

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"

COMPONENT  
ÉLÉMENT CEF



REGIMENTAL DOCUMENTS

6036

NAME **ALLEN.**

*Jos. Hamilton*

REGT. NO. *489155*

UNIT *4<sup>th</sup> Bn*

H. Q. FILE NO.

**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)

*/* CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

*/* 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)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

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PARTICULARS OF CHARACTER (A.F.W. 3226)

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

*4* *Misc Cards.*

**M**

**H**

*Box 104*

DEATH

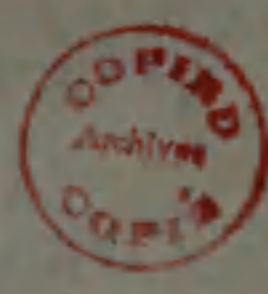
Category

DISCHARGE

Category

DESERTION

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? *57 Lakeshore Road*
- 2. In what Town, Township or Parish, and in what Country were you born? *Harmouth, N.S.*
- 3. What is the name of your next-of-kin? *Edmund B. Allen*
- 4. What is the address of your next-of-kin? *57 Lakeshore Road, Hx*
- 4a. What is the relationship of your next-of-kin? *Father*
- 5. What is the date of your birth? *20th August 1891*
- 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?  
If so, state particulars of former service. *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, *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.

Date *Nov 22* 1915 *Joseph Hamilton Allen* (Signature of Recruit)  
*A. H. Chithow* (Signature of Witness)

### 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.

Date *23rd Nov* 1915 *Joseph H. Allen* (Signature of Recruit)  
*J. Chithow* (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. Chithow* (Signature of Justice)

*in for the City & County of Hx*

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.)

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.

142 lbs

Chest measurement { Girth when fully expanded ..... 37 1/2 ins.  
 Range of expansion .. 3 1/2 ins.

Fourth toe of left foot amputated

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)



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 .....

Place ..... Halifax NS .....

J. Cross  
2700 Amble  
 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.

W. King Lt. Col.  
Comd'g 11th Bn. C.E.F.  
 (Signature of Officer)

Date ..... 27-11-1915 .....

# ORIGINAL *Original*

## MEDICAL HISTORY SHEET.

Surname Allen Christian Name Joseph A.

Examined { on 23<sup>rd</sup> day of Nov. 1915  
 at Halifax  
 Birthplace { City or Town Yarmouth  
 County \_\_\_\_\_

Approved by J. Ross  
 Rank Goldsmith M.O.

Apparent age 18  
 Trade or occupation Drug Clerk  
 Height 5 Feet 6 1/2 Inches  
 Weight 142 Lbs.  
 Chest measurement { Minimum 34 inches  
 Maximum expansion 37 1/2 inches  
 Physical development good  
 Small-Pox Marks nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

Vaccination Marks { Arm Right Left  
 Number one  
 When Vaccinated last 1908 child  
 (a) Marks indicating congenital peculiarities or previous disease nil

Date	Result	VACCINATIONS.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on 23 day of November 1915 at Halifax

	CORPS	REG'TL NUMBER	HABITS.	DATE.
Joined on enlistment	<u>66<sup>th</sup> C.E.F.</u>	<u>489155</u>		<u>Nov. 23<sup>rd</sup> 1915</u>
Transferred to.. ..	<u>Reinforcements</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.



Casualty Form—Active Service.

CERTIFIED CORRECT.  
 Canadian Record Office,  
 Westminster House,  
 11, Millbank, S.W.

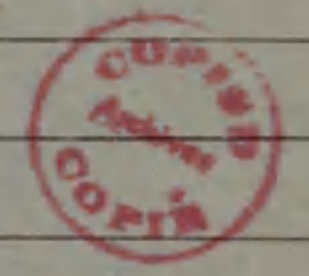
Regiment or Corps 14<sup>th</sup> Res. Battalion Regimental Number 489955  
 Rank Pte Surname Allen Christian Name Joseph Hamilton  
 Religion Presbyterian Age on Enlistment 18 years 3 months.  
 Enlisted (a) 22/11/15 Terms of Service (a) Duration of War Service reckons from (a) Presb.  
 Date of promotion 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...			
<u>1 APR 1916</u>	<u>14<sup>th</sup> Bn</u>	<u>Trans. to 24<sup>th</sup> Bn.</u>	<u>OVERSEAS</u>		<u>Rec Southern Lieut.</u> <u>Adj. 17th Res. Bn.</u>
		<b>EMBARKED FOR FRANCE.</b>		<u>1/4/16</u>	<u>2480 G. 2a.</u>
<u>7/4/16</u>	<u>Pt 20 15</u>	<u>TOS . Battn.</u>	<u>Field</u>	<u>2/4/16</u>	
<u>18/4/16</u>	<u>CBD</u>	<u>Left Base for</u>	<u>Unit</u>	<u>18/4/16</u>	<u>101BD3/287</u>
<u>21/4/16</u>	<u>OC 27 Bn</u>	<u>Arrived</u>	<u>Unit</u>	<u>20/4/16</u>	<u>B213 114</u>
<u>21/4/16</u>		<u>Report missing after action</u>	<u>Field</u>	<u>15<sup>th</sup> 16</u>	<u>Rt-137-1284</u>
		<u>Whogan</u>	<u>Capt.</u>		<u>186-500</u> <u>14 II 0150-10 10</u>
		<u>For Officer i/c Can. Records,</u>			
		<u>Canadian Section,</u>			
		<u>G.H.Q. 3rd Echelon.</u>			
		<b>P.T.D.</b>			

(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.  
 (B99130) W 15012-5156 J. P. & Co., Ltd. Forms/B103/3. [P.T.O.]

ORIGINAL NOT AVAILABLE





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				
25/11/66	27. Bn.	Prev Reptd Missing			
		Now Reptd Killed in Action	Field	15/11/66	At 40° 60'



*[Handwritten Signature]*

LIEDT  
FOR L.T. & L.C. RECORDS, C.O.M.F.

Rank ~~ALL~~ Pte. Name ALLEN. Joseph Hamilton

Reg'l No. 489155

Unit Dft 66th Bn to 17th Bn <sup>If in perm. Corps,</sup>  
What Unit?

Married or Single **Single**

Place and Date of Enlistment Halifax. Nov ~~23rd~~ <sup>22nd</sup> 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

COPIED  
 N/E R 3 NE *6*  
 File R L. *25-A-685*  
 Category *KA*

*16*

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				
<i>31-1-16</i>	<i>OC. 17th</i>	<i>Arrived in England. <sup>to 17th Bn</sup></i>	<i>E. Sandling</i>	<i>30-1-16</i>	<i>Pt. II O 37<sup>a</sup></i>
<i>1. 4. 16</i>	<i>"</i>	<i>Trans. to 27th Bn</i>	<i>Overseas</i>	<i>1. 4. 16</i>	<i>" " " 98<sup>a</sup></i>
<i>14. 4. 16.</i>	<i>27th Bn</i>	<i>Taken on strength 27th Bn</i>	<i>In the field</i>	<i>2. 4. 16.</i>	<i>Pt II O 15<sup>a</sup></i>
<i>10-10-16</i>	<i>27th Bn</i>	<i>Missing (reported)</i>	<i>Field</i>	<i>15-9-16</i>	<i>C. List A. 339. O.N.</i>
<i>14. 10. 16.</i>	<i>do.</i>	<i>Reported Missing S.O.S.</i>	<i>do.</i>	<i>15-9-16</i>	<i>Pt II O. 50</i>
<i>29-11-16</i>	<i>do.</i>	<i>Prev Rep Missing, now Rep Killed in A.</i>		<i>15-9-16</i>	<i>C.L.A. 380. O.N</i>
<i>25-11-16</i>	<i>do.</i>	<i>Prev Rep Missing, now rep Killed in A.</i>		<i>15-9-16</i>	<i>Pt II O. 60.</i>

Report		Married or Single Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	If in perm. Corps, What Unit?		REMARKS Taken from Official Documents	Unit
Date	From whom received		Place	Date		
		Relationship			Name and Address, Next-of-Kin	
		Relationship	Payable to		Assigned Pay Monthly \$	
		Relationship	Payable to		Separation Allowance \$	
		Character	Reason		Discharge, Date and Place	
		Date	Place	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Report	Date
					From whom received	
					REMARKS Taken from Official Documents	

Surname: Allan  
 Christian Name or Names: J. H.  
 Reg. No.: 489155  
 Rank: Pte. Unit: 27th Bn.  
 Co.: Troop: Batty:  
 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 ~~bro~~ 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.

Name ALLEN, Joseph Rank Pte.

Reg. No. 489155.

Unit Hamilton  
27th Battalion.

Next of Kin CANADA.

*Rf 25. a. 685*

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-9	MISSING			A339	.0.2458	.1010
	<del>Delete above entry</del>			<del>A366</del>		
	<del>Reported on strength of COAC</del>				<del>04457</del>	<del>29.11</del>
16-9	Now reported Killed in Action Final report prepared			A 380	0.5603	29.11.



NAME

Allen Joseph Hamilton

H. Q. FILE No. 649-

REGT'L. No. 489155

RANK AND CORPS

Pvt. 27th Bn (Form. 66th Regt. P. L.F. (1st P.D))

CABLE

No.

DATE

NATURE OF CASUALTY

No.	DATE	NATURE OF CASUALTY
02458	9-10-16	Reported missing Sept. 15 <sup>th</sup> 1916 ✓
05603	29-11-16	Previously reported missing now rept'd killed in action Sept 15 <sup>th</sup> 1916. ✓
132090 a.	Rouen. 25-11-16	" " " " killed in action
	France. 15-9-16	{ noted 10-3-17 }



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a 339<sup>111</sup> Rep. from base

a 380<sup>111</sup>

Missing 15-9-16

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.



PLAQUE.....Father, as above

*Decorations*  
*Serial No 791639*

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

Scroll Desp. MAR 16 1921 Regn. No. 2. 20888

Plaque Desp. JAN 4 1922 Regn. No. PA 2359

*9 2/20*

*OK*

M

1273

1273

1273

No. 489155 RANK Pte.

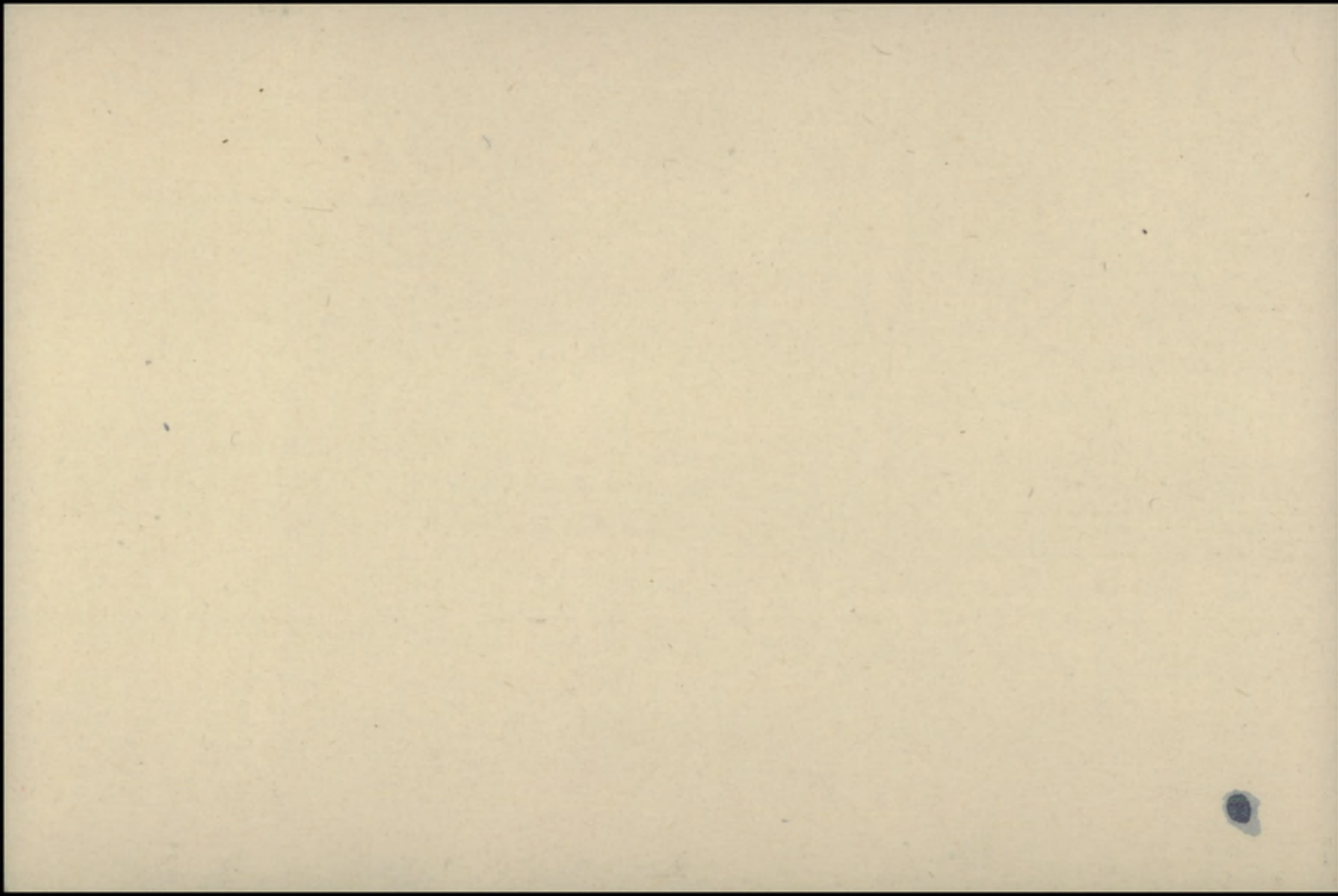
NAME Allen J. A.

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	mov. Paylist.
Dec.		✓		
1916 Jan.	1916	✓		





Grave

48 9155, Joseph Hamilton ALLEN

KIA 15-9-16

Vimy memorial,  
Vimy, France

BN

*Faint, illegible handwriting in blue ink, possibly bleed-through from the reverse side of the page.*



*Small, dark, illegible marks or characters.*

Rank **XXI Pte.** Name **ALLEN, Joseph Hamilton**

Reg'l No. **489155**

P-56

Unit **Dft 66th Bn to 17th Bn** <sup>22nd</sup>  
 If in perm. Corps, }  
 What Unit? }

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.**

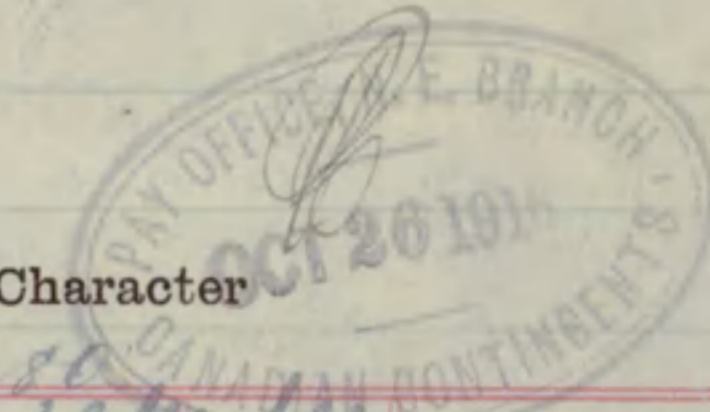
Assigned Pay Monthly \$ **20<sup>00</sup> 1/2/16.** Payable to **Isabel, H. Allen, 51 Chebucto Road, Halifax, NS.**  
 Relationship

Separation Allowance Payable to

Relationship

Discharge, Date and Place **15-9-16** Reason **King's** Character

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						
12/16	1912	29	1 <sup>00</sup>	29	29	10	2 90.10	41	90.				24 87 17 02	10 <sup>00</sup> Clo. Credit	
Mar	31	31	1 <sup>00</sup>	31	31	10	3 10	34	10	989 1074			34 60 16 53	Jan 27 <sup>th</sup> B. Eff. 1/16. Bo. 982 1/16	
				60			6 - 10	76					1947.40	5947.	



*Sealed*

*MB*

BALANCE TRANSFERRED TO NEW LEDGER

Statement of  
 Feb. 17<sup>th</sup> 19  
 Account rendered

Cash found in  
 effects *no Rep*

Statement of  
 APR 11 1917  
 Account rendered





MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

2nd. Contingent

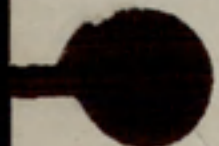
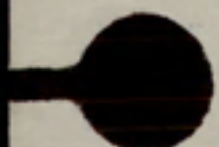
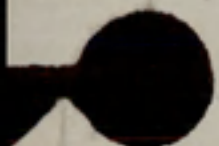
115

To Whom *Isobel H. Allen*  
Address *51. Chebucto Road.*  
*Halifax*  
*N.S.*  
Rate *20<sup>00</sup> FEB 1 1916*

By Whom Assigned *Allen Joseph H.*  
Regtl. No. *489155*  
Rank *Pte.*  
Corps *66th Batt. Regt-  
Reinforcements*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Stop payments Nov 1/16</i>
Sept.				
Oct.	1915			<i>Missing 3m 15/16 - Jan 4/16 Casualties Missing Dept 15/16 C.P. #23 10/10/16 JAG Killed in action Sept. 15/16 Ch(1) 30/11/16 J.H.G.</i>
Nov.				
Dec.				
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.	1916			<i>J.V. 11/12/16</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.				
Feb.		<i>015143</i>	<i>20</i>	
March		<i>115741</i>	<i>20 -</i>	
			<i>40 00</i>	



2 1214

10 11 12 13 14 15 16 17 18 19 20

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

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

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Sheet No. 2

*Sobel, H. Allen*

Name of Soldier

*Allen, Joseph H.*  
*166 Regt. Reinf.*

L. L. Job 89002.—Req. 6213.

PAYMENTS.

489155

\$ 20.00

Month.	Year.	Cheque No.	Amnt.
April	1916	403	20
May		3595	20
June		26819	20
July		27361	20
Aug. ✓		11559	20
Sept.		15121	20
Oct. ✓		19494	20
Nov.		<del>24599</del>	<del>20</del>
Dec.			<del>20</del>
Jan.	1917		
Feb.			
March			
April			
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

F. X. Rend. Date ..... By .....  
 E.F.X. " Date *28/17* By *...*

*Casualties*

*Amended authority 3m 13<sup>10</sup>/16*  
*Stop Dec 31/16 Cas*  
*Acct closed Nov 1/16*

~~\$ 180.00~~

~~4000~~

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.				

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
<i>Missing</i>	<i>15/9/16</i>	<i>CLA 339 10/10/16</i>
<i>Killed in Action 15.9.16</i>	<i>6 La 380</i>	<i>29.11.16</i>

REG'L. No. *489155* RANK *Pte* NAME *Allen Joseph Hamilton*  
 IF IN PERM. CORPS WHAT UNIT UNIT *17th* TRANSFERRED TO *By M* DATE *1-1-16* AUTHORITY *CLA 339 10/10/16*  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Non Effect* DATE *16/9/16* AUTHORITY *CLA 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 *Habel H. Allen, 51 Chebucto Road, Halifax N.S.* RELATIONSHIP

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

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 CLA 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	P.Y.				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.																			
<i>Apr</i>	<i>30</i>	<i>1</i>	<i>30</i>	-	<i>30</i>	<i>10</i>	<i>3</i>	-	<i>33</i>	-	<i>76</i>	<i>✓</i>											<i>40</i>		<i>59 47</i>	<i>16 53</i>					
<i>May</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>	<i>34</i>	<i>10</i>	<i>1050</i>		<i>1327</i>				<i>262</i>	<i>20</i>					<i>22 62</i>	<i>26 91</i>							
<i>June</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>2</i>	<i>10</i>	<i>32</i>	-	<i>101</i>		<i>1397</i>				<i>256</i>	<i>20</i>				<i>121</i>	<i>21 21</i>	<i>43 33</i>				<i>St. Red Kit Feb. 1916. 27th Nov.</i>			
<i>July</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>	<i>34</i>	<i>10</i>	<i>1475</i>		<i>1541</i>				<i>255</i>	<i>20</i>					<i>25 10</i>	<i>52 33</i>							
<i>Aug.</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>	<i>34</i>	<i>10</i>	<i>1541</i>		<i>1675</i>				<i>261</i>	<i>20</i>					<i>27 84</i>	<i>58 59</i>							
<i>Sept.</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>	<i>10</i>	<i>33</i>	-	<i>1681</i>		<i>1723</i>				<i>261</i>	<i>20</i>					<i>25 23</i>	<i>66 36</i>				<i>17 days Pay = 16.50 Missing 15/9/16</i>			
<i>Oct.</i>											<i>1723</i>						<i>262</i>	<i>20</i>				<i>59</i>	<i>36 50</i>	<i>29 86</i>				<i>do now effect 16/9/16</i>			
											<i>69</i>		<i>69</i>									<i>16</i>	<i>30 55</i>						<i>Transferred to Dead</i>		
																							<i>30 55</i>	<i>30 55</i>					<i>69 C.D.E. Let. 532. 20/3/17</i>		

Statement of Feb 17-17  
 Account rendered

Statement of APR 11 1917  
 Account rendered

loan A.P. 1800 In agreement with Ottawa Slip H D 593-1-12-20/12/16

Check *M. Hamilton*

17  
 h.s. March 1917  
 Cash found in effects *No. 21/17*

1532  
 69

*17 days Pay = 16.50 Missing 15/9/16*  
*do now effect 16/9/16*  
*Transferred to Dead*  
*69 C.D.E. Let. 532. 20/3/17*  
*30.55 to Canada for Lett*  
*21-4-17*







**DUPLICATE**



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 **A L L E N.** 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.

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 a Medical History Sheet of this man.  
The Officer in Charge of Records  
Canadian Contingents.  
O.A.M.C.

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

Joined on Enlistment ...  
 Corps. **66th. C.E.F. Reinforcements.** Regtl. No. **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) *W. H. ...*  
(Rank) *...*