489155
SIN/NAS

ALLEN
Surname/Nom

Joseph Hamilton
Given names/Prénoms

CANADIAN FORCES
FORCES CANADIENNES

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

"CONTENTS CONFIDENTIAL" Box: 104
"CONTENU CONFIDENTIEL"

CF 478 (10/74)
7530-21-870-6931

COMPONENT
ÉLÉMENT CEF

REGIMENTAL DOCUMENTS

NAME ALLEN. Jos. Hamilton REGT. NO. 489155 UNIT 4th Batt H. Q. FILE NO. 6036

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	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)					
/	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
/	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
/	COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					
3	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)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
4	Misc Cards.					

Box 104

W. 2589
100M-11-19
1772-39-1377

Duplicate

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ..... Allen
1a. What are your Christian names? ..... Joseph Hamilton
1b. What is your present address? ..... 5 Mahebuctu Road
2. In what Town, Township or Parish, and in what Country were you born? ..... Yarmouth N.S.
3. What is the name of your next-of-kin? ..... Edmund B. Allen ~~Deceased~~
4. What is the address of your next-of-kin? ..... 5 Mahebuctu Road Hfx
4a. What is the relationship of your next-of-kin? ..... ~~Mother~~ Father
5. What is the date of your birth? ..... 8th August 1897
6. What is your Trade or Calling? ..... Drug Clerk
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
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Hamilton Allen, 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.

Joseph H. Allen (Signature of Recruit)

Date. Nov. 22 1915 W. J. McClelland Lieut (Signature of Witness) 66th R.F.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, J. 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.

Joseph H. Allen (Signature of Recruit)

Date. 23rd Nov 1915 J. Chuthgow R.N. (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 Halifax this 23rd day of Nov 1915

J. Chuthgow J.P. (Signature of Justice)

J.P. for the City & County of Hfx

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of Joseph H Allen on Enlistment.

Apparent Age 18 years ..... months.
To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 6½ ins.

Chest measurement.
- Girth when fully expanded ..... 37½ ins.
- Range of expansion ..... 3½ ins.

Complexion ... Medium

Eyes ... Brown

Hair ... Lt. Brown

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

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.)

142 lbs

Fourth toe of left foot amputated

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 23—11—1915 ..... J. Ross

Place Halifax NS ..... Lt Col AMC

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.

Joseph Hamilton 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.

..... Lt. Col Com'dg 1st Can. Ex. Force (Signature of Officer)

Date 27—11—1915.

ORIGINAL

Original.

MEDICAL HISTORY SHEET.

Surname Allen *Christian Name* Joseph C. F.

Examined { on 23rd day of Nov. 1915
at Halifax N.S.

Approved by J. Ross, Lt Colonel M.O

Birthplace { City or Town Yarmouth
County

Rank M.O

Apparent age 18

Trade or occupation Drug Clerk

Height 5 Feet 6½ Inches.

Weight 142 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 37½ inches.

Physical development good

Small-Pox Marks nil

Vaccination Marks { Arm Right. Left.
Number — one

When Vaccinated last 1908 ~~Childhood~~ gk

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

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

Date	Fit or Unfit	Examined for Re-engagement,
		M.O
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
26-12-15		M. A. Carey Lt Col M.O.
13.1.16		M. A. Carey Lt Col M.O.
		M.O.

NOT TO BE SENT OUT

Enlisted on 23 *day of* November 1915 *at* Halifax

	Corps	Regt'l Number	Habits.	Date.
Joined on enlistment	66th C.E.F.	489155		Nov. 23rd 1915
Transferred to.. ..... {	Reinforcements			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

Surname..... Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 14th Res. Battalion Regimental Number 489955

Rank Pte Surname Allen Christian Name Joseph Hamilton

Religion Presbyterian Age on Enlistment 18 years 3 months.

Enlisted (a) 22/11/15 Terms of Service (a) Duration of War Service reckons from (a) Prest.

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

Extended { _____ } Re-engaged { _____ } Qualification (b) _____

or Corps Trade and Rate _____

_____ Signature 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 ...			
		Disembarked...			
				R C Southern	Lieut.
1 APR 1916	14th Bn	Trans. to 24th Bn.	OVERSEAS	APR Asst. Adjt. 17th Res. Bn.	
		EMBARKED FOR FRANCE.		1/4/16	248 AG. 20.
7/4/16	Pt 2 0 15	TOS . Battn.	Field	2/4/16	
~~18/4/16~~	~~CBD~~	~~Left Base for~~	~~Unit~~	~~18/4/16~~	~~101BD3/287~~
21/4/16	OC 27 Bn	Arrived	Unit	20/4/16	B213 114
20 9/16	"	Reported missing after Action	Field	15 9/16	K1-137-1784 186-5 Pt II 0150 10/16
		J W Hogan Capt. For Officer i/c Can. Records, Canadian Section, G.H.Q. 3rd Echelon.			
		P T O			

(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.

[P.T.O.

(B99130) W 15012—5156 J. P. & Co., Ltd. Forms/B103/3.

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				
25/11/16	27. Bn.	Prev Rept'd Missing			
		Now Rept'd Killed in Action	Field	15/9/16	Off U.O. 60

LIEUT.
FOR LT. COL. IC RECORDS, C.O.M.F.

RG

R—122.

Rank ~~AEX~~ Pte. Name ALLEN. Joseph Hamilton Reg'l No. 489155

Unit Dft 66th Bn to 17th Bn If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Halifax. Nov ~~23rd~~ 22nd 1915 Place of Birth Yarmouth, N.S. CAN

Name and Address, Next-of-Kin Edmund S. Allen,

51, Chebucto Rd, Halifax, N.S. CANADA Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place 15-9-16 France Reason Missing Character 16

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
31-1-16	OC. 17th	Arrived in England. to 17th Battn	E. Sandling	30-1-16	Pt. II O 37a
1. 4. 16	"	Trans. to 27th Battn.	Overseas	1.4.16	" " " 98a
14. 4. 16.	27th Bn	Taken on strength 27th Bn	In the field	2.4.16.	Pt II O 15
10. 10. 16	27th Bn	Missing (reported)	Field	15.9.16	C. List a. 339. O.N.
14. 10. 16.	do.	Reported Missing S.O.S.	do.	15.9.16	Pt II O.50
29-11-16	do.	Prev Rep Missing now Rep Killed in A	"	15-9-16	C.L. a 380. O.N
25-11-16	do.	Prev Rep Missing now rep Killed in A.	"	15-9-16	Pt II O. 60.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.			REMARKS Taken from Official Documents
Date	From whom received		Place	Date	

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Allan	J.H.	489155

Rank	Unit	Co.	Troop	Batty.
Pte.	27th Bn.			

Hospital

Date of Admission

Transferred Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Prev. reported £ro missing now

Killed in Action 15.9.16

DISPOSITION

Date

C.L. 29.11.16 A380

REMARKS

Reported from Base

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.		

R. 149.

Name ALLEN, Joseph Hamilton *Rank* Pte. *Reg. No.* 489155.

Unit 27th Battalion.

Next of Kin CANADA.

RL 25. a. 685

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-9	MISSING			A339	0.2458	1010
	~~Delete above entry~~		~~A366~~			
	~~Reported on strength of 6040~~				~~04457. 1/10-11~~	
16.9	Now reported Killed in Action Burial report prepared			A 380	0.5603	29.11.

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. L st

H. Q. FILE No. 649-

NAME Allen Joseph Hamilton

REGT'L. No. 489155

RANK AND CORPS Pte. / 27th Bn (Tomm. 66th Regt. P. L.F. (1st R.D)

CABLE No.	CABLE DATE	NATURE OF CASUALTY
		C.
02458	9-10-16	Reported missing Sept. 15th 1916
05603	29-11-16	Previously reported missing now rept'd killed in action Sept 15th 1916.
B2090a.	Rouen. 25-11-16	" " " " killed in action France. 15-9-16 {noted 10-3-17}

L. L. Job 86907- -M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 339	Rep. from base		Missing 15-9-16
a 380			Prev. rep. missing now rep. Killed in action 15-9-16

ALLEN, Pte. Joseph Hamilton, #489155, C.E.F.
649-B-2079 Dec, 12th 1919.

MEDAL.....Father, E. S. Allen, Esq.,
51 Chebucto Rd.,
Halifax, N.S.

+ Decorations

PLAQUE.....Father, as above

Serial No 791639

C. OF S.....Mother, Mrs. Isabel H. Allen,
Address as above

7 7/20

OK

No. 489155 RANK Pte. NAME Allen J. H.

T. O. S. 23-11-15 UNIT 66th Regt. (Princess Louise Fusiliers)
D. O. 12, 25-11-15.

M. D. 6

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov. 23	1915 Nov. 30	✓	On o/s Draft	Nov. Paylist.
Dec.		✓		
1916 Jan.	1916	✓		

Grave

489155, Joseph Hamilton ALLEN
KIA 15-9-16

Vimy memorial,
Vimy, France

BN

P—56

Rank ~~XXX~~ Pte. Name ALLEN. Joseph Hamilton Reg'l No. 489155

If in perm. Corps, What Unit?

Unit Dft 66th Bn to 17th Bn Married or Single Single

Place and Date of Enlistment Halifax. Nov ~~23rd~~ 1915 Place of Birth Yarmouth, N.S. CAN

Name and Address, Next-of-Kin Edmund S. Allen,

51, Chebucto Rd, Halifax, N.S. CANADA Relationship Father.

Assigned Pay Monthly $ 20.00 1/2/16. Payable to Isabel H. Allen, 51 Chebucto Road, Halifax, NS

Relationship

Separation Allowance Payable to

Relationship

Discharge, Date and Place 15 - 9 - 16 Reason Kin a. Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1-2-16	29-2	29	1.00	29 -	29	10	2 90	10	41 90			4 87	20		24 87	17 03	10.00 Clo. Credit
Mar	31	31	1.00	31	31	10	3 10		34 10	989 1034	-	11 87 9 73	20		34 60	16 53	Bonus to 27th Bn. Eff 1/4/16. Bo. 982 1/4/16
				60			6 —	10	76				19 47 40		59 47		

Checked MB

BALANCE TRANSFERRED TO NEW LEDGER

Statement of Feb. 17th - 17 Account rendered

Cash found in effects No Rep

Statement of APR 11 1917 Account rendered

PAY OFFICE, A.E. BRANCH OCT 26 1916 CANADIAN CONTINGENTS

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

L. L. Job 88773—M. & D. 6195.

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

2nd. Contingent

115

To Whom Isobel H. Allen

Address 51. Shebucto Road. Halifax N.S.

Rate 20.00. FEB 1 1916

By Whom Assigned Allen Joseph H.

Regtl. No. 489155

Rank Pte.

Corps 66th Batt. Reg't Reinforcements

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Stop payments Nov 1/16
Sept.				"Missing"
Oct.				
Nov.				~~3m 13/10/16 - J.S.A. 4/16~~
Dec.				Casualties
Jan.	1915			
Feb.				
Marc/				~~Missing Sept 15/16 C.R. #23 10/10/16 Jac~~
April				Killed in action Sept. 15/16 Ch(11) 30/11/16 J.H.G.
May				
June				
July				
Aug.				
Sept.				
Oct.				F.X. 11/12/16
Nov.				
Dec.				
Jan.	1916			
Feb.		015143	20	
March		115741	20 –	
			$ 40 00	

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

116

Sheet No. 2 Isobel H. Allen

L. L. Job 89002.—Req. 6213.

Name of Soldier Allen, Joseph H.
489155
166 Regt. Rangers

$ 20.00

Month.	Year.	Cheque No.	Amt.	Remarks.
			$ 40 00	
April	1916	L 403	20 —	F. X. Rend. Date ..... By .....
May		K 3595	20	E.F.X. " Date 28/5/17 By .....
June		L 6819	20 —	
July		a 7361	20	
Aug.		a 11559	20	Casualties
Sept.		D 15121	20	
Oct.		D 19494	20	
Nov.		~~D 24899~~	~~20~~	Amount authority 3m. 13 10/16
Dec.			$ 180 00	Stop Dec 31/16 Cas
Jan.	1917			Acct closed Nov 1/16
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

Married or Single S.

Place of Birth Yarmouth N.S.

Name and Address of Next of Kin Mrs Edmund S. Allen
51. Chebucto Rd Halifax N.S.

Relationship of Next of Kin Father

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Missing	15/9/16	C/A 339 10/10/16
Killed in Action	15.9.16	C/A 380 29.11.16

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 489155 Rank Pte Name Allen Joseph Hamilton

If in Permt. Corps What Unit — Unit 17th — Transferred to — Date — Authority

Permanent Force Allowances — Transferred to Non Effecs Date 16/9/16 Authority C/A 339 10/10/16

Place of Attestation Halifax — Transferred to — Date — Authority

Date of Attestation Nov 22nd 1915 — Transferred to — Date — Authority

Assigned Pay Monthly $ 20.00 Date Effective

Payable to Isabel H. Allen, 51 Chebucto Road, Halifax N.S. Relationship

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) 13/10/16 Effective 1/11/16. Reason Missing 15/9/16 C/A 339 10/10/16

Discharge Date and Place Reason and Authority Missing 15/9/16

Account transferred to Non-Effective Branch (Date) 19/10/16

Account transferred to Officers' Pay Branch (Date)

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
	90																											40		59 47	16 53				
Apl 1-30	30	1	30	—	30	10	3	-							33	-		1050	27/4/16						262			20		22 62	26 91				
May 1-31	31	1	31		31	10	3	10							34	10	1/2	15/5/16	1301	27/5/16	CBD 2562	13/5/16	256	255	436			20		29 47	31 54				
June 1-30	30	1	30		30	10	3	-							33	-												20	121	21 21	43 33				5/- Lost Kit Feby 1916. 27th Bn.
July 1-31	31	1	31		31	10	3	10							34	10	1327	1397 24/8/16					255 255					20		25 10	52 33				
Augt. 1-31	31	1	31		31	10	3	10							34	10	1475	1541 24/7/16	1621	8/8/16			261 261	262				20		27 84	58 59				
Sept. 1-30	30	1	30		30	10	3	-							33	-		1681	28/9/16	1733	13/9/16		261	262				20		25 23	66 36				7 15 days Pay & A = 1650 Missing 15/9/16 & Non Effecs 16/9/16
Oct.																							15 49	10 41	4 36			20	16 58	36 50	29 86				
															277 30																				
																							Bal. trans Non Effect Brand								29 86				Transferred to Dead
																																			Stop.
																															30 55				64. 25 C.D.E. Sch. 532. 20/3/17
														69	69																				30 55 To Canada for Sch 26-4-17
																							30 55							30 55					

Check McKmafd

N.S. Mch 1917

April 1917

Cash found in effects No Up

Cash in effects 69¢ $522

Statement of APR 11 1917 Account rendered

Statement of Feb 17-17 Account rendered

Can. A.P. 180 In agreement with Ottawa Slip H.Q. 593-1-12 - 20/2/16

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			
			$	c.			$	c.			$	c.				No.	Date	No.	Date	No.	Date	No.	Date												

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
26. 12. 15.	Anti-typhoid Inoculations. W.A.Cuny. Lt. Col.
13. 1. 16.	" " " " "

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

I certify the foregoing to be a true copy of an original entry on Medical History Sheet of this man.

C.A.M.C.
for the Officer in Charge of Records
Canadian Contingent.

MC. DUPLICATE. M 489155.

ARMY FORM B. 178.

To be used (*a*) for recruits enlisting direct into the Regular Army; and (*b*) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname ALLEN. *Christian Name* Joseph. H.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Yarmouth. County

Examined ... ... on 23rd. day of November. 191 5, at Halifax. N.S.

Declared Age ... ... 18. years days.

Trade or Occupation ... Drug Clerk.

Height ... ... 5. feet 6½ inches.

Weight ... ... 142. lbs.

Chest Measurement: Girth when fully Expanded 34. inches. Range of Expansion 37½ inches.

Physical Development ... Good.

Vaccination Marks: Arm ... Right Left; Number One.

When Vaccinated ... 1908.

Vision ... ... R.E.—V= L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*) Nil.

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

Approved by (*Signature*) J. Ross.
(*Rank*) Lt. Col. A.M.C.
Medical Officer.

Enlisted ... ... at Halifax. on 23rd. day of November. 191 5.

	Corps.	Regtl. No.
Joined on Enlistment ...	66th. C.E.F. Reinforcements.	489155.
Transferred to		

Became non-effective by

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on day of 191 .

(*Signature*) H. Cunningham Reilly
(*Rank*) Lieut.-Col. in Charge of Records, Canadian Contingent.

(B 99129.) W. 15297/M127. 500M. 1/16, J. P. & Co., LTD.

Forms B. 178 / 39

P.T.O.