

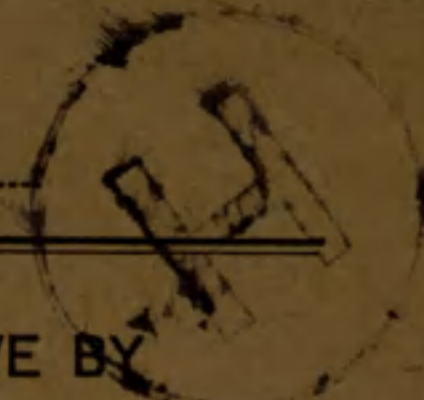
REGIMENTAL DOCUMENTS

NAME ALLEN HENRY

REGT. NO. 158529

UNIT

H. Q. FILE NO. 5830



S

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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TRAINING HISTORY SHEET (M.F.W. 113) asked

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) 1

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) 1

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) 1

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) 2

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TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

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COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

M

H

DEATH

Category

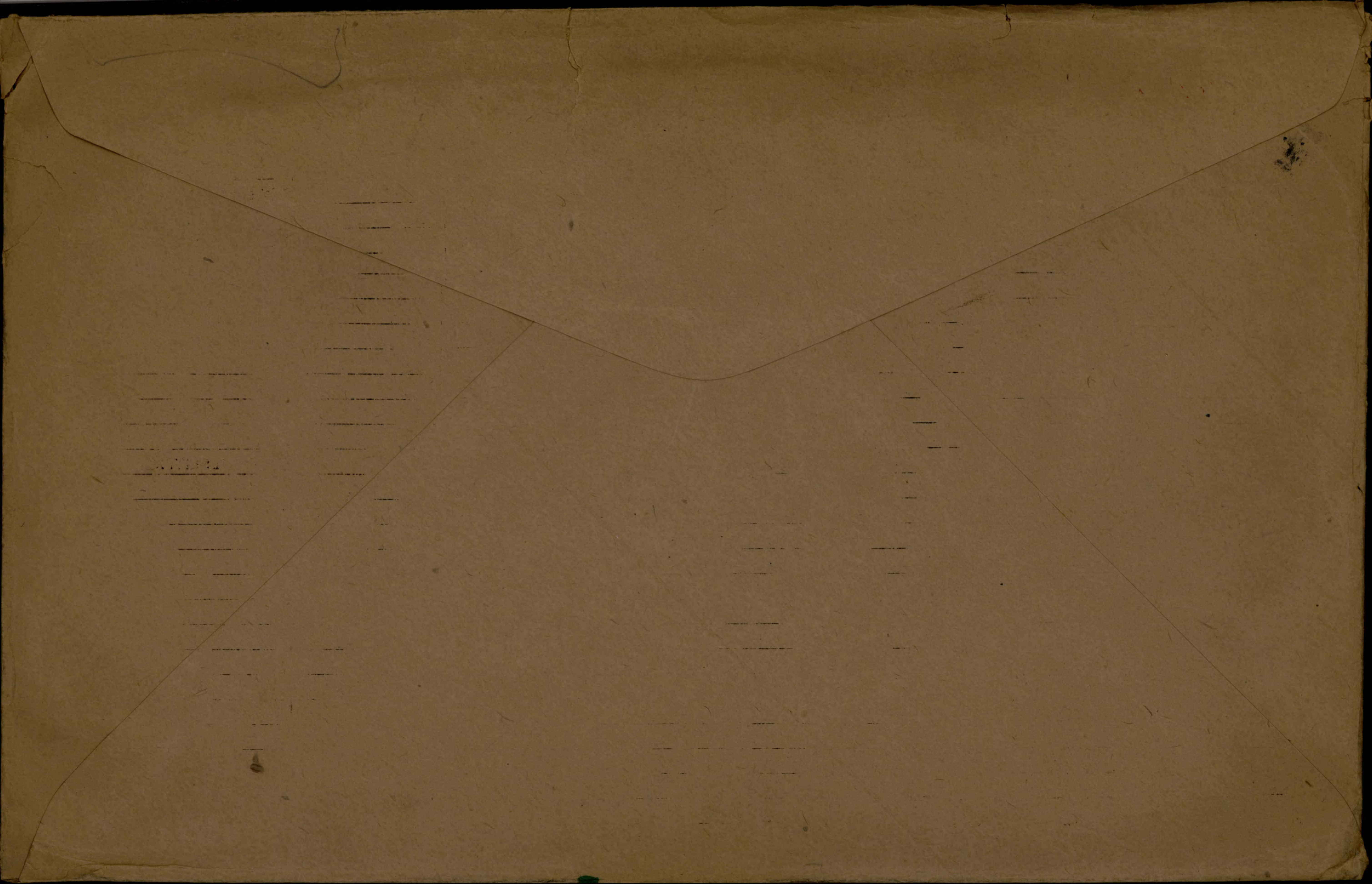
DISCHARGE

Category

DESERTION

2-23
33-23
2

M.X. 21/5/20



ORIGINAL

1169
ATTESTATION PAPER.
~~81st Battalion, C. E. F.~~
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 158529
Folio. 146

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... Henry Allen
2. In what Town, Township or Parish, and in what Country were you born?..... Gloucestershire England
3. What is the name of your next-of-kin?..... Mabel (Allen) (wife)
4. What is the address of your next-of-kin?..... 47 1/2 King Street, St. Catharines Ont.
5. What is the date of your birth?..... 3d April 1872
6. What is your Trade or Calling?..... Grocer
7. Are you married?..... Yes
8. Are you willing to be vaccinated or re-vaccinated?..... or inoculated. Yes
9. Do you now belong to the Active Militia?..... Yes
10. Have you ever served in any Military Force?..... 8 months 19th Regt 11 year R.H.A.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

Henry Allen (Signature of Man.)

E. M. Wylie (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date 28th Sept 1915 Henry Allen (Signature of Recruit)
E. M. Wylie (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henry Allen, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date 28th Sept 1915 Henry Allen (Signature of Recruit)
E. M. Wylie (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 St Catharines this 28th day of Sept 1915.

W. H. Wylie J.P. (Signature of Justice)

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

W. H. Wylie (Approving Officer)

Captain

Description of Henry Allen on Enlistment.

Apparent Age 43 years 6 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 4 1/2 ins.

Chest measurement. { Girth when fully expanded 36 ins.
Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Fair

Religious denominations. { Church of England X
Presbyterian
~~Wesleyan~~ Methodist
Baptist or Congregationalist
Other Protestants
(Denomination to be stated.)
Roman Catholic
Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Sept 4 28th 1915 D. V. C. Murray Lieut.

Place St. Catharines A. M. C.
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.

Henry Allen 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.

Allen Major
(Signature of Officer)

Date DEC 1 1915 1915

81st. Battalion, C. E. F.

W.X. 21/5/20
mP

ATTESTATION PAPER.
81st Battalion, C. E. F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 158599

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

1. What is your name? Henry Allen
 2. In what Town, Township or Parish, and in what Country were you born? Gloucestershire, England
 3. What is the name of your next-of kin? Mabel Allen (wife)
 4. What is the address of your next-of-kin? 47 1/2 King St. St. Catharines,
 5. What is the date of your birth? 3rd April 1872
 6. What is your Trade or Calling? Groom
 7. Are you married? Yes.
 8. Are you willing to be vaccinated or re-vaccinated? or Inoculated Yes.
 9. Do you now belong to the Active Militia? Yes
 10. Have you ever served in any Military Force? XIX Regiment 8 months, Royal Horse Artillery 11 years
 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.
- Henry Allen (Signature of Man.)
E. M. Wylie (Signature of Witness)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date Sept 28 1915 Henry Allen (Signature of Recruit)
E. M. Wylie (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, H. Allen, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date Sept 28 1915 Henry Allen (Signature of Recruit)
E. M. Wylie (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 St Catharines this 28th day of September 1915.

W. H. Wylie J.P. (Signature of Justice)

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

W. H. Wylie (Approving Officer)

Description of Henry Allen on Enlistment.

Apparent Age 42 years 6 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 4 1/2 ins.

Chest measurement { Girth when fully expanded 36 ins.
Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Fair

Religious denominations { Church of England X
Presbyterian
~~Wesleyan~~ Methodist
Baptist or Congregationalist
Other Protestants (Denomination to be stated.)
Roman Catholic
Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him Fit for the Canadian Over-Seas Expeditionary Force.

Date Sept 28th 1915

D. V. Curry Lieut.

Place La Loche

A. M. C.
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.

Henry Allen 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.

A. M. C. Major
(Signature of Officer)

Date DEC 1 1915 1915

81st. Battalion, C. E. F.

81st Battalion, C. E. F.

MEDICAL HISTORY SHEET.

158529

Surname Allen Christian Name Henry

Examined { on 28th day of September 1915
at St. Catherine's. out.

Approved by [Signature]
For OFFICER COM'D'G 81st O. S. BN., C. E. F.
Rank _____ M.O.

Birthplace { City or Town Gloucester.
County England.

Apparent age 43 years 6 mos.

Trade or occupation Grass.

Height 5 Feet 4 1/2 Inches.

Weight _____ Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. ✓ Left. ✓
Number _____

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease None

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

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

Date.	Result.	VACCINATIONS.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on 28th day of September 1915 at St. Catherine's.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>19th Reg.</u>	<u>158529</u>		
Transferred to	<u>81st Battalion, C. E. F.</u>			<u>OCT 1 1915</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Christian Name.

Henry.

[illegible]

81st Battalion, C. E. F.
MEDICAL HISTORY SHEET.

158529

ORIGINAL

Surname Allen

Christian Name Henry

Examined { on 28 day of Sept 1915
at St. Catharines

Birthplace { City or Town Gloucester
County Eng.

Apparent age 43 1/2 years.

Trade or occupation Shoemaker

Height 5 Feet 4 1/2 Inches.

Weight _____ Lbs.

Chest measurement { Minimum 33 inches.

{ Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right / Left /
Number _____

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease None

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

Approved by

H. V. Bury

Rank Lieut. A.M.C.M.O.

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.
<u>Oct 17/15</u>	<u>Good</u>	<u>Heber</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Oct 10/15</u>	<u>Good</u>	<u>Heber</u> M.O.
<u>Oct 14/15</u>	<u>Good</u>	<u>Heber</u> M.O.
<u>Oct 18/15</u>	<u>Good</u>	<u>Heber</u> M.O.

Enlisted on 28 day of September 1915 at St. Catharines

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>19th Reg.</u>	<u>158529</u>		
Transferred to.. ..	<u>81st Battalion, C. E. F.</u>			<u>OCT 1 - 1915</u>
	<u>18th Battalion</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective ; the date and cause being stated on next page.

Christian Name.

Henry.

[illegible]

Dead #16519.

157584

Extract of Will.

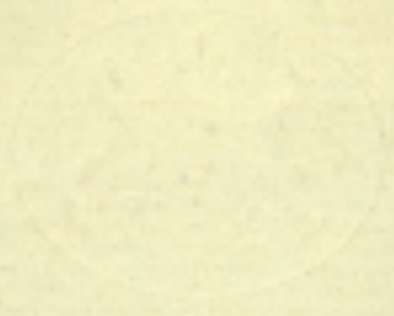
#158529 Pte Allen. H. 18th Battn

Dead.

ok H
- 22 -
If page 20 with Military Will is removed, state on this page to whom it has been forwarded and date:—
Mrs H Allen
47½ King Street
St Catharines
Ont Canada
In the event of my death of ~~my~~ death I give the whole of my property to my Wife Mrs H Allen 47½ King Street St Catharines Ont Canada
I Corporal H Allen
81st Batt
June 13th 1916

ESTATES BRANCH
NOV 12 1919
MILITIA DEPT.

B. Arnold
Pay Sgt.



16519.

no card
M

81st BN., C. E. F.

168519

C

NO. 158529.

NAME. Allen- Henry, Lce. Cpl.

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 158529

Name I Corple H Allen

Unit 81st Batt

Military Will.

In the event of my death
I give the whole of my
property and effects to my
Wife Mrs H Allen

4 1/2 King Street

St Catharines

Ont Canada

Signature I Corple H Allen

Rank and Regt. 81st Batt

Date June 13th 1916

18th Batt
Kin a
17-8-17
I from L
21-9-17

Handed to Paymaster by the above.

ESTATES BRANCH

OCT 18 1917

MILITIA DEPT.

26717

Perforated sheet for Will from Pay Book of Reg.

No. 158529,

Name L Corple H Allen

MILITARY WILL

In the event of my death
I give the whole of my
property and effects to my
Wife Mrs H Allen

47 $\frac{1}{2}$ King Street

St. Catharines

Ont

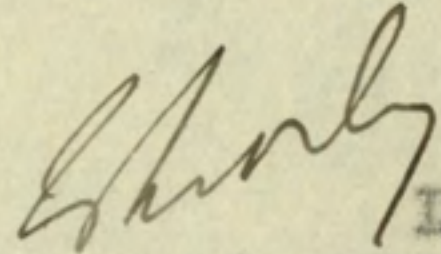
Canada

Signature L Corple H Allen

Rank and Regt 81st Batt

Date June 13th 1916.

Certified a true copy



Lieut.

For Officer i/c Estates.

Perforated sheet for Will from Pay Book of Reg,
158529

No. L Corp D H Allen
Name 81st Batt
Unit

Military Will.

In the event of my death
I give the whole of my
property and effects to my
Wife Mrs H Allen

47 1/2 King Street
St Catharines
Ont Canada

Signature.

Rank and Regt.

Date.

L Corp D H Allen
81st Batt
June 13th 1916

I hereby certify the above to be a true copy of
the original Will now on file in Estates Branch.

.....Sept. 1917.

.....
Lieut.
for Officer i/c Estates, O.M.F.C.

NOTE. Holograph.

Extracted from pay book page 22.

Died 22-9-17.

Transferred, No. 158529, 18th Battn.

SL.

Transferred from the old book to the new

to
be
the
old

Library

of
the
old
book

Transferred from the old book to the new

Transferred

Transferred from the old book to the new

Transferred

Transferred

Casualty Form—Active Service.

Canadian Record Office,
Westminster House,

Regiment or Corps

Regimental Number 158529.

Rank Private

Surname Allen

Christian Name

Henry.

Religion C. of E.

Age on Enlistment 43 years 6 months.

Enlisted (a) 28/9/15 Terms of Service (a) period of war Service reckons from (a) 28/9/15

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

Extended { } Re-engaged { } Qualification (b) Sroom
or Corps Trade and Rate

J. B. Brooke. Signatures of Officer i/c Records.

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 ... Halifax, N.S.		1/5/16	"Olympic".
		Disembarked... Liverpool.		6/5/16	
15/6/16	Part II Orders #24	App Actg. Lce-Corpl	West Sandling	15/6/16	
21/6/16	Part II Orders #29	App: Comdtd.	"West Sandling"	21/6/16	
24-6-16	Bn. O #400	Trans to 18th Bn C.E.	West Sandling	24/6/16	
		H. M. Dunsford	Dead.		
		and Adjutant, 81st Battalion, C. E. F.			
29-6-16	Can Base Dep	Arrived from 81st Can Res Bn, Shorncliffe, and taken on strength of 18th Can Bn.	Can Base Depot	29-6-16	Nom Roll. Pt II Order 30, 31/7/16
12-7-16	do	Proceeded to join unit	In the Fld	12-7-16	Nom Roll. DCS.232
21-7-16	18th Bn	Joined unit	do	14-7-16	B.213 DCS.233
1-9-16	4th Yld. Coy, C.E.	Attached to 4th Yld. Coy., C.E. — carrying party (Auth: 2 Can Div. G.13, dated 26/8/16)		29-8-16	B.213

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

158529 Pte. Allen H.

[illegible]

Surname

Christian Name or Names

Reg. No.

Allen

Rank

Unit

H.

Co.

Troop

158529

Batty.

Pte

18th B^N

Hospital

Date of Admission

~~39x8~~ 47 Gen Le Treport 15-4-17
Transferred 36on. Dep. Le Treport. Hosp. 30.4.17

Hosp.

Hosp.

Hosp.

Diagnosis

Myalgia gl

(1)
Later Diagnosis (if changed)

(2)

(3)

Killed in Action 17.8.17.
N.P.

Additional Diagnosis: if more than one state present

A.M.D. 2 DEPT.

DISPOSITION

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

Date

C.L.24-4-17 A489

REMARKS

11.8.5.17 a501

Dis to Base Details 5/5/17

15.5.17 a507

29.8.17. a591 R.7. Base.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Not elig. for 1914-15 star

✓
ALLEN, Henry[✓] [✓] ~~19~~^{te} No. 158529, 18th Bn. 649 A 5424, ✓

10152

MEDALS & DECORATIONS, Widow, Mrs. E. Allen,
40 William St.,
St. Catharines, Ont.

PLAQUE & SCROLL, Widow, as above,
(Serial no. 756497.)

MEMORIAL CROSS, 610259. Widow, as above and

Desp JUN 5 1920 W1 ~~610340~~ Mother, Mrs. M. Allen,
The Weyhouse,
Nr. Stroud, England.
Desp JUN 5 1920 W1 610340.

79-20

unl

Scroll Desp. **JAN 13 1921**

Reqn. No.

29610

Plague Desp. **DEC 1 1921**

Reqn. No.

P18880

363

2616

RANK AND CORPS

REGT'L. No.

H. Q. FILE No. 649

FOLLOWS

No

FOLLOWS

No.

DATE _____

NATURE OF CASUALTY

M 5964 30-8-14 Killed in Action August 14th.
35-4 1914

B 20 Goa. Rowen H.
25-8-17.

" " "

17-8-17

Rec'd. 16-10-17.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 489	#4 Gen, Re Report	15-4-17	Myalgia set
A 501.	to #3 Comm. Depo Report	30-4-17	
A 507.	Dis. to Base details	5-5-17	"
A 591	Rep. from base		Killed in action 17-8-17

[illegible]

Name **ALLEN**, Henry

Rank

Pte.

Reg. No. 158529

Unit 18th Bn.

Next of Kin **Canada**

A 1342.

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-4	47 G.H. LeTreport	Myalgia slt	A489			
30-4	3 C.D. Le Treport	-do-	A501			
5-5	Disch.to Base Details	do	A507			
17	Killed in action		A571	5767		1/8

No. 158529

RANK

Pte.

NAME

Allen, H.

T. O. S. 28-9-15
 20.11 of 30-10-15
 1-10-15 to 20 of 19-11-15

UNIT

81 ~~st~~. Battalion,

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Oct. 1	1916 Oct. 31	L		
Nov.		L		
Dec.		L		
1916 Jan.		L		
Feb.		L		
Mar.		L	shown. Lce b pl.	Mar. Paylist
Apr.		✓		
May		n		

UNIT SAILED

APR 28 1916

A.G.R.

Rank

Name

ALLEN, Henry ✓

Reg'l No.

158529 ✓

Unit

81st Bn.

If in perm. Corps, }
What Unit? }

Married or Single

Married ✓

Place and Date of Enlistment

St. Catharines,
28th September, 1915 ✓

Place of Birth

Gloucestershire,
England. ✓

Name and Address, Next-of-Kin

Mabel Allen ✓

47½ King Street, St. Catharines, Ont. ✓

Relationship

Wife ✓

Assigned Pay Monthly \$

Payable to

Canada.

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

N/ R B N- 2716
File R.L. 25-A-1342
Category *Kinda*

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.				
		Arrived in England	H.M.T. 2810. S.S. Olympic.		
		App. Acting Lce-sergeant	6 MAY 1916		
15/6/16	81st Bn.	with pay.	Handling	6/5/16	Part II D.O. #34.
21/6/16	"	Reverted to perm. grade	"	21/6/16	" " " #39
28/6/16	"	Transf. to 18th Bn.	"	28/6/16	" " " #45.
31.7.16	O.C. 18th	T.O.D. from 81st Bn.	In field	29.6.16	" " " 30
11.9.16	"	Attached to 4th F.C. Engineers as carrying party	Field	29.8.16	37 also attached to 2nd Gen. Dev. Coy.
16.10.16	2nd Div Engineers	beases to be attached	Field	4.10.16	Pte II 50
27.10.16	18th	beases to be attached to 4th Coy. 6 & E	Field	4.10.16	Pte II 50
24-4-17	do	No 47 Gen. Hospl.	L. Transport	15.4.17	BLR 489 Myalgia etc
8-5-17	do	Laahore to No 3 Gen. Depot	"	30-4-17	--- 501

29 75
6000

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					
15-5-17	18 th <i>Br</i>	<i>Co No 3 Com. Dep. to Base Details Le Treport.</i>		5-5-17	<i>& L.A 307 Myalgia</i>	
25-8-17	18 th <i>Br</i>	<i>Killed in Action Field</i>		17-8-17	<i>PT 0.59</i>	
29-8-17	<i>—</i>	<i>do</i>	<i>..</i>	17-8-17	<i>C.L. A 591,</i>	

Register No. DA 253

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 1235-H-30

Reg'tl No. 158529 Name Henry Allen
(Christian Name) (Surname)
Unit 18th form 81st Rank Pte. Date of enlistment.....
Date of casualty 17-8-17 B.P.C. File No. 16773
Was service performed overseas? yes

DEPENDENT

Name Mrs Mabel Allen Relationship Widow
Address 99 Henry St
St. Catharines
Ont

Amount of Special Pension Bonus \$ 80.00 Abstracted by M L Dunn

Eligible for Gratuity \$ 180.00
Less amount of Special Pension Bonus paid..... \$ 80.00
Less Debit Balance of S. A. or A.P..... \$ ✓

Total deductions \$ 80.00

Balance due \$ 100.00

Cheque No. 41895638 Date issued 27/7/20

Clerk W. Mitchell

REMARKS :
.....
.....
.....
.....

Audited by
[Signature]
Date 27/7/20 100.00

M.F.W. 2652
25M-6-20.
H.Q. 1772-33-1473

Dec 17

Three months pay and allowances after discharge.

Surname

Christian Name

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$

per diem; Field Allowance \$

per diem. Separation Allowance \$

per month.

L.L. 53961—M. & D. 9721

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

2nd Contingent
MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
50m.-4-16.
H. Q. 1772-39-819.

To Whom Mrs Mabel Allen,
Address ~~47 1/2 King St~~
St Catharines, Ont,
40 Williams St.
Rate Re On MAY 1 1916

By Whom Assigned Allen H.
Regtl. No. 158529.
Rank Pte Lope
Corps 81st Battr. C. Co

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				

PENSION
 AP. CLOSED 31/10/17
 OVER PAID
 RECOVERED
 C. L. (35) 31/8/17
 Date Noted 10-9-17
 Date 15-8-17
 Missing
 Killed in Action
 Died of Wounds
 Pensions Notified Date 10-9-17
 Clerk J. A. Gelling
 1917

2
-
2

124
11.1
2

100
100
100

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.-4-16.
1772-39-819.

Sheet No. 2.

Mrs. Mabel Allen.

L. L. Job 310.-Req. 6574.

PAYMENTS.

Name of Soldier

P. 150
20 1/2
Allen A.
L. Capt. 158529, C.C. 81st Bat.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		I 5357	20 ✓	
June		N 9527	20 -	
July		C 8258	20	
Aug. ✓		A 11526	20	
Sept.		D 15086	20	
Oct.		D 19444	20	
Nov.		H 24551	20	
Dec.		N 31839	20	
Jan.	1917	H 35682	20	
Feb.		H 42252	20	
March		H 48397	20	
April		H 57	20	
May		H 6229	20	
June		H 12798	20	
July		H 19817	20	
Aug.		J 27010	20	
Sept.		I 33740	20	
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$ 20.

MAY 1918

20 R
20 L
20 E

20 Cu
340 EF 4 30/9/17 J. K. Felling 10-9-17
Ap. to continue till pension
granted J. K. Felling 10-9-17
40 William St. St. Catharines Ont. 18-9-17
340

Pension Granted...	<i>1-11-17</i>
B.P.C. to Recover \$.....	<i>✓</i>
Clerk... <i>W. J. B.</i>	Date <i>5/11/17</i>

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier_____

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.				

22-9-15

MILITIA AND DEFENCE

M. F. W. 11.
10m-9-15.
H. Q. 1772-39-518.

SEPARATION ALLOWANCE

222

Name Mrs Mabel Allen

Name of Soldier Allen Henry

Address 47 1/2 King St
St Catharines

Regtl. No. 158529

Rank Pte

40 William St. Ont.

Corps Toronto Base Bn

Relation to Soldier

To what Corps belonging

wife, child or mother

} Wife

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.		E 26212	26	26
Nov.		M 12706	20	20
Dec.		O 15025	20	20
Jan.	1916	E 25308	20	20
Feb.		E 27913	20	20
March		F 30460	20	20



RECEIVED
JAN 10 1914

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SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mrs M. Allen**Wife*
PAYMENTS.

Name of Soldier

Allen Henry

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	G 142	20	<i>20</i>
May		H 4940	20	<i>20</i>
June		C 1758	20	<i>20</i>
July		K 9620	20	<i>20</i>
Aug.		A 11499	20	<i>20</i>
Sept.		C 14960	20	<i>20</i>
Oct.		C 18459	20	<i>20</i>
Nov.		C 21684	20	<i>20</i>
Dec.		C 25249	20	<i>20</i>
Jan.	1917	B 28658	20	<i>20</i>
Feb.		C 31542	20	<i>20</i>
March		C 34720	20	<i>20</i>
April		~~S 1124~~ ~~K 233~~	~~20~~	<i>20</i>
May		A 4013	20	<i>20</i>
June		F 7165	20	<i>20</i>
July		D 11044	20	<i>20</i>
Aug.		A 14034	20	<i>20</i>
Sept.		E 17328	20	<i>20</i>
Oct.			20	<i>20</i>
Nov.				<i>20</i>
Dec.				<i>20</i>
Jan.	1918			<i>20</i>
Feb.				<i>20</i>
March				<i>20</i>
April				<i>20</i>
May				<i>20</i>
June				<i>20</i>
July				<i>20</i>

Pensions Notified Date... *6-9-17*
 Killed in Action }
 Died of Wounds } Date *17-8-17*
 Missing }
 C. I. (25) 17-8-17... Clerk... *A. Boyd*
 Date Noted... *6-9-17* 191

adv. 40 William St.

20 233 Can N.A.S.

RE-WRITE

Pension Granted... *1-11-17*
 B.P.C. to Recover \$...
 Clerk... *J. P. H.*... Date *29-10-17*

456

X X X

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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

Date of Enlistment

MILITARY AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

22-9-15

May 1, 1916

RATE OF SEPARATION ALLOWANCE

20.			
-----	--	--	--

RATE OF ASSIGNMENT

20.			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 158529.
 Rank L. Cpl. Promoted Reverted Discharge
 Soldier's Name H. Allen
 Battalion 81st Battr. C. Co.
 Beneficiary Mrs. Mabel Allen
 Relationship Wife
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Mabel Allen.
 Address ~~441 King St.~~
 Change of Address St Catharines, Ont.
 1 40 William's St
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept.		486	340 00	826 00	
Oct	D 50507	20	20	40	
Nov		20	20	40	
					80.00 p. of to continue until pension is granted. Killed in act: 15-8-17. Pension notified 10-9-17 Pension Granted... 1-11-17 B.P.C. to Recover \$..... Clerk. <i>W.C.B.</i> Date 5/11/17

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	
1	
2	
3	
4	

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

M. F. W. 128
400M.-6-17-1772-39-141
L. L. 22320-M. & D. 7:53.

MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Private	28/1/16	No 39
Killed in Action	17.8.17	CLa 591.29 E

ADMISSIONS TO HOSPITAL, &c.

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

REG'L No.

158529

RANK

Pte. Leese

NAME

Allen, Henry

IF IN PERMT. CORPS
WHAT UNITUNIT 81st Btu.

TRANSFERRED TO

18th Btu.

DATE 28/1/16

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

L

DATE 1.9.17

AUTHORITY

PLACE OF ATTESTATION

St. Catharines, Ont.

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

Sept 28-15

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

20 DATE EFFECTIVE 1 May 16

PAYABLE TO

Mrs. M. Allen, 47 1/2 King St., St. Catharines, Ont.

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

31.8.17 EFFECTIVE 1-9.17

REASON Killed in Action CLa 591.29 E

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

Entered on N.E. Card Index

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked by T. Williams

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4				CREDIT	DEBIT																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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Statement of

170 5. 191

Amount rendered

A. S. P. pay book
verified
11.5.21A. S. P. correct with P. F. K.
Charged 320⁰⁰ 1. 5. 16 6 31. 8. 14 Date 1/1/17

[illegible]