

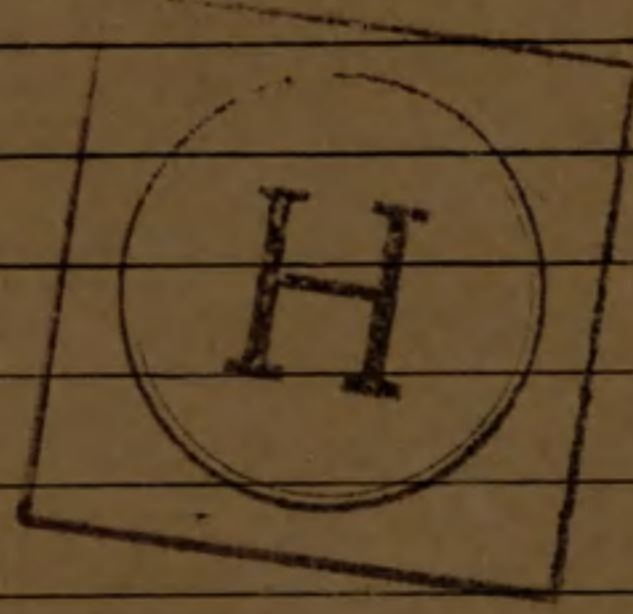
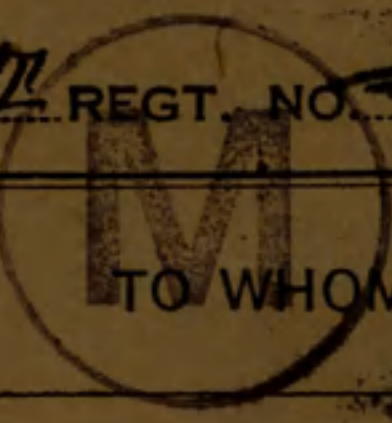
5621

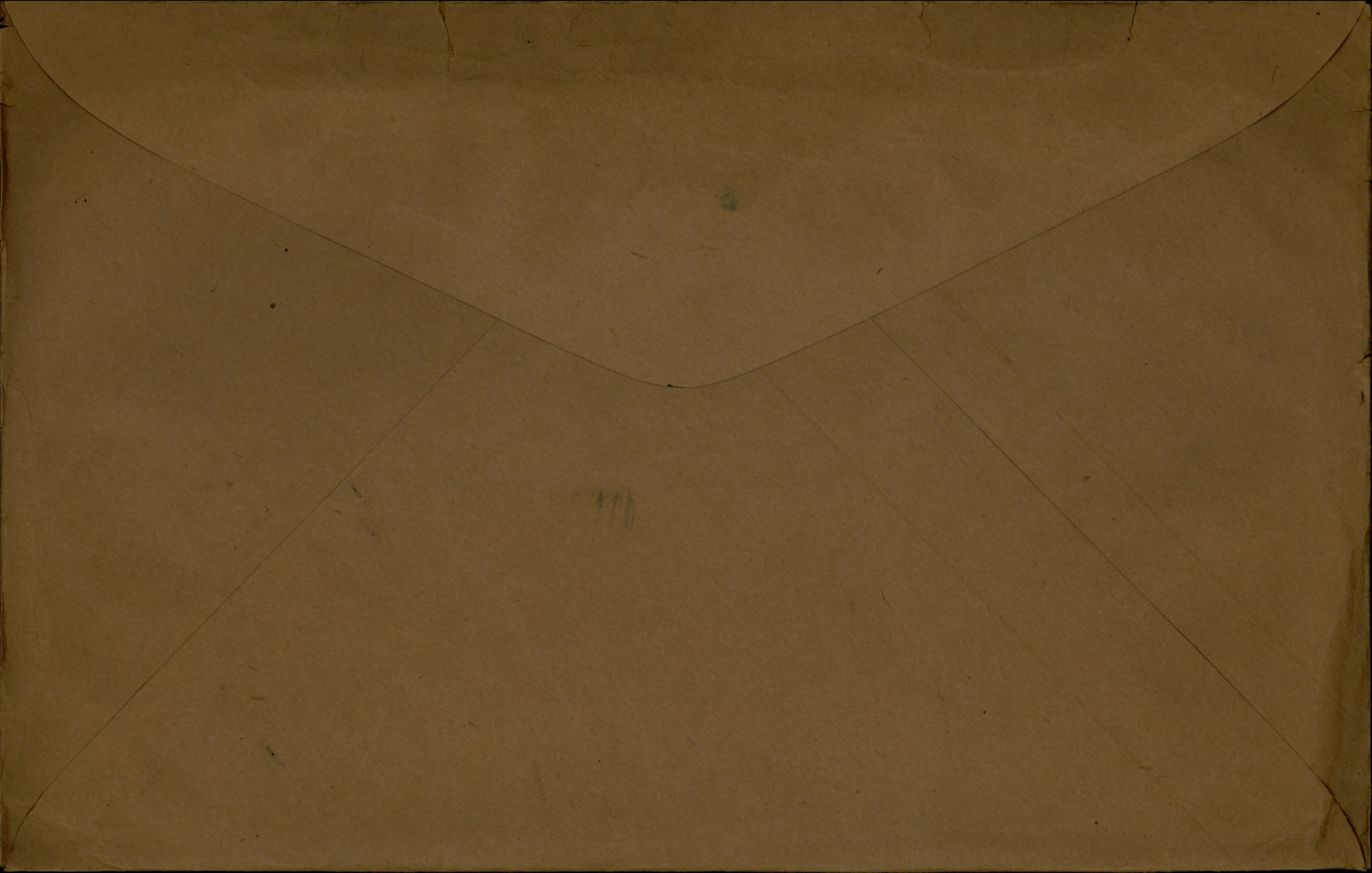


NAME ALLEN, ELDON HERBERT REGT. NO. 7/5 UNIT _____

H. Q. FILE NO. _____

S	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					<i>K. in A</i>
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					<i>15/8/17</i>
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					<i>2</i>
	PARTICULARS OF CHARACTER (A.F.W. 3226)					<i>4-11</i>
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					<i>4-11</i>
	<i>1 R. 149</i>					<i>5-12</i>
	<i>2 well</i>					<i>2</i>
	<i>1 R. 122</i>					
	<i>M.X. 11-2-20 P.D.</i>					
	<i>2 Long will</i>					
	<i>Pay Sheet</i>					





Original

ATTESTATION PAPER

No. 252008

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.....

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?..... Allen
- 1a. What are your Christian names?..... ELLIOTT WELLS
- 1b. What is your present address?..... 1111111
2. In what Town, Township or Parish, and in what County were you born?..... Cape Breton Co. N.S.
3. What is the name of your next-of-kin?..... W. G. Allen
4. What is the address of your next-of-kin?..... 1001 YORK ST NORTH BATHURST SASK.
- 4a. What is the relationship of your next-of-kin?..... Uncle
5. What is the date of your birth?..... Feb. 12 / 1897
6. What is your Trade or Calling?..... Announcer CPR
7. Are you married?..... Single
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
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Elliott Wells, 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.

Elliott Wells (Signature of Recruit)

Date Feb 10th 1916 Manuel Sherman (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Elliott Wells, 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.

Elliott Wells (Signature of Recruit)

Date Feb 10th 1916 Manuel Sherman (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 and replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Herbert this 10th day of February 1916

G. L. Healy (Signature of Justice)

DESCRIPTION OF

E. Colan / Allan

ON ENLISTMENT.

Apparent Age *20* years 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 *5* ft. *6 1/2* ins.

Chest measurement { Girth when fully expanded *36* ins.
 Range of expansion *32* ins.

Complexion *rather dark*

Eyes *hazel*

Hair *dark brown*

*Horizontal Scar
 on right palm*

Religious Denominations

- Church of England
- Presbyterian
- Methodist *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 *10th Feb* 191*6*.

Place *Surf Current Sack*

A. C. Cairns

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.

E. Colan / Allan

..... 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.

(Signature) (Signature of Officer)

Date *10th February* 191*6*.

OK
209th Batta
Caproady

wells

FORM OF WILL.

I, **Elden Wells Allen** (Name in full)

Regimental Number **252008.** serving in **209th O.S. Battn C.E.F.**
of the ~~Overseas Military Forces of Canada~~, do hereby revoke all former Wills
~~Canadian Expeditionary Forces~~ by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs. Katie E. Allen.

North Battleford

Sask.

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

absolutely, and my personal estate I bequeath to

Mrs. Katie Allen

North Battleford

Sask.

)
) 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 **7th** day of **oct.** A.D. 191**6**.

E W Allen

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

Hugh McDonald

The Two Address of Witness

Swift Current Sask

Witnesses

Must Sign Occupation of Witness

Clerk

Here.

Signature of Second Witness

J Macdonald

Address of Witness

Hubert Sask.

Occupation of Witness.

Banker

certified copy of

I hereby certify the above to be a true copy of the ~~original~~ Will now on
file in Estates Branch, O.M.F.C.

Date **18 November 1917.**

Lieut.
for OFFICER I/C ESTATES, O.M.F.C.

NOTE ~~-----~~ **K. IN A. 15-8-17.**
Died

~~-----~~ **Rec'd from O. i/c Estates Ottawa 12-11-17.**
Transferred

No 252008. Pte. E W Allen. 209th. Bn.

(BAC.)

17637

FORM OF WILL.

Name in full.

I Eldon Wallen

Regimental Number 252008 serving in 9th Reserve Batt.

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

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

I DEVISE and BEQUEATH all my real estate unto my Mother

Mrs. Kate E. Allen

1002 Yerke St.

North Battleford

Sask.

absolutely, and my personal estate I bequeath to

Name & Address of persons or person to receive personal estate (see Note 1.)

AS ABOVE.

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this 21st day of March A.D. 1917.

Eldon W Allen

(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness E C Bonale Sgt

Address of Witness 9th Res Bn

Occupation of Witness

Name of Witness J V Mumford Sgt

Address of Witness 9th Res Batt

Occupation of Witness

The original will was forwarded to Ottawa.
24-10-17

is a true copy of the original will of

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

NOTE. E.W.ALLEN, No. 252008, 10th Bn.

for Lt.-Col. i/c Estates.

Killed in action 15-8-17. Transferred 8-10-17.

SL.

DUPLICATE.

MEDICAL HISTORY SHEET.

Surname Allen ALLEN Christian Name Seldon

Examined { on 10th day of February 1916
 at Surft current
 Birthplace { City or Town Cape Breton
 County N. S. A.

Approved by H. G. Currier
 Rank Captain M.O.

Apparent age ~~20~~ 20 yrs.
 Trade or occupation Station agent
 Height 5 Feet 6 1/2 Inches.
 Weight 146 lbs Lbs.
 Chest measurement { Minimum 32 inches.
 Maximum expansion 36 inches.
 Physical development Fair
 Small-Pox Marks None

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

Vaccination Marks { Arm Right Left Yes
 Number 1

Date.	Result.	VACCINATIONS.
<u>Oct 7</u>	<u>OK</u>	<u>H. C. Currier</u>
<u>Oct 7</u>	<u>OK</u>	
		M.O.
		M.O.
		M.O.

When Vaccinated last In infancy
 (a) Marks indicating congenital peculiarities or previous disease Horizontal scar on right palm.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/5/16</u>	<u>OK</u>	
<u>19/5/16</u>		
<u>26/5/16</u>		
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection
None

Enlisted on 10th day of February 1916 at Surft.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>209th O. B.</u>	<u>252. 008.</u>		<u>10/2/16.</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.

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

MB

209th Overseas Battalion

Unit, Regiment or Corps

Regimental No. **252008** Rank *Pte* Name *Wells Eldon Allen*

Enlisted (a) *10/2/16* Terms of Service (a) *Period of War* Service reckons from (a) *10/2/16*

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

Extended _____ Re-engaged _____ Qualification (b) *C.P.R. Agent*

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				

5.12.16	O.C. 209th	1 Embarked	Canada	1/11/16	
		2 Arrived	England	11/11/16	
		3 Tsfd. to 9th Battln.	St. Martin's Plain.	5.12.16	Pt. 2 Orders #254

Certified correct
W. D. Smith
 Major, Col.
 200th Overseas Battalion.

CERTIFIED CORRECT.
 21-4-17
 CIVIL RECORDS, LONDON.
 12-21 MAY. 1917

		Taken on strength 9th Bn	St. Martin's Plain	5-12-16	Pt. 2 342
		Proceeded overseas for service with 10th Bn	St. Martin's	21-4-17	Pt. 11 86

W. D. Smith
 ADJUTANT, 9TH RES. BATTN. C.E.F.

(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.

[P.T.O.]

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				
22/4/17	C. B. D.	ARRIVED C. B. D.	FRANCE	22/4/17	N. R. D. _____ PART I ORDERS No. 48 D 78-4-17
23.4.17	C. B. D.	LEFT C. B. D. FOR	Isolation	23/4/17	N. R. D. _____
22/4/17	2 Gen	ARRIVED Mumps BN.	2 Gen	22/4/17	3034/1228 D
17.5.17	4 Con Dep	"A" OC	Reinpts Havre	17.5.17	3034/767
13.5.17	4 Con Dep	Mumps	4 Con Dep	13.5.17	3024/800
19.5.17	C. B. D.	Taken on Strength	C. B. D.	19.5.17	R.
13.5.17	2 Gen	Mumps	2 Con Dep	13.5.17	3034/1272
26.5.17	OC 10 th Bn	Joined unit	Field	26.5.17	B. 213.
20.8.17	do	Missing	Field	20.8.17	H. D. 16-18747
25.8.17	OC 10 th Bn	Missing	Field	15.8.17	B. 213 D.C.S. 484 6/9/17
18.9.17.	"	Now reported killed in Action		15.8.17.	OC. 10 th Bn Letter of 18.9.17 A.A.S. Com. Sec. Hill K. I. 16/22666 G. II D/O 106 D/25/9/17

Chas. B. Maxwell
 Lieut. for
 Lt. Col. A.A.S. Com. Sec. 3rd Bch

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.				
25-9-17	10 th - Ben	Killed in Action	Field	15-8-17	Pt 110 10686 RA 21 / 26-9-17

A.G.R.



Rank

Unit

Name

209th Bn.

ALLEN, Eldon *Wells.*

If in perm. Corps, }
What Unit? }

Reg'l No.

252008

Married or Single

Single.

Place and Date of Enlistment *Herbert, 10th Feb. 1916.*

Place of Birth *Cape Breton, N.S.*

Name and Address, Next-of-Kin

W.J. Allen,

1001 York St. North, Battleford

Sask.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E R.B. No. *4822*
File R.L. *25-A-1384*²²/₁₇
Category *K.A.*¹⁷

Discharge, Date and Place

Reason

Character



Report.		Record or promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England.</i>			
<i>5.12.16.</i>	<i>209th Bn.</i>	<i>S.O.S. to 9th Res. Bn.</i>	<i>Shorncliffe</i>	<i>11/11/16</i>	<i>per SS Caronia</i>
<i>7-12-16</i>	<i>9th Bn</i>	<i>Taken on strength.</i>		<i>5.12.16</i>	<i>DD 254</i>
		<i>The 9th Bn is now known as 9th Can. Res. Bn.</i>		<i>5-12-16</i>	<i>Pt no 342</i>
<i>26-1-17</i>	<i>9th Res Bn</i>	<i>Taken on strength.</i>	<i>Bramshott</i>	<i>25-1-17</i>	<i>Pt no 1</i>
<i>21-4-17</i>	<i>✓</i>	<i>So to 10th Bn Cmas</i>	<i>Do</i>	<i>21-4-17</i>	<i>Do 86 [10th Bn] 28-4-17</i>
<i>30-4-17</i>	<i>10th Bn.</i>	<i>No 2 Gen Hosp.</i>	<i>Have</i>	<i>23-4-17</i>	<i>Do CLA 631 mumps st.</i>
<i>25-5-17</i>	<i>10th Bn</i>	<i>No. 4 Convl Dept.</i>	<i>✓</i>	<i>13-5-17</i>	<i>CLA 653 - -</i>
<i>30-5-17</i>	<i>- -</i>	<i>Dis to reinforcement</i>	<i>✓</i>	<i>18-5-17</i>	<i>CLA 657 - -</i>
<i>10-9-17</i>	<i>MR.</i>	<i>Reported Missing</i>	<i>Base</i>	<i>15-8-17</i>	<i>- 7</i>

CHECKED
 MAY 1917
 WB.

Surname **Allan** Christian Name or Names **E.W.** Reg. No. **252068**
Rank **Pte** Unit **10th Bn (Alberta)** Co. Troop **252068** Batty.

Hospital **2. Gen Havre 23-4-17** Date of Admission

Transferred **4 Com- Depot Havre** Hosp. **13-5-17**

Hosp.
Hosp.

Diagnosis **Mumps**

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

Previously rpt'd mumps now rpt'd

Killed in Action 15. 8. 17. R

DISPOSITION

Dis. to Reinf. Havre 18. 5. 17 Date

C.L. 30-4-17 A631

REMARKS

25-5-17 A653

30. 5. 17 A657

- 11. 9. 17. A.Y. P.F.B. Missing 15. 8. 17 R

27. 9. 17 A210

A.M.D. 2 DEPT.

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

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

✓ ✓ ✓ ✓ ✓
ALLEN, Pte. Eldon, #252008, C.E.F. 10th Bn, 649-A-3148. ✓

MEDALS. (Mother)

Mrs. K. Allen,
Box 215,
North Battleford, Sask.

+ Decorations

PLAQUES. (Father)

W. J. Allen, Esq.,
Address as above.

(Ser. # 801860.)

C. OF S. (mother)

Mrs. K. Allen,
Address as above.

Scroll Desp. **APR 21 1921** Reqn. No. 2.37299

Plaque Desp. **JUN 20 1922** Reqn. No. P40427

65

MC 780.

No. 252008

RANK

pt

NAME

Allen E

T. O. S. 10-2-16.

(D.O. 10/16-2-16)

UNIT

209 Battalion C.C.F

M. D. 10-12-16

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb 10	1916 Feb 29	✓		
Mar		✓		
Apr.		✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		n		
Oct-		i		
Nov		n		
			Forfeits 13 days pay	B.O# 203 -
			" 2 " "	Co 225 Nov 1916



NAME

Allen, Eldon

REGT'L No.

252008

H. Q. FILE No. 649.

RANK AND CORPS

Pte 10th Bn. Form 209th Bn

FOLLOWS
No.

CABLE

NATURE OF CASUALTY

FOLLOWS

NO.

DATE

"C"

48-3
M 6038

11-9-17

Reported missing Aug 15th 1917.

4921

20-9-17

wsm.

do

13
M 6115

27-9-17

Pres. Rept. missing now Rept. "Killed in
Action" Aug. 15th 1917.

M 2090a Bowen

25-9-17

Killed in action (Pres rep missing)
15-8-17 Rec'd 9-11-17

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A631	#2 Gen. Haver	23-4-17	Bumps. Set. (10 th M)
A653	To #4 Lowstep. Haver	13-5-17	" "
A657	Wsch. to Reinf. Haver	18-5-17	" "
A7 ⁽¹⁾	Rep. from base		Missing 15-8-17 (Alberta)
A21 ⁽¹⁾	" "	15-8-17	Killed in action

