1. Not applicable. 2. No

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1. 2. 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? 1. 2. Permanent.

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

1. Rest. 2. None.

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)

1. 2. No.

16. Can the former trade or occupation be resumed? Yes. (If not, briefly state why)

17. Recommendations Discharge.

W. J. Callum  
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, R. McKay, 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

W. J. Callum  
Rank.  
Signature of invalid examined.



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.

We concur.

19. Is the invalid fit for

- |  |              |              |     |
|--|--------------|--------------|-----|
| (a) General service,                           | (Category A) | (Yes or No.) | no  |
| (b) Service abroad, not general service,       | ( " B)       | (Yes or No.) | no  |
| (c) Home service (Canada only),                | ( " C)       | (Yes or No.) | no  |
| (d) Temporarily unfit.                         | ( " D)       | (Yes or No.) | no  |
| (e) Unfit for service in Categories A, B and C | ( " E)       | (Yes or No.) | yes |

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.)

That he be placed in category E, and be discharged as medically unfit for further military service.

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.

PLACE Park School Bks, Toronto. DATE Dec. 31st, 1918.

Major President.  
W. J. Clark Capt  
A. W. Knox Capt } 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 APPROVED BY

*R. S. Richardson Capt* Assistant Director of Medical Services. *[Signature]* Director-General of Medical Services.

DATE 31/12/18 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 Park School Bks. DATE Dec. 30, 1918.

1. 1 (a) Unit No. 2 D.D. (b) Regimental No. 348382 (c) Rank Sgt.  
 (d) Surname ACKROYD. (e) Christian name Percival.  
 (f) Home address 136. Empress Cres. Parkdale, Toronto.  
 (g) Next of Kin Mrs. Bermier Ackroyd. (h) Relationship Wife.  
 (i) Address of Next of Kin 136 Empress Cres. Parkdale, Toronto.

2. Age last birthday 28 Date of birth Jan. 28, 1890  
 3. Enlistment, or Appointment (if an Officer) (a) Place Kingston. (b) Date Dec. 7/15.

4. Personal description:  
 (a) Height 6' 1 1/2" (b) Weight (stripped) (c) Complexion medium  
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. ....

5. Former trade or occupation ~~XXXXXX~~ Accountant.

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
	3	23.

	PERIODS	
	From	To
Canada	Dec. 7/15.	Feb. 17.
England	Feb. 17.	Nov. 17.
France <del>or other theatres of War</del>	Nov. 17.	Mar. 1918.
<u>England &amp; Canada.</u>	<u>Mar. 1918.</u>	<u>date.</u>

7. Original disease, or injury 1. Goitre. & 2. Defective vision.

(a) Date of origin 1. 1917. 2. Childhood. (b) Place of origin 1. France. 2. England  
 (c) Cause 2. unknown origin.



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

- 1. Weakness due to increased nervous tension.
- 2. Partial loss of vision.

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.)

OBJECTIVE— Right lobe of thyroid visibly enlarged, swelling is circumscribed and soft. Slight tremor of hands. Slight prominence of eyeballs. Heart dulness extends 4 C.M. beyond left nipple line. Sounds are distinct and forcible. No murmurs. At rest P. 86 R. 18. bending to toes 10 times. P. 112. R. 28. At end of 3 minutes. P. 88. R. 20.

SUBJECTIVE— Feels nervous. Cannot exert himself without feeling tired.

- 2. See specialist's report.

(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..... albumen none sugar none.  
(If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System.....no.....  
(Albumen and Sugar will be excluded.)

Special Senses.....see #9.0..... 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.....

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

- 1. Swelling in neck developed during service in France, first noticed in March 1918, when patient was before board at Witley Camp. Condition has not progressed during past six months.
- 2. External strabismus left eye. since childhood.



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

## DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ACKROYD, P.

REGIMENT C.R.A. RANK Sgt. No. 348382

Date of Examination in England 30-11-18 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 9
2. EXTRACTIONS 32
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 No
  - (b) In England "
  - (c) In France "

Signature of Dental Officer W. H. L. ... Capt.







Eye Report

Name Ackroyd P. Rank Sgt Number 348382

Unit \_\_\_\_\_ Age \_\_\_\_\_

Diagnosis Left External Strabismus. Stere Amblyopic

History Left eye defective for years

Vision Rt. 6/5 with glasses 6/5

Lt. Counts fingers at 2 ft. with glasses not improved

Disability 1. Antedating Service 5/5

2. Due to Service 0

Treatment nil

Glasses have not been ordered

Remarks

McC Campbell

Major C.A.M.C.



Please handle with care. This is a special order. Do not use for other purposes. The material is of a high quality and is not to be used for anything else. It is not to be used for anything else. It is not to be used for anything else.



*Temporary*

**Casualty Form - Active Service.**

Regiment or Corps.....  
 Rank *Sgt* Surname *Ackroyd* Christian Name *P*  
 Religion..... Age on Enlistment..... years..... months  
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended {.....} Re-engaged {.....} Qualification (b).....  
 or Corps Trade and rate.....  
 Occupation..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ...		
			Disembarked ...		
<i>24-12-17.</i>	<i>ADCANEF</i>	<i>Taken on Can. Records List on arrival in France for duty as Artillery Instructors with Canadian Corps Schools.</i>	<i>Field</i>	<i>23-12-17</i>	<i>CR/1033 KR.22117 Pt.11 0 No.5 dated 17-1-18.</i>
<i>25-2-18.</i>	<i>G.H.Q.</i>	<i>Returned to England &amp; is on S.O.S. Records List.</i>			<i>Pt 11 21 6-3-18.</i>
					<i>Lt-Col. for Lt-Col. A.A.G. Can. Section. G.H.Q. 3rd Echelon.</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Sig. a. ler, Shoeing-Smith, &c. W. 8635--M2733 2000m 9/17 (35611); C. P. & S., Ltd., Form B./103 E/1807. P.T.O.







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.
DEC 5 1918	<i>MS</i>	T.O.S. No.2 District Depot,	Part II, D.O. No. ....	<i>244</i>	
Dis. #2 D.D. January 6th, 1919 Pt.11 #2			<i>M. Keenan</i> Lieut.	For O.C. No. 2 District Depot	
			<i>W. F. Harvey Lt.</i>		
			O. C. District Depot No. 2 District Depot		



Temporary

**Casualty Form - Active Service.**

Regiment or Corps R. E. M. A.

Rank Serjt. Surname Ackroyd Christian Name Perival

Religion C. of E. Age on Enlistment 25 years 11 months

Enlisted (a) 7-12-15 Terms of Service (a) 6 Mths Service reckons from (a) 7-12-15

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

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

Occupation Accountant Signature of Officer .....

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
<u>5-9-17</u>	<u>C. of E. Serjt. of G.</u>	<u>J.O.S. from Regtl. Depot</u>	<u>Witley Camp</u>	<u>27-8-17</u>	<u>Pt. II. # 199.</u>
<u>30-12-17</u>	<u>C. of E.</u>	<u>Proceeded on command to France.</u>	<u>WITLEY CAMP.</u>	<u>21-12-17</u>	<u>Pt. II. ORDER No. 305.</u>
<u>27-2-18.</u>	<u>C. of E.</u>	<u>leaves to be on com. to France.</u>	<u>WITLEY CAMP.</u>	<u>26-2-18</u>	<u>Pt. II. ORDER No. 58.</u>
<u>25-3-18.</u>	<u>C. of E.</u>	<u>On com. to Bexhill-on-Sea</u>	<u>WITLEY CAMP.</u>	<u>25-3-18</u>	<u>Pt. II. ORDER No. 84.</u>
<u>5-4-18.</u>	<u>C. of E.</u>	<u>leaves to be on command</u>	<u>Witley.</u>	<u>3-4-18</u>	<u>Pt. II. # 95</u>
<u>11-7-18.</u>	<u>C. of E.</u>	<u>Granted permission to marry</u>	<u>Witley,</u>	<u>11-7-18</u>	<u>Pt. II. # 192</u>
<u>6-12-18</u>	<u>C. of E.</u>	<u>J.O.S. from C. of E. &amp; S.O.S. to C. of E. on proceeding to Port of embarkation</u>	<u>Bordon</u>	<u>6-12-18</u>	<u>Pt. II. # 310</u>

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







# ACKROY D. Percy

348383

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date	From whom received.				
17.1.18	CR List	Taken on strength	Sgt - Field	23.12.17	PT II NO 5 <sup>C.S. 19</sup> 77-3004/3077
6.3.18	CR List	S.O.S. returned to England	"	24.2.18	PT II NO 21 + S of G 975 584/27 1/2
11-7-18	C. Softy	Granted Permission to marry	Witley	11-7-18	PT II 0*192
5-12-18	"	S.O.S. to C.A.R.D.	Bordon	5-12-18	PT II 0 339 & C.A.R.D. 340 d 6 1/2
6-12-18	C.A.R.D.	S.O.S. to C.E.F. Canada	Sgt. "	5-12-18	- 340
				6.11.19	S.O.S.



Date.

Remarks.

Pt. 2 Order No.

PDP & clo' all'ce)

~~260~~ 2



\*Name K ACKROYD, Percival Rank Sgt Regtl. No. 348382

Original unit CDA Present unit RCHA M- or S. Age 28 Religion CE Fyle Depot..... Ref. H.Q.....

Port, ship, and date of arrival Minnedosa, St. John, 14-12-18

Next of kin Mary Ackroyd, 144 Sorauron Ave. Toronto.

Address on leave 136 Express Cres., Parkdale, Toronto.

Address on discharge Same

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation Accountant Date and place of enlistment Kingston, Dec 7/15

Diagnosis Defective Eyesight Date of Medical Boards 30-12-18

Date.	Remarks	Pt. 2 Order No.
<u>T.O.S.</u> <u>5-12-18</u>	<u>Posted to Cas. Co. (Park School) 14-12-18. Granted leave</u> <u>from 16-12-18 to 2-1-19. Subs. from 16-12-18 to</u> <u>2-1-19.</u>	<u>244</u>
<u>6-1-19</u>	<u>S.O.S DISCHARGED HAVING BEEN FOUND MED. UNFIT (91 days</u>	

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



No. 7731

RANK

*1st. Sgt.*

NAME

*Ackroyd. P.*

348382 *apl P. L.*

T. O. S. *7-12-15*

*10.0 35714-12-15*

UNIT

*Royal Can. Horse Artillery Depot Kingston (C. Bk)*

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Dec 7</i>	<i>Dec. 31</i>	<i>✓</i>		
<i>1916</i>				
<i>Jan.</i>		<i>✓</i>	<i>Appnt. 2d Sgt. 6-1-16.</i>	<i>10.0.276-1-16</i>
<i>Feb.</i>		<i>✓</i>	<i>Appnt. Sgt. 31-1-16</i>	<i>10.0.276-1-16</i>
<i>Mar.</i>		<i>✓</i>		
<i>apl.</i>		<i>✓</i>	<i>S.O.S. 1/4/16. Proc. Quereau</i>	<i>10.0.73780-3-16</i>
<i>May.</i>		<i>✓</i>		
<i>June.</i>		<i>✓</i>		
<i>July.</i>		<i>✓</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct.</i>		<i>✓</i>		
<i>Nov.</i>		<i>✓</i>		
<i>Dec.</i>		<i>✓</i>		
<i>1917</i>				
<i>Jan.</i>		<i>✓</i>		

*(over)*



Paid from - To.	Particulars	Authority.
1917.		
Feb. ←		
Mar. ←		
apl 1, apl 12 ✓	13th o/s draft	apl payroll.



SURNAME.

*Ackroyd*

2 CARD NO. \*  
S.O.S. No 6-1-19  
M.A. FOLL.  
OK 2 of 2 - 1-19 2102

CHRISTIAN NAMES

*Percy*

REGL. No.

*348382*

RANK

*Sergt.*

UNIT

*R.C. H.A. Depot. C. Bty. (13th. B.D.)*

FORMER CORPS

*nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Ackroyd, Mrs. Mary*

RELATIONSHIP TO SOLDIER

*Mother*

ADDRESS

*136 Empress Cres.*  
~~*144 Sorauer Ave.*~~

*Parkdale, Toronto, Ont.*

*was 20-12-18.*

COUNTRY OF BIRTH

*England*

DATE

*Huddersfield* *Jan. 28<sup>th</sup> 1890.*

PLACE OF ATTESTATION

*Kingston, Ont*

DATE

*Dec. 7<sup>th</sup> 1916.*

*Pres att in R.C.H.A. #*

*7731 R/C 14/12/18. 240*



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Accountant*

RELIGION

*Church of England.*

DESCRIPTION.

APPARENT AGE

*25* YEARS

*11* MONTHS

HEIGHT

*6* FEET

*1 1/2* INCHES

CHEST MEASUREMENT

*37 1/2* INCHES

EXPANSION

*4* INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Lt. Brown*

DISTINGUISHING MARKS

*not stated.*

MEDICAL EXAMINATION.

PLACE

*Kingston, Ont.*

DATE

*Dec. 14<sup>th</sup> 1915.*

*Present address. Toronto, Ont.*



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

To Whom Mrs Bernice E. Ackroyd.

By Whom Assigned Ackroyd, P.

Address Attwell Villa, Peperharow Rd.  
Surrey, England.

Regtl. No. 348382

Rank Sgt.

Corps 6 Batty. R.E.H.A.

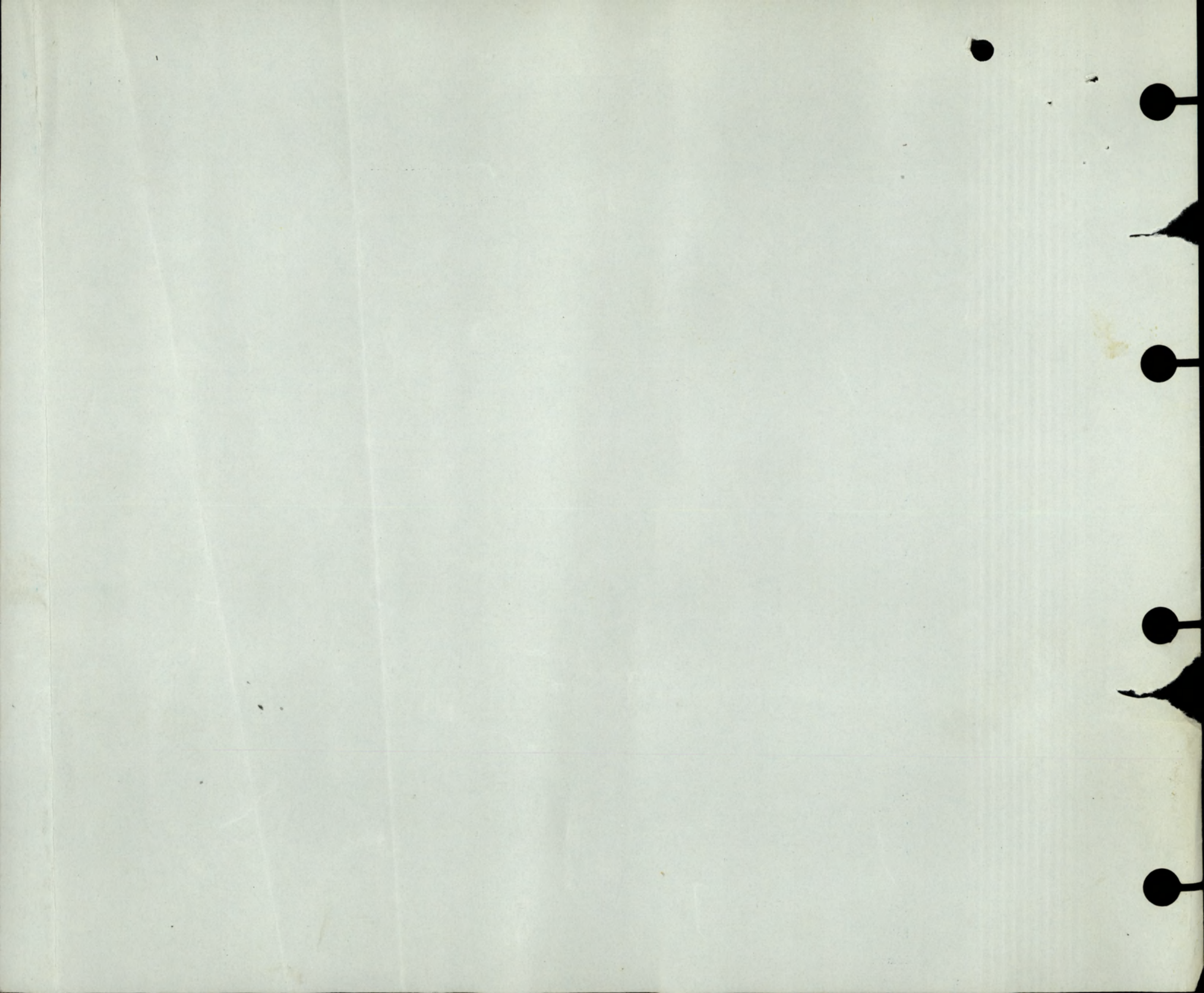
Rate \$20<sup>00</sup> - Apr 1917.  
\$15<sup>00</sup> 1-6-18.

PAYMENTS

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

*[Handwritten scribble]*















Name Sgt. P Ackroyd

1917

Regimental No. 348382

Name and address of next-of-kin

Unit C.P.A.

Minnedosa 14. 12. 18

Date of enlistment

Place of

Married (yes or no) Yes - from 1-1-19

Date and place discharged

Amount of pay assigned monthly \$ 20<sup>00</sup> Chgd. 20/11/18 from 1-1-19

Reason for discharge

To whom payable Mrs. Bernice E. Ackroyd  
136 Empress Crescent Toronto

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
Dec 1	30	30	13 <sup>5</sup>	4185	30	15	465	14	40	6990	13316	40	-	11	16	7116	J.O.S. D.O. 244
														20		7116	Subs. D.O. 244
																7116	a.P. Dec. Ad. by Eng.
														1026			Rev Bal.

TRANSFER







MILITIA AND DEFENCE  
ASSIGNED PAY.

To whom *Mr. Bernice E. Ackroyd*  
Address *Attwell Villa*  
*Peper Harow* *Peper Harow Road*  
*Godalming Surrey*

By whom assigned *ACKROYD. P.*  
Regtl. No. *348383*  
Rank *Cr*  
Corps, &c. *Art.*

Rate  
Date to commence  
ASSIGNED PAY *20<sup>00</sup>*  
SEPARATION ALLOWANCE *30<sup>00</sup>*  
*1-12-18*

ASSIGNED PAY AND SEPARATION ALLOWANCE  
BEING PAID IN ENGLAND UNTIL ADVICE  
PAYMENTS. FROM OTTAWA ON DISCHARGE OF SOLDIER  
NAMED HEREIN.

Month.	Year.	Cheque No.	Amt. ASSIGNED PAY	Pay Sheet Deduction ALLOWANCE	REMARKS.
Jan	191 <sup>8</sup>				DISCHARGED TO CANADA. <i>30-11-18.</i>
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec. <i>Nov Sup</i>		<i>631663</i>	<i>20</i>	<i>30</i>	
Jan	1917		<i>gone to Canada</i>		
Feb.			<i>Sailing 5-12-18.</i>		
Mar.					
April					
May					
June					
July					
Aug.					



# ASSIGNED PAY.

By whom assigned

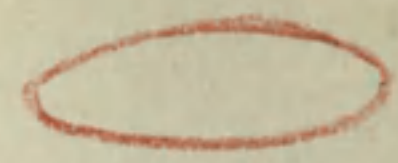
Regtl. No.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
Mar.					



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.



Name **Ackroyd, Percival**

Surname Christian Name

Regimental Number **348382** Rank **Sgt**

Address (in full) **136 Empress Cres.**

Unit **2. D.D.**

**Toronto, Ont.**

Original Unit

District where paid **M.D. 2**

Date of Discharge **6-1-19**

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem: Field Allowance \$ per diem. Separation Allowance \$ per month.

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127.  
25M.—8-18.  
1772-39-1140.

Remarks: **Account opened 4-1-19**



File No.....

# WAR SERVICE GRATUITY.

Register No.....

Reg. No. .... Dependent.....

Dec'n No..... W. S. G. File No.....

Name Award ..... days at \$..... per day \$ ..... Address.....

S. A. .... months at \$ ..... per mo. \$..... \$ .....  
Address..... Less P. D. P. Credited \$.....

Less further debit balance \$.....  
Net due paid as below

### TO SOLDIER TO DEPENDENT

Pay	Ag. No	Ch. No	Amount	Ag. No	Ch. No	Amount
Soldier \$				Pay Dependent \$		
1						
2						
3						
4						
5						
6						
Clerk			Total		Total	

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. ....  
or overpayment.

Net.....

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR  
Posting checked by  
.....  
Date.....



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. (Assignee)

*Mrs. Mary E. Ackroyd.*

Name of Soldier

*Ackroyd, P.  
"C" Batty, R. C. H. O.*

PAYMENTS.

*348382.*

*Sgt.*

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>\$ 20 <sup>00</sup>/<sub>100</sub></i>	<i>APR 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>K 5706</i>	<i>20</i>	
May		<i>M 9084</i>	<i>20</i>	<i>20 wk.</i>
June		<i>B 12687</i>	<i>20</i>	<i>20 c</i>
July		<i>B 21244</i>	<i>20</i>	<i>cu</i>
Aug.		<i>C 26205</i>	<i>20</i>	<i>cu</i>
Sept.		<i>C 33477</i>	<i>20</i>	<i>cu 120<sup>06</sup> ✓</i>
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*mcc*



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 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.				



MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

30

*Mrs.*  
 To Whom *Mary E. Ackroyd.* By Whom Assigned *Ackroyd. P.*  
 Address *136 Empress* Regtl. No. *348382*  
*Bresant* Rank *Sgt.*  
*Toronto Ont.* Corps *"B" Batty. R.C.H.A.*  
 Rate *20<sup>00</sup>/<sub>xx</sub>* APR 1917

PAYMENTS ENGLISH ENGLISH  
 REMARKS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			<i>consolidated account</i>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



181  
182  
183  
184  
185  
186  
187  
188  
189  
190



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

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

Sheet No. 2. \_\_\_\_\_  
 (Assignee)

Name of Soldier Ackroyd P  
 # 348382 - Sgt - 6Bty, R.C.H.A.

L. L. Job 5470—Req. 6888.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		K-5706	20.	-
May		M-9084	20.	-
June		B-17657	20.	-
July		B-21244	20.	-
Aug.		C-26205	20.	-
Sept.		C-33477	20.	-
Oct.		B-50223	20.	-
Nov.		B-51924	20.	-
Dec.		B-57521	20.	-
Jan.	1918	B-63971	20.	-
Feb.		B-90207	20.	-
March		G-97428	20.	-
April		G-7209	20.	-
May		A-10135	20.	-
June				
July		J-5260	30.	-
			<u>310</u>	



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918	a-28495	310 15.	<i>Acct. transferred to England            - Eff 1-11-18.            Amt charged in pay a/c. Column 355<sup>00</sup>            Wt plan control 136</i>
Sept.		a-35085	15.	
Oct.		a-41712	15.	
Nov.			<u>355</u>	
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.				

*Can Sch of Germany*

Canadian Pay Office.  
 Received by Pay \_\_\_\_\_  
**DEC 13 1918**  
 and Passed for \_\_\_\_\_  
 Sub-Div. \_\_\_\_\_ Date \_\_\_\_\_

A.	Accts.
B.	Bank
C.	Disch.
D.	Invest
E.	Obs.
F.	P. Bks.
G.	P. II S.S.
H.	Sen/C
I.	
J.	
K.	
L.	
M.	
N.	

*[Handwritten signature/initials over the table]*



Separation and Assigned Pay Branch

A 229

April 1<sup>st</sup>/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20-	015-		
-----	------	--	--

1-6-18

PARTICULARS OF SEPARATION ALLOWANCE

No. 348382  
 Rank Sgt Promoted Reverted Discharge  
 Soldier's Name P Ackroyd  
 Battalion "C" Batty R.C.H.A.  
 Beneficiary  
 Relationship  
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Mary E Ackroyd  
 Address 136 Empress Crescent St Toronto Ont  
 Change of Address  
 1 ~~① Bernard M. Ackroyd~~  
 2 ② Mrs. Bernice E. Ackroyd.  
 3 Attwell Villa Peperharow Rd.  
 4 Surrey England.

ENGLISH

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30 - 17.			120	120	
Oct B	50223		20	20	
Nov. B	51924		20	20	
Dec. B	57521		20	20	
Jan/18 B	63971		20	20	
Feb B	90207		20	20	
Mar G	97428		20	20	
Apr G	7209		20	20	
May A	10135		20	20	
June			20	20	
July J	5260		30	30	
AUG A	28495		15	15	
SEP A	35085		15	15	
OCT A	41712		25	15	
NOV			355	355	

REMARKS 68-P-2  
 Assignee deceased mRO 27  
 a/c suspended. m.n. Ruling AB. 28/6/18.  
 ① 2 m 8/6/18 AB. 10/7/18 mRO 16  
 ② ap. transferred to wife in Eng. 1/11/18 Pen  
 2 m. 10/9/18. AB. 24/10/18. mRO 14998.  
 B/3089 returned & cancelled R.R. 4/79  
 J5260 do + Retailed 1978 J5260 m15/18  
 J5260 do " 30/7/18 AB.  
 J5260 do do 8/8/18 AB  
 set up transferred from Eng.  
 to md #2 Eff 1/1/12  
 Cond. P.M. Transfr. 4/12/10 17/12/18.

M. F. W. 128  
400M-6-17-1772-39-1141  
L. L. 2230-M. & D. 7693.

..... A/c Closed 31/10/18  
 Ret'd per. mmd 2  
 Date 14/12/18 x 17/12/18  
 Clerk J. Collins

CANADIAN  
 ASSIGNED PAY AUDITED  
 A/c. ok G. 31-10-18  
 J. Bellocke  
 AUDIT CLERK  
 DATE 19-5-19









# CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 2  
No. 56

## 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. 348382 Rank Sgt Name Packroyd  
 Corps No. 2 Dist. Depot who was\* DISCHARGED  
Jan 6 1919 to Jan 1 1919  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 1919 to Jan 6 1919, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month		10 26	Balance Cr. from prev. month		
Advances by Cheques } No. <u>14364</u>		35	Reg'tl. Pay <u>6</u> days at \$ <u>1.35</u>		8 10
Assigned Pay and Sep'n Allee. No. <u>14365</u>		5 80	Field Allow. <u>6</u> days at \$ <u>15</u>		9 00
Other charges			Separation Allowances* (Monthly) <u>Jan</u>		5 80
Payment on transfer or discharge No.			Other Allowances*		
Balance Cr. (to be paid by the new unit)			Other Credits* <u>Clothing</u>		35
<b>Total</b>		<b>51 06</b>	Bal. Dr. (to be deducted by new unit)		1 26
			<b>Total</b>		<b>51 06</b>

\*Give particulars.

A monthly stoppage of \$ 20 00 (†) has been paid on account of Assigned Pay for the month of Dec 1918 and Sep'n Allee. for month of Jan 1919 (to) Assignee Mrs Bernice E Packroyd  
 (Address) 136 Empress Crescent Toronto

(†) 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.

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

**REMARKS:—**

- State (1) date of enlistment .....
- (2) if married and if a Separation Allowance Card has been submitted Yes .....
- (3) cause of discharge ..... authority 202 .....
- (4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date Jan 3 1919  
 Place TORONTO, ONT.  
Halcoen J. Cochrane CAPT.  
 PAYMASTER, No. 2 DISTRICT DEPOT

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The last pay certificate for the Canadian Contingent Expeditionary Force is hereby issued to the following named person...

Table with columns for Name, Rank, and other details. Includes entries for 'Other Allowances' and 'Total'.

On Transfer of an Officer... The following is a list of the names of the officers...

On Transfer of an Officer... The following is a list of the names of the officers...

On Transfer of an Officer... The following is a list of the names of the officers...



**ENGLAND.**

ASSIGNED PAY: ~~15.00~~ **15.00** ~~20.00~~ **20.00**

EFFECTIVE DATE: ~~4/6/18~~ **4/6/18** ~~1/1/18~~ **1/1/18**

AMOUNT: ~~25.00~~ **25.00**

SEPARATION ALLOWANCE: **25.00**

EFFECTIVE DATE: **4.9.18**

AMOUNT: **25.00**

NAME, ADDRESS, RELATIONSHIP & AUTHORITY: ~~Herbert H. Ackroyd (Brother)~~  
~~146 Colborne Street Toronto Ont.~~  
~~Mrs. Beatrice J Ackroyd~~  
~~atwell Villa (open house) La~~  
~~Godalming Surrey.~~  
~~(wife).~~

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. **Same.**

NAME: **ACKROYD, Percy**

NUMBER: **348388**

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<b>D.O. 1. 20 7/</b>	<b>12-6-17</b>	<b>Sgt.</b>

UNIT AND TRANSFERS

ORIGINAL UNIT: **CBty R.E.N.A.**

DATE ACCOUNT FIRST OPENED: **18 Apr 1917.**

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T 55'D	UNIT TRANSFERRED TO
			<b>CRA.</b>

**19-2-19 CANADA SECTN**

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
				5/1/18	14		14.60
				12/1/18	232		14.60
				16/1/18	716		14.60
							43.80

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1.35	15		

PARTICULARS OF RENDERING NON-EFFECTIVE: **Discharged to Canada 30/1/18 Authy Borden NR493 6/1/18 18 54**

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
	Bal For?								2.77		
Apr	Sgt pay	45		AR 211 10/4/18 CRA	9.73				20		
				623 24/4	4.87			20	7.63		
May	Sgt. Pay	45		cap.	14.60			20			
				AR 931 5/5/18	9.73						
				" 1446 23/5/18	4.87				19.53		
		46.50			14.60			20			
June	Sgt. P.	45		bal				15	49.53		
				AR 1838 12/4/18 CRA	9.73						
				AR 2338 26/4/18	19.47				20.33		
		45.00			29.20			15.00			
July	Sgt. P.	46.50		cap.				15	51.83		
				AR 151. cha 10/7/18	9.73				27.50		
				3170 - 24/7/18	14.60				27.50		
		46.50			24.33			15			
Aug	Sgt pay	46.50		al				15	59.00		
				AR 3529. cha 14/8	9.73						
				3959 - 28/8	14.60				34.67		
		46.50			24.33			15			
Sept	Sgt pay	45		al				15	64.67		
				AR 403. cha 6/9	4.36						22.50
				4818 - 25/9	4.87				16		
		45			48.67			15			22.50
Oct	Sgt P	46.50		D40007 P.S.A. 5				15	47.50		25
				5257 CRA 9/10/18	9.86				37.64		75
		46.50			9.86			15			

Granted permission to marry D.O. 19x. 11/18 C 5074.

\* Strike out whichever inapplicable.



NUMBER 348382 RANK

Sgt

NAME ACKROYD

Petroy

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918									3764		
Nov	Sgt P	45		\$30766 1/2 12.4.5.			20		6264		3950
				14 b/A 8/11/18	1460						
				232 " 13/11/18	1460						
				716 " 27/11/18	1460				1884		
		45			4380		20				3950

CANADIAN  
 ASSIGNED PAY AUDITED  
 C.K.  
 [Signature]  
 AUDIT CLERK  
 DATE 19 5 19















# 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

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.

§Only if discharged "Medically unfit."  
‡Only if man has not been overseas.

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.

This space to be for numbers.

## Proceedings on Discharge.

28.15/11/19 P

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

J.S. 4

No. 348383

Rank Sgt.

Surname ACKROYD

Christian name Percival

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

Corps (Squadron, Battery or Company) R.C.H.A. (#2 D.D.)

Date of discharge 28.6.1919

Place of discharge TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age 28 years.....months.	
Height 6 feet 1-1/4 inches.	Vacc. scars left arm
Complexion Medium	
Eyes Blue	
Hair Brown	
Trade Accountant	
Intended place of residence 136 Empress Cres., Parkdale, Toronto, Ont.	

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

Authority for discharge #2 D.D. January 6th, 1919 Pt. 11 #2

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.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.  
200M.—5-18.  
H. Q. 1772-39-113.

Keht 23-1-20 km

(OVER)

1000 + Rank



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 Commandant in Office in the 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) TORONTO, ONT. [Signature] (Signature of Soldier.)

(Date) JAN 8 1919 [Signature] (Signature of Witness.)

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

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) TORONTO, ONT.

(Signature) [Signature] O. C. Discharge Station, No. 2 District 1-901

(Date) JAN 8 1919

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.)

[Handwritten signature]



Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)

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:—

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.

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.

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.

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence.

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.

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 RECATEGORY

Table with 8 columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

Reserved for M.H.C.

Regt. No. 348382 Rank SGT. Surname PERCIVAL. Christian Name ACKROYD. Unit or Corp. C. F. A. School in United Kingdom. C. S. OF G. Born at Town HUDDERSFIELD County or Province YORKSHIRE Country ENGLAND Date of Birth 28th Month JANUARY Year 1890 Age 28 yrs 10 months. Joined at KINGSTON ONT. Date DEC 7th /15 Former trade or occupation ACCOUNTANT. Permanent Marks or any peculiarity that will serve for further identification

NIL.

Height—feet 6 inches 2. Colour of eyes BLUE. Signature of Soldier for verification purposes

Medical Report

Read carefully the instructions on last page of this form.

DISABILITY

Group the disabilities, placing those resulting from separate causes in separate groups. Disabilities Group (a), Disabilities Group (b), Disabilities Group (c)

DEFECTIVE EYESIGHT LEFT ENLARGED THYROID

2. CAUSE OF DISABILITY

Table with 3 rows and 3 columns: Cause, Place of origin, Date of origin. (i) As to Group (a) above: External Strabismus (Left), South America, 10 years ago. (ii) As to Group (b) above: Constitutional, France, 1917. (iii) As to Group (c) above: (blank)

3. Is the disability due to disease contracted or injuries received prior to Active Service? Yes/No. (i) As to Group (a) above? Yes. If yes, has Active Service aggravated it? No. (ii) As to Group (b) above? No. If yes, has Active Service aggravated it? No. (iii) As to Group (c) above? No. If yes, has Active Service aggravated it? No.

4. Is the disability due to disease contracted or injuries received while on Active Service? Yes/No. (i) As to Group (a) above? No. (ii) As to Group (b) above? Yes. (iii) As to Group (c) above? No.



5. MEDICAL HISTORY. Came to England Jan 1917  
 Went to France Dec 1917 Has no hospital history  
 Has always been a low category man  
 carried on as such. Says External Strabismus  
 due to an accident in South America some  
 years ago. Says never had any trouble with  
 Thyroid until he had been in army sometime  
 when its enlargement was discovered  
 Other history negative

6. PRESENT CONDITION. Complaints of Nervousness & dizziness  
 Left eye:- can scarcely count fingers - cannot  
 read with it. External Strabismus - disuse atrophy -  
 Right lobe Thyroid markedly enlarged & palpable -  
 No tumor - slight exophthalmos. Graefe's & Stellwag's  
 signs negative - Heart:- Pulse:- 96 - full, soft,  
 regular - Left border heart 1.5 cm. Enlargement  
 sounds sharp - no murmurs - Lungs:-  
 negative - C.R.S:- Superficial reflexes active -  
 NO cranial nerve palsies except Ext. ocular palsy  
 other Spleen negative

7. OPERATION. (i) Was one performed? No (ii) If so, state what. None  
 (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. No

9. DO YOU RECOMMEND:—  
 (a) Fit for duty? (state category) Yes B III  
 (b) Invalid to Canada? No  
 (c) Discharge from the Service as permanently unfit? No

Date of Report Dec 2nd 1918  
 Station Bordon  
 Signed Nathan Capt. C.M.C.  
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report,  
 and concur therein except None in Hosp (Officer in Hospital) Strike out one  
 (S.M.O. Brigade) of these  
 Dated at Bordon Station, on 2/12/18 1918  
 \*Delete if inapplicable.

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

10. Is the disability 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.) 45%
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.) 5%
15. Permanency of the Disability due to Service estimated next above in (14).  
 (i) Is it permanent? Yes  
 (ii) If not permanent, what is its probable minimum duration (in 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? yes

18. REMARKS:—  
 Not fit for Board  
 A.G. I 90833 11/11/18

19. RECOMMENDATION:—  
 (a) Fit for duty? (state category) B III  
 (b) Invalid to Canada? n.a  
 (c) Discharge from Service as permanently unfit? n.a

Date of Board 7-17-18  
 Station BORDON  
 Approved J. Lyon Maj. C.M.C. 2/12/18  
 Station Bordon  
 Dated at BORDON Station 7-17-18 1918  
 Signatures of the Board: J. R. House, J. W. Home