

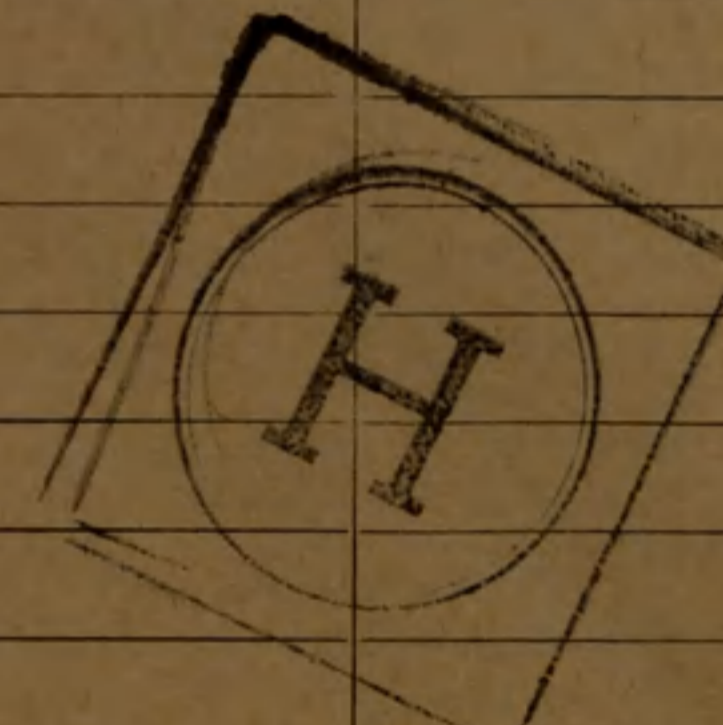
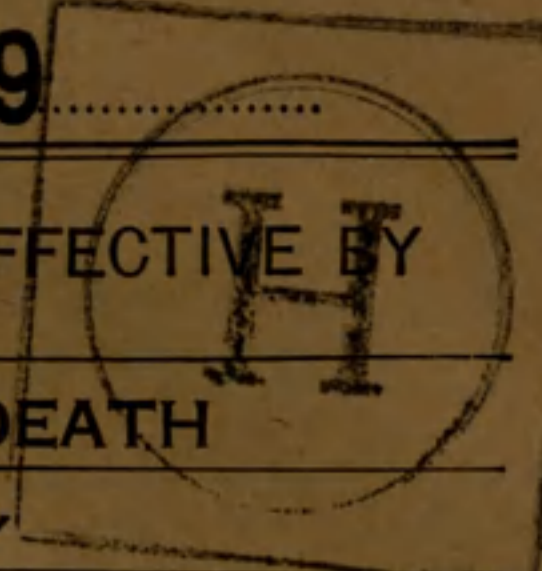
C.E.F. REGIMENTAL DOCUMENTS

NAME **ALLISON, JAMES ONEIL**

REGT. No. **327888** **50 BTY**

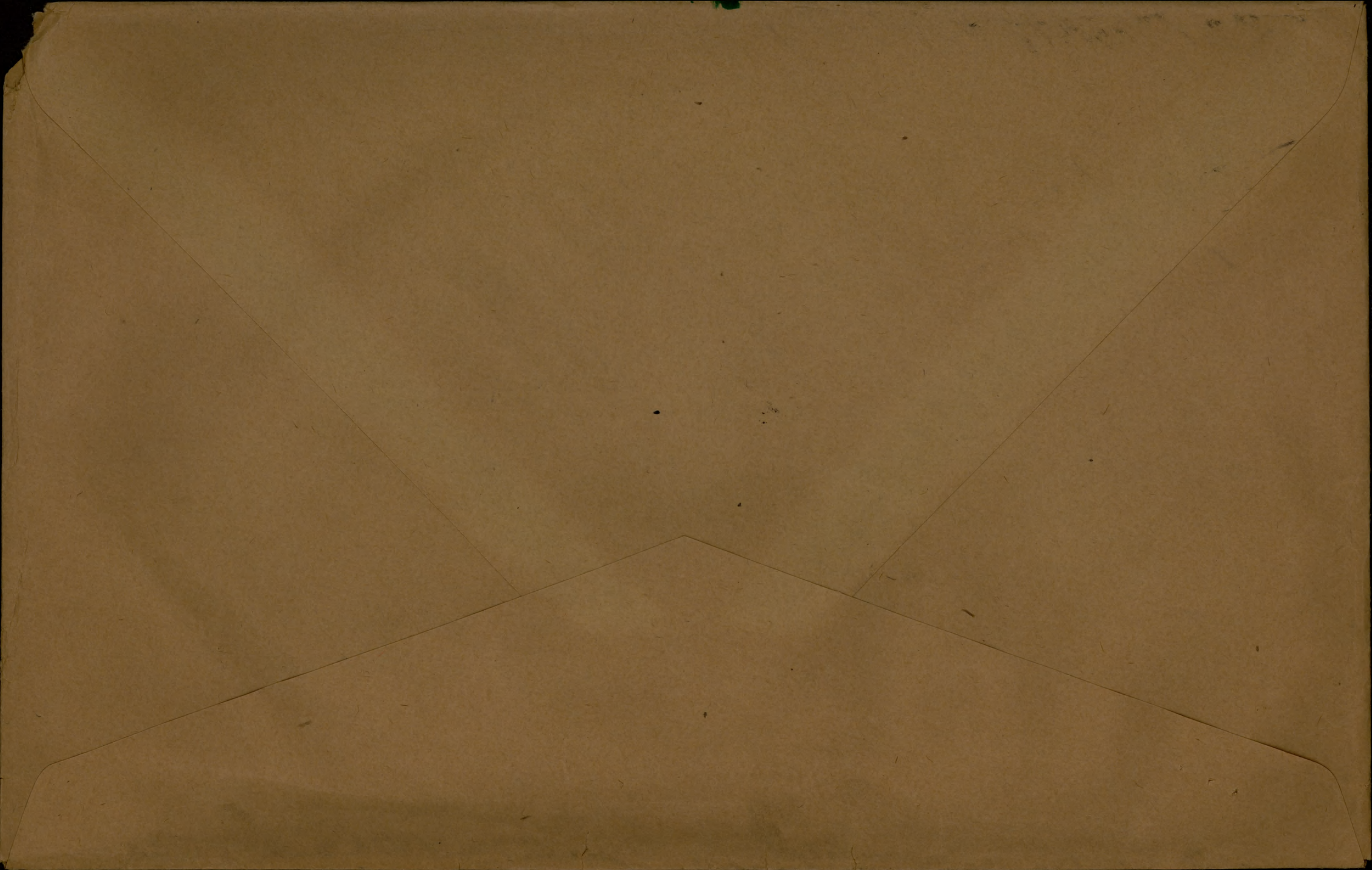
H. Q. FILE No. **66 19**

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY DEATH
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					CATEGORY
CASUALTY FORM (M.F.W. 54 or A.F.S. 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)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DEMOB.
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)					
CARDS					
PAY-SHEETS					



PUBLIC ARCHIVES CENTRE
MUSEUMS GALLERY

401994



15th O/S Brigade C. F. A.

ATTESTATION PAPER.

No. 327888

Folio. A

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Allison
- 1a. What are your Christian names? James O'Neil
- 1b. What is your present address? 524 McDermott Ave., Winnipeg
2. In what Town, Township or Parish, and in what Country were you born? Toronto, Ont.
3. What is the name of your next-of-kin? William Allison.
4. What is the address of your next-of-kin? 524 McDermott A ve., Winnipeg. Canada
- 4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? June 25th, 1896.
6. What is your Trade or Calling? Student
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James O'Neil Allison, 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 March 3rd, 1916 James O. Allison (Signature of Recruit)
W. E. O'Brien (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James O'Neil Allison, 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 March 10th 1916 James O. Allison (Signature of Recruit)
Seil B. Donnelly (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 Winnipeg this 10th day of March 1916

R. J. Riley (Signature of Justice)

Description of Allison, James O'Neill. on Enlistment.



Apparent Age 19 years 9 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. 8 ins.

Chest measurement { Girth when fully expanded 35 1/2 ins.
 Range of expansion 3 ins.

Complexion Pinkish

Eyes Very Dark

Hair Black

Religious denominations { Church of England.....
 Presbyterian Yes.....
 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 he declares that he is not subject to fits of any description.

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

Date March 3rd. 1916.

W. E. Guest
Capt. C.A.M.C.

Place Winnipeg.

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.

James O'Neill Allison 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 March 1916

CANADIAN EXPEDITIONARY FORCE

Copied for
VB

WAR SERVICE BAD DISCHARGE CERTIFICATE

CLASS "A" NO. 185182 ISSUED

THIS IS TO CERTIFY that No. 327888 (Rank) Em
Name (in full) Allison James O'Neill enlisted in
the 59th Bty. C.F.A.
CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 3rd
day of March 1916.
HE served in France 60th Bty C.F.A.
and is now discharged from the service by reason of Demobilization. Demobilization R.O. 1420 (A)
Medical Unfitness.

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

Age 22

Marks or Scars Nil

Height 5.8

Complexion Pinkish

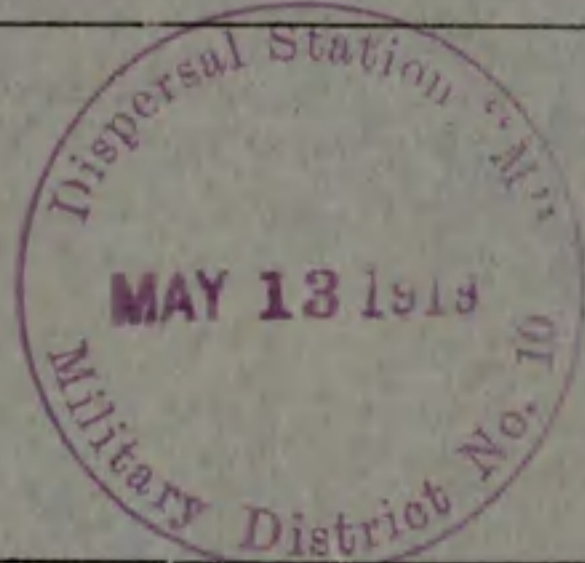
Eyes Dark

Hair Black

J. O. Allison
Signature of Soldier

J. A. Wack
Issuing Officer

Date of Discharge



Rank

Lieut.
Rank

Date May 13 - 19 1919

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

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____

the _____

CANADIAN EXPEDITIONARY FORCE at

day of _____

HE served in _____

Description _____

and is now discharged from the _____ and is now discharged from the _____

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

THE DESCRIPTION OF THE _____

Age _____

Height _____

Complexion _____

Build _____

Hair _____

Signature of Soldier _____

Issuing Officer _____

Date of Issuance _____

Rank _____

Date _____

N

NOTE—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it to the undersigned envelope to the Secretary, Indian Council, Ottawa, Canada.

M.R. 102
1919
10/10/19

327888.

ORIGINAL

ORIGINAL
59th OVERSEAS BATTERY C. F. A.
14th O/S Brigade C. F. A.

MEDICAL HISTORY SHEET.

Surname Olsson Christian Name James O'Neill

Examined { on 3rd day of March 1916
at Winnipeg
Birthplace { City or Town Toronto
County Ont

Approved by W.E. Grant
Rank Capt. C.A.M.C. M.O.



Apparent age 19
Trade or occupation Student
Height 5 Feet 8 Inches
Weight 145 Lbs.
Chest measurement { Minimum 32 1/2 inches
Maximum expansion 3 inches

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
<u>23/3/16</u>	<u>A</u>	<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>

Physical development Normal
Small-Pox Marks None
Vaccination Marks { Arm Right Left Yes
Number 1

Date.	Result.	VACCINATIONS.
<u>17-8-16</u>	<u>—</u>	<u>M.O.</u>
		<u>M.O.</u>
		<u>M.O.</u>

When Vaccinated last Childhood
(a) Marks indicating congenital peculiarities or previous disease None

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1916</u>		
<u>April 22</u>	<u>Good</u>	<u>M.O.</u>
<u>May 2</u>		<u>M.O.</u>
<u>July 25</u>		<u>M.O.</u>
<u>30-7-17</u>		

Enlisted on 3rd day of March 1916 at Winnipeg

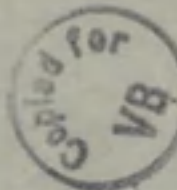
	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>59th OVERSEAS BATTERY C. F. A.</u>	<u>327888</u>		<u>3rd March 1916</u>
Transferred to	<u>14th Brigade C. F. A.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Refugee</u>	<u>4-4-19</u>	<u>Arthritis Both Ears</u>	<u>B + 2/3rd</u>

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.

CANADIAN



Surname *Allison* Christian Name *James*

THE COUNTY OF MIDDLESEX WAR HOSPITAL,
WAPSBURY, ST. ALBANS.

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>MCH Epsom.</i>		26	7	19	17	2	19	<i>Diphtheria</i>	10	<i>Revised</i>	<i>Belcher</i>
		4	2	19			10 MAR 1919	<i>Influenza.</i>	36	<i>8/2/19. General condition good. no disability P.D. 2. 23/2/19 has had P.D. fit for discharge to Reserve Unit Category A</i>	<i>Hosmer</i>

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... *15th O/S Brigade C. F. A.*
59th. OVERSEAS BATTERY C. F. A.

(2) Regimental Number..... *327888*

(3) Full Name of Soldier..... *James O'Neill Allison*

(4) Place of Birth..... *Toronto, Ont.*

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

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

(b) Present Postal Address..... ✓

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

(8) Have you any children?..... *No*

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

Also their names and ages..... ✓

(9) Is your Father alive? *Yes*

If so, state name and address *Wm Allison, 287 Young St, Winnipeg, Man.*

(10) Is your Mother alive? *Yes*

If so, state name and address *Margt Allison
287 Young St, Winnipeg, Man.*

(11) If your Mother is a widow *no*

Are you her sole support, or not? *no*

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

no

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

no

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

✓

(15) Are you insured? *no*

If so, in what Company? *none*

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

[Signature]

Officer Commanding.

Date *3rd August, 1916*

565

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.E. of C., 7, Millbank, London, S.W.

1. Christian names James O'Neill 2. Surname Allesori
3. Rank Cpl. 4. Original Unit 59 Bty 5. Reg. No. 327888
6. Address, in full, to which future payments of gratuity are to be forwarded
232 Spence St
Winnipeg Man
7. Date of enlistment in the C.E.F. 10th March 1916
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
9. Relationship of such dependent.....
10. Address, in full, of such dependent.....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
.....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?.....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served..... 3 years 2 months
In Canada 5 months 59th Bty In England 14 months
60th Bty CFA In France 19 months 60th Bty CFA
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department..... No
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No*
20. Have you been issued with a War Service Badge? If so what class?
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No.*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*
- (b) If so, was such reversion in consequence of misconduct or inefficiency? *No.*
24. Are you now serving in the C.E.F.? *13/5/19* If not, give:—(a) Date of discharge
(b) Reason for discharge
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *J. O. Allison*

Place of Residence: *232 Spence St. Winnipeg*

Declared before me at:

This *second* day of *May* 19 *19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

Questions

12 13 14 20 24 25 26 27 unanswered

J. Adoran Major

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>420 00</i>	<i>350 00</i>
			<i>70 00</i>	

Certified Correct.

District Paymaster

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Copy 101
VB

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 327888 Rank PTE Surname ALLISON
 (Given name in full)
JAMES O'NEILL
 Unit or Corps C.F.A. Birthplace TORONTO, ONT.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique .. Good Weight 165 lbs. Height 5 ft. 9 in. Colour of Eyes BLUE
 Nutrition .. Good
 Pulse .. 76
 Condition of arteries .. Normal
 Vision Rt. 20 / 20 Left 20 / 20
 Hearing (conversational voice) Rt. 10 ft.
 Left 10 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
vaccination scar on left arm, 1904.

Opinion as to general health and physical condition .. Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System .. No Genito Urinary System .. No Cardio-Vascular System .. No
 Special Senses .. No Integumentary System .. No Respiratory System .. No
 Disturbance of mentality .. No Muscular System .. No Digestive System .. No
 Osseous and Joint System .. No Any other general condition .. Yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Influenza 26/12/18 Caused by infection and exposure - Good recovery. General condition good.



EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Epsom (Overseas)

Date 24/2/19

Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [Signature]

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

*certified
m. heads
Capt*

13/5/19

[OVER]

J.M.

Rank *W/Cpl* Name ALLISON, James O'Neill, ✓ Reg'l No. 327888 ✓
 Unit 59th Btty. 15th Bde. If in perm. Corps, }
 C.F.A. What Unit? } Married or Single Single ✓
 Place and Date of Enlistment Winnipeg. 3rd March 1916. ✓ Place of Birth Toronto, Ont. ✓
 Name and Address, Next-of-Kin William Allison ✓

524 McDermott Ave., Winnipeg, Canada. ✓ Relationship Father. ✓

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

Stamp: *12786*
 N/E. R. ✓
 File R. ✓
 Category *Am O*

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 S S CAMERONIA 22-9-16 ✓
10/10/16	<i>OC</i> 15th Bde C.F.A.	Witley Camp	11/9/16	Pl II D.O. #106
31-12-16.	"	"	6-7-16.	Pl II D.O. #184
22 Jan. 17	I 5 Bde: S, C, S. transf. to 60 Bty, New I 4 Bde:	Witley,	22	I-17 Pt. D.O. 22 A
13. 1. 17	I 4 Bde	"	22. 1. 17	Pl 2. D.O. 44
22. 4. 17	"	"	2. 3. 17	Pl 112 + Pl 0186 d/5. 7. 17 ✓
4. 8. 17	"	"	3. 8. 17	Pl 216 - 1034 ✓
20. 8. 17	"	"	21. 8. 17	Pl 232 - 25/8/17 ✓
14-2-19.	✓ Invalided Sick & posted to C.A. R.D.	"	26-1-19	-20. 1. 6. A.K.S. Pl 4. 36 d/5-2-19 ✓

Checked for VB

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.				
14.4.19	CARD	505 to No. 7 Rhyf. Laiding ^{12.4.19}	Lair. Rhon	12.4.19	PH11-104 + No 10 King 10.14 79
11-4-19.	"	Forfeits 4 days pay. + 7 days EB. for awy.	" "	27.3.19	" 101.
5.5.19.	No 10 King	505 to Canada.	" Rhyf.	3-5-19	" 119.
		To Canada	53.m-127	3-5-19	

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ALLISON, J. O.

REGIMENT C. A. R. D. RANK GR. No. 327888

Date of Examination in England 2-4-19 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 5. 19. 31.

2. EXTRACTIONS —

3. CROWNS —

4. DENTURES
- (a) Full Upper —
 - (b) Part Upper —
 - (c) Full Lower —
 - (d) Part Lower —

Handwritten signature:
M. A. M. C.

HAS HE EVER REFUSED DENTAL TREATMENT? no

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada —
- (b) In England —
- (c) In France —

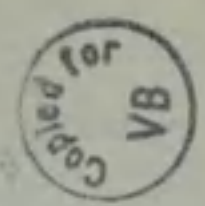
Signature of Dental Officer R. Ross

C.A. WOOD & SONS
ALLISON T.O.
888

W. W. W.

W. W. W.

W. W. W.



CERTIFIED CORRECT

20 AUG 1917
3917

CAN. RECORDS

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				
	OC 14th Bde, CFA	Proceeded Overseas on service.	Witley Camp.	21-8-17	Part 2 order No. <i>J. H. Gillespie</i> Capt For Adj. 14th Bde
	LR	LANDED IN FRANCE	Havre	22-8-17	8851-5
22-12-17	Unit	Granted 14 days leave	Field	22-12-17	B 213. Pt II 264/27.12
19-1-18		Rejoined from leave	"	10-1-18	B 213. Pt II 6/27.12
7-7-18	1/3 H.F.A ml	P.M.O. Influenza { adm	1/3 H.F.A ml.	7-7-18	A 36 998
		Trans.	3 C.F.A ml.	8-7-18	
8-7-18	3 C.F.A ml.	P.M.O. adm	"	8-7-18	A 36 9918
11-7-18	"	" To Duty	Field	11-7-18	91602
12-7-18	14 Bde. CFA	To Hosp. Sick	N.S.	7-7-18	B. 213.
12-7-18	"	Rejoined from Hosp	Field	12-7-18	B 213
9-8-18	"	Gn Command to HQ, 5 CDA	"	5-8-18	B 213.
20-9-18	20 Unit	Rejoined Unit	Field	16-4-18 17-9-18	B 213 + B 213d/27.9.18.
26-12-18	3 C.F.A ml	Diphtheria. adm	3 C.F.A ml.	26-12-18	A 4775. N 3357
30-12-18	14 Staty	" adm	C.C.S	26-12-18	14 Staty 30.12.18 W. 6501. N 3551
27-12-18	44 CCS	" adm	44 CCS	26-12-18	A 4734. N 3551
3-1-19	14 Bde CFA	To Hosp Sick	25 A.T.	27-12-18	
26-1-19	14 Stat	Diphtheria To England	N 5	26-12-18	B 213
14-2-19	14 Bde CFA	Invalided Sick + posted to CARD Witley	England	26-1-19	W 8211 N 5920

H. M. I. M. Mauretania

Sailin. NO 53

Enb'd S'tion 3/5/19
Dir. d. Halifax 9/5/19

George Skelton Trust.
for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

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.

15th O/S Brigade C. F. A.

Unit, Regiment or Corps 59th OVERSEAS BATTERY C. F. A.
 Regimental No. 327888 Rank Private Name Allison, James O'Neil

Enlisted (a) 3rd Mch/16 Terms of Service (a) War & 6 months Service reckons from (a) 3rd Mch/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) Physical Training Instructor

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				

		<u>Embarked Canada</u>	<u>Halifax</u>	<u>Sept 17 1916</u>	
		<u>Arrived England</u>	<u>Liverpool</u>	<u>Sept 22 1916</u>	
<u>11 SEP 1916</u>	<u>O/S 15th Brigade</u>	<u>appts of Corporal "with pay"</u>		<u>11 SEP 1916</u>	<u>Part II Orders #106</u> <u>10/10/16, +</u> <u>#184, 31/12/16</u>

<u>2.1.17</u>	<u>OC., 14th BDE, CFA.</u>	<u>Absorbed by 60th Battery, Milford 14th. Brigade, C.F.A.</u>		<u>22.1.17</u>	<u>Pt. 2, # 22a, 23.1.17.</u>
<u>1917</u>	<u>OC. 14th Bde, CFA.</u>	<u>Confirmed in the rank of Corporal.</u>	<u>Milford</u>	<u>1917</u>	<u>Pt. 2 112 - 22.1</u>
<u>4.8.17</u>	<u>O/S 14th</u>	<u>Reverts to ranks etc.</u>	<u>Witley</u>	<u>4.8.17</u>	<u>Part 2 order 216</u>
<u>1917</u>	<u>O.C. 14th Bde, CFA</u>	<u>Confirmation of rank cancelled. - Acting rank only. In accordance with A.C.I. 1701. A.G. B.O. 1537.</u>	<u>Witley Camp.</u>	<u>1917</u>	<u>Part 2 order 186.</u>

(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.F.O.]

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

4.2.19	CARD No. 35		TOS from 14 ^{in B de ca}	Witley	26.1.19	
--------	-------------	--	-----------------------------------	--------	---------	--

[Signature]
LIEUT.



FOR LT: COL: WO RECORDS, C.O.M.F.

3.5.19 T.O.S. Dispersal Station
M DO 134 Par 2
and Dispersed..... 13.5.19 do .. 3

[Signature]..... Lieut.
for O. C. 19 District Depot.

Nothing to be written in this margin.

2nd Sheet
SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I,
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname <i>allison</i> (5) Christian Names <i>James A Neil</i> (6) Army Form, number of, Attestation Form or Record of Service paper) (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps <i>59th Overseas Battalion</i>	(3) Regtl. No. <i>327888</i>
---	--	---------------------------------

(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) of conditions of service	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d)
(Authority)	(date)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate	(Signature of Posting Officer)
(22) Extended {	(23) Re-engaged {	
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP1150 1M 5/18 G.W.P.Co (3490)

Name

Allison

Enl. 10-3-16.

Date of Embarkation for England

11-9-16

Proceeded to France.

21-8-17,

Returned to England.

26-1-19

sick

Date returned to Canada.

3-5-19.

P.R. 2855.

*(over)
L.H.P. d
14-1-25*

Gas. sheet.

7-7-18.

P.M.O. Influenza To duty 11-7-18.

26-12-18.

Diphtheria To Eng. 26-7-19.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

ALLISON

J. O.

327888.



RANK.

UNIT

Co.

TROOP

BATTY.

Gnr.
HOSPITAL

CA. 14B.

DATE OF ADMISSION

3bCFA.

44. C. C. Sta.

8-7-18.

HOSP. 26-12-18.

2. 14 Stat. Hosp. Boulogne

HOSP. 30-12-18

3. 6 of M. War St Albans

HOSP. 24.1.19

4. M. C. N. Woodcote Park

HOSP. 5.2.19.

DIAGNOSIS

PUO.

Diphtheria. R. 75 & Influenza

DISPOSITION

DATE

BL. 18-7-18. A296. Discharged 11-7-18.

6.1.19. @ 441 (2)

REMARKS
Disc. 10.3.19.

8-1-19 A 443 (4)
31.1.19 B 463
12.2.19 B. 473/2
14.3.19 B. 499 3

A.M.D. 2 Dept.
Beh. of D.G.M.S.O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

No. 327888

RANK *Sgt.*

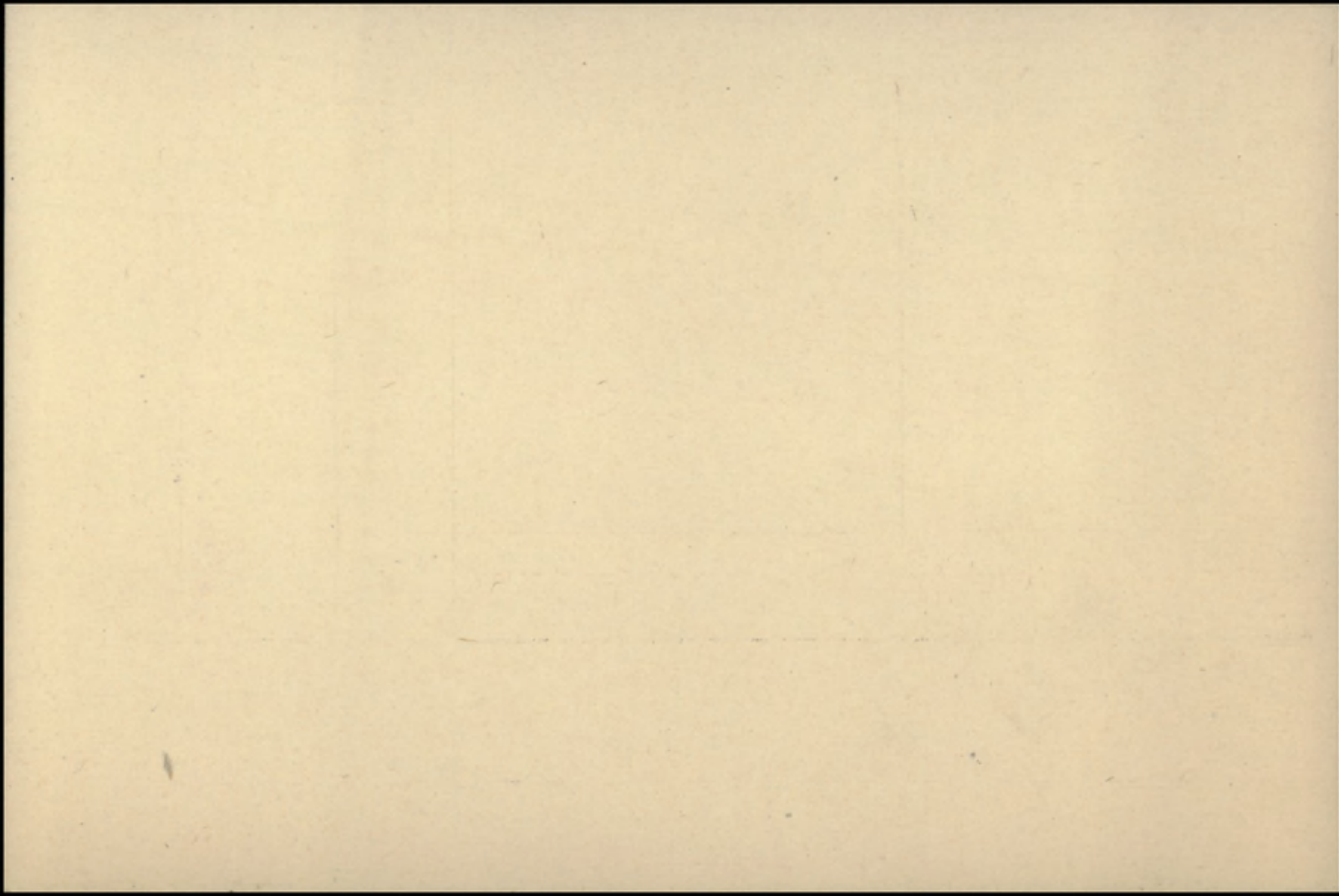
NAME *Allison, James O'Neil.*

T. O. S. *10-3-16*
D.O. 7 of 11-3-16

UNIT *59th BATTERY, C.F.A. (15th BDE)*

M. D. *10-3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Mar. 10</i>	<i>1916</i> <i>Mar. 31</i>	<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>	<i>Brv. Prov. Bomb. 15-6-16.</i>	<i>D.O. 10 of 15-6-16.</i>
<i>Aug.</i>		<i>✓</i>	<i>Dis. Prov. Cpl. 7-7-16.</i>	<i>D.O. 27 of 27-7-16.</i>
<i>Sept.</i>		<i>✓</i>	<i>Shown as bpl.</i>	<i>Aug. pay bet.</i>



MEDICAL CARD



LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 296	3 Can Id. amb	8-7-18	P U O	B
A 296	Disc.	11-7-18	" " "	
A 441	HH 66 S.	26-12-18	Diphtheria	
A 443	14 stat: Boulogne	30-12-18	"	
B 463	Co. of Medd. War: Hepsbury St. Mens.	27-1-19	"	
B 473	Millers: W. Cote. P. Bpsm.	5-2-19	" v Influenza	
B 499	soch	10-3-19	"	

James O'Neill

Name ALLISON Rank Gun

Reg. No. 327888

Unit 14th Bde 64^a.

Next of Kin

Lennan

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
8-7	3 rd Bde 'Hd' Cont		P.M.O.	2/296		33153
11-7	Discharged		do	2/296		33153
26-12	14 th Bde 64 ^a		Diphtheria	2441		40974
30-12	14 th Bde 64 ^a		do	2443		66345
27-1-19	Co of Middle Walsbury		do	3463		5879
5-2	Middle Walsbury		do	3473		6111
10-2	Discharged		do	3499		2369
192 10	3 W.P. on 22.3 to 6 B.L.	Walsbury				533

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.—6-16.
 H. Q. 1772-39-819.

5177
P. H. SW

Mother

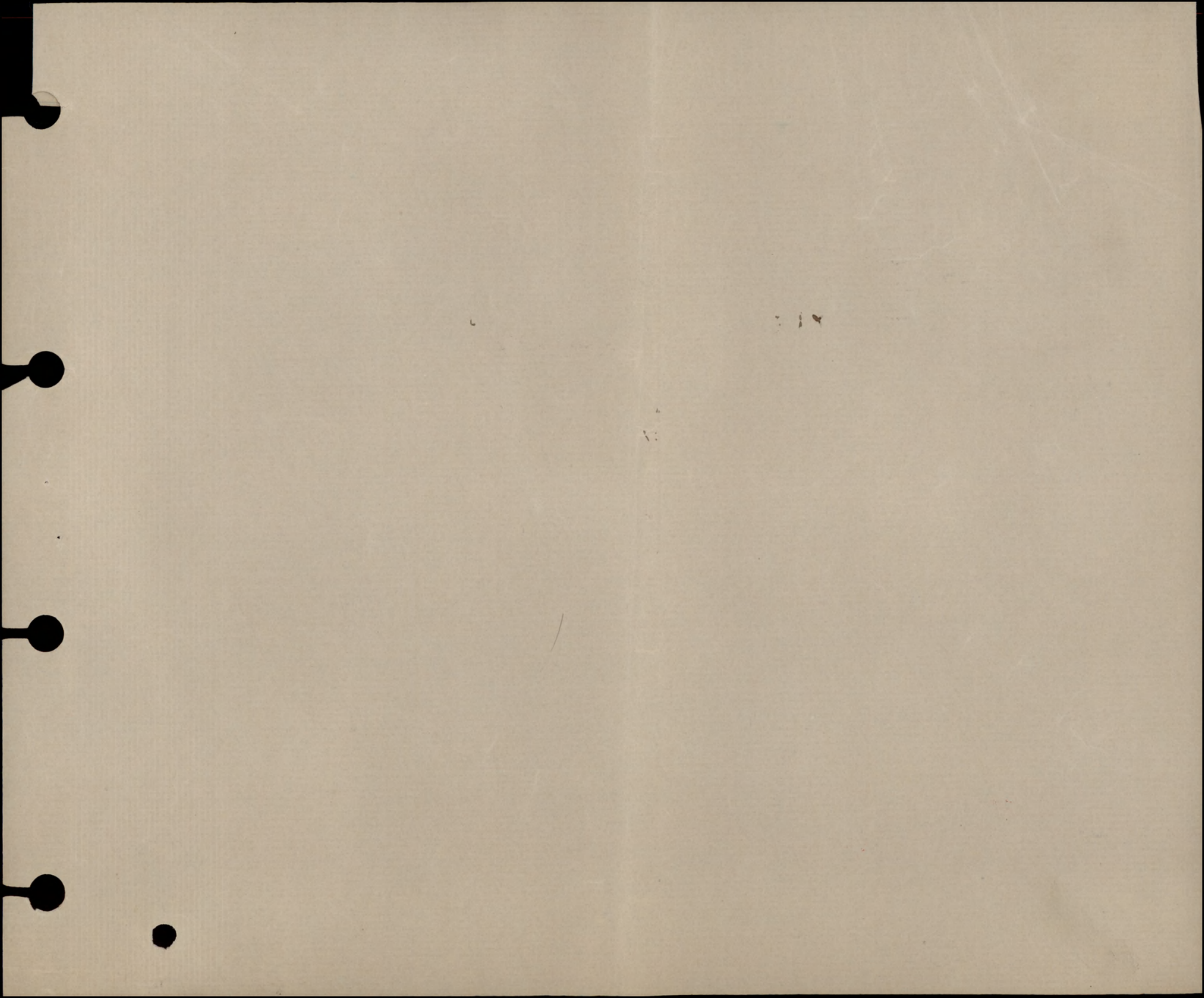
To Whom *Margaret Allison*
 Address *287 Young St.*
Winnipeg, Man

By Whom Assigned *Allison J. O. M.*
 Regtl. No. *327888*
 Rank *Acty Bomb*
 Corps *159th O.S. Battery*

Rate *\$15.00* **SEP 1 - 1916**

PAYMENTS

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



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS
Mother
PAYMENTS.

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

21 1/2
P. 40W

Sheet No. 2.

M Allison

Name of Soldier

Allison J. O'R.

L. L. Job 4503. - Req. 6332.

acpy Bomb 59th Btry 327888

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15.00</i>
				SEP 1 - 1916
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>M 20591</i>	<i>15</i>	
Oct.		<i>D 19602</i>	<i>15</i>	
Nov.		<i>N 24703</i>	<i>15</i>	
Dec.		<i>D 31986</i>	<i>15</i>	
Jan.	1917	<i>G 35891</i>	<i>15</i>	
Feb.		<i>H 42463</i>	<i>15</i>	<i>15 R</i>
March		<i>G 48608</i>	<i>15</i>	<i>15 R</i>
April		<i>H 270</i>	<i>15</i>	<i>15 E</i>
May		<i>H 6447</i>	<i>15</i>	
June		<i>H 13004</i>	<i>15</i>	<i>15 L</i>
July		<i>H 20053</i>	<i>15</i>	
Aug.		<i>J 27243</i>	<i>15</i>	<i>6 27243 Can</i>
Sept.		<i>133967</i>	<i>15</i>	
Oct.				<i>195</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

bill

15-1-18

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.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

A

1932

Sept 1st/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *327888*
 Rank *Actg Bomb* Promoted Reverted Discharge
 Soldier's Name *J. O. K. Allison*
 Battalion *59th Batty*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Margaret Allison (Mother)*
 Address *287 Young St. Winnipeg Man.*
 Change of Address
 1 *232 Spence St. Winnipeg,*
 2 *Man.*
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Sept 30, 17</i>			<i>195</i>	<i>\$ 195</i>	
<i>Oct</i>	<i>C 50742</i>		<i>15</i>	<i>15</i>	
<i>Nov 1</i>	<i>D 51897</i>		<i>15</i>	<i>15</i>	<i>Pr</i>
<i>Dec</i>	<i>C 60258</i>		<i>15</i>	<i>15</i>	<i>Pr.</i>
<i>Jan 18</i>	<i>C 65291</i>		<i>15</i>	<i>15</i>	<i>Pr</i>
<i>Feb</i>	<i>B 91837</i>		<i>15</i>	<i>15</i>	
<i>March</i>	<i>G 99860</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>April</i>	<i>S 8824</i>		<i>15</i>	<i>15</i>	<i>R</i>
<i>May</i>	<i>A 11785</i>		<i>15</i>	<i>15</i>	<i>G</i>
<i>June</i>	<i>B 14663</i>		<i>15</i>	<i>15</i>	<i>G</i>
<i>July</i>	<i>Y 27639</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Aug</i>	<i>a 30150</i>		<i>15</i>	<i>15</i>	<i>D</i>
<i>Sept.</i>	<i>a 36809</i>		<i>15</i>	<i>15</i>	<i>D.</i>
<i>Oct</i>	<i>a 43408</i>		<i>15</i>	<i>15</i>	
<i>NOV</i>	<i>a 51544</i>		<i>15</i>	<i>15</i>	
<i>Dec</i>	<i>B 69489</i>		<i>15</i>	<i>15</i>	<i>G</i>
<i>JAN 1010</i>	<i>B 70889</i>		<i>15</i>	<i>15</i>	
<i>FEB</i>	<i>G 77929</i>		<i>15</i>	<i>15</i>	
<i>March</i>	<i>D 83645</i>		<i>15</i>	<i>15</i>	
<i>APR</i>	<i>G 1244</i>		<i>15</i>	<i>15</i>	
<i>MAY</i>	<i>B 6249</i>		<i>15</i>	<i>15</i>	
			<i>495</i>	<i>495</i>	

256.9.34 REMARKS

AUDITED.

A/c Closed 31/19
Ret'd per... Mauretania
Date... 9/5/19
Clerk... M.F.W. 187 M.D. 10 - 14/5/19.
E. Bambrick.
M.R.O. 101356



M. F. W. 128
 400M. - 6-17-1772-38-1141
 L. L. 23320 - M. & D. 7493.

175
72404
889

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque
No.

Amount
S/A

Amount
A/P

Total

REMARKS

M. F. W. 128
 400M.-6-17-1772-88-141
 L. L. 23320-M. & D. 7493.

ASSIGNED PAY: ENGLAND or CANADA. SEPARATION ALLOWANCE: ENGLAND or CANADA. NAME: ALLISON, Jas O'Neill. NUMBER: 327888. EFFECTIVE DATE: 1/9/16. AMOUNT: 15⁰⁰. PARTICULARS OF RANK OR APPOINTMENT: AUTHORITY, DATE EFFECTIVE, RANK OR APPOINTMENT. NAME, ADDRESS, RELATIONSHIP & AUTHORITY: Margaret Allison, mother, 287 Young St., Winnipeg, man. Stopped off 1/1/19. ORIGINAL UNIT: 15 Bde 6 FA. DATE ACCOUNT FIRST OPENED: 1/9/16. UNIT TRANSFERRED TO: 14 Bde 6 FA. CAN SEC MAY 19

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
27.3.19	50	Toronto Hds Pt A	440				
28.3.19	50	Leam 801	2133				
3.4.19	50	Ripon	1460				
6.4.19	34	"	973				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
LSP	1	10		
LPC	12554			
	7248			

PARTICULARS OF RENDERING NON-EFFECTIVE: Dis to Can 30/11. 6479 Ripon 1/2 to Ripon 12.8.18

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal Forw.								1943		
Apr	G.P.	33		cap				15			
				AR 19. 7.4.18 14 Bde	446				3297		
		33			446			15			
May	G.P.	3410		e.a.p.				15			
				AR 163. 1.5.18 "	357				4404		
				AR 172. 6.5.18 "	446				4047		
				" 251. 15.5.18 "	357						
		3410			1160			15			
June	G.P.	33		c a p				15			
				AR 349 6.6.18 "	446				5044		
				" 470 18.6.18 "	357						
		33			803			15			
July	G.P.	3410		e.a.p.				15			
				AR 518. 6.7.18 "	446				6151		
				" 592 15.7.18 "	357						
		3410			803			15			
Aug	G.P.	3410		c a p				15			
				AR 672. 6/8/18 "	446				7258		
				" 724. 20/8/18 52. a. 6.	357						
					803			15			
Sept	G.P.	33		e a p				15	9058		
				AR 816. 5.9.18. 52ae	357				8344		
				" 912 26.9.18 14cfa	357						
		33			714			15			
Oct	G.P.	3410		as				15	10254		
		3410						15			

L.A. Hays
CHANGED BY *W. Wood*

NUMBER 327888

RANK

gmv

NAME

ALLISON

80

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918									10254		
Nov	<i>lft</i>	33		<i>cap</i>				15			
Dec		3410		<i>cap</i>				15			
1919		3410		<i>cap</i>				15	15874		
Jan		10170						45			
Feb	<i>G Pay</i>	3080		<i>cap</i>				15			
				1401 <i>20/14cta</i>	1947						
				1153 <i>18/11</i>	746						
				8881 <i>Blyne 3/1</i>	466						
				2440 <i>Epom 5/2</i>	973						
Mar	<i>G Pay</i>	3410		<i>cap</i>				15			
15.3.19	<i>10³/19 to 22³/19. 12 days @ 73</i>			2404 <i>7/3</i>	487				14915		
	<i>R.L. b.b. No. Epom. 10³/19 - 3.0.74</i>	876		774 <i>10/3</i>	4867				9878		
	<i>15³/19. b.A. R. A.</i>	7366			9486			30	10754		
Apr	<i>gmv</i>	33		<i>27/3/19</i>				15	12554		
				<i>Inf 4 da pay by R. 801</i>							
				<i>78/3 - 17³/19 1001 "4 C. 10"</i>					12114		
				<i>R. 801 7/3</i>	2433						
				<i>80 R. 801 3/4</i>	1460						
				<i>34 R. 801 6/4</i>	973						
				<i>1599 R. 801 18/4</i>	5840				1408		
		33			10706	440		15			

See C. 15 L. 53

14.08

140.54
~~107.54~~
 140.56
 14.08

A. 565

Mauritania
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 327888 RANK *Gov.* NAME (IN FULL) *Allison J.O.* BLOCK LETTERS SURNAME FIRST *1332*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>59 C9A.</i>	IF IN P.F. WHAT UNIT?	DATE	AUTHORITY
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO <i>Dis Sm m.</i>	<i>MAY 3 1919</i>	<i>Do 134</i>
IS SEPARATION ALLOWANCE PAID?					DATE OF ATTESTATION	TRANSFERRED TO		
<i>No</i>					<i>10/3/16</i>			
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE		
<i>No</i>					<i>15.00</i>			
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
					<i>Mrs A Allison</i>			
					ADDRESS			
					<i>232 Spence St.</i>			
					<i>city</i>			
					STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE	EFFECTIVE		
					DISCHARGED	DATE	REASON	AUTHORITY
					<i>PLATE 10</i>	<i>MAY 13 1919</i>	<i>D</i>	<i>Do 134</i>

13

MONTH	PAY AND F.A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
<i>30/4/19</i>					<i>72 48</i>													<i>61. BAL. ENG. L.P.C. 72 48</i>
<i>1/5/19</i>	<i>23</i>	<i>1.50</i>	<i>25 30</i>	<i>35 00</i>	<i>72 48</i>				<i>58 40</i>									<i>Prd to 23/5/19</i>
				<i>70 00</i>	<i>20 2 78</i>				<i>4 81</i>				<i>15 00</i>	<i>2 02 78</i>				<i>Clothing Alice, 1st payment W.S.G.</i>
									<i>5 00</i>									<i>Advances - Boat - Train</i>
									<i>119 51</i>									<i>A.P. chgd. on Eng. L.P.C. to</i>
				<i>4 56</i>					<i>War Service Gratuity</i>	<i>7 56</i>								<i>1st Payment W.S.G. as above</i>
<i>1830 Dec</i>				<i>4 20 00</i>	<i>4 20 00</i>					<i>70 00</i>								<i>350 00</i>
													<i>11 00</i>					<i>339 00</i>
<i>June 14</i>									<i>766 60</i>	<i>70</i>								<i>269</i>
<i>July 14</i>									<i>789 22</i>	<i>70</i>								<i>199</i>
									<i>Aug 12 116 58</i>	<i>70</i>								<i>129</i>
									<i>Sept 13 123 71</i>	<i>36 70</i>								<i>59</i>
									<i>Oct 13 168 28</i>	<i>19 59</i>								<i>59</i>
					<i>4 20</i>					<i>4 09</i>			<i>11 00</i>	<i>4 20</i>				<i>59 Annual</i>
									<i>a/c closed</i>									

AUDIT
 9 1919
 Audit Clerk
 M.D. 10

Grant

LIST OF DISCHARGE DOCUMENTS.

- Attestation Paper, Triplicate..... Militia Form W. 23
- or Particulars of Recruit..... Militia Form W. 133
- Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
- Casualty Form..... Militia Form W. 54 or A.F.B. 103
- Last Pay Certificate..... Militia Form W. 44
- Certificate that missing documents are unobtainable.....
- Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
- Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
- Dental History Sheet..... Militia Form B. 465
- Medical Report..... M. F. W. 129 or D. M. S. 1375
- Regimental Conduct Sheet..... Militia Form B. 263
- Company Conduct Sheet..... Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing.
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *A*

Checked by No. *22*

[Signature]

Date *2-5-19*

M

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M. D. 10.

Group 19

1. No.	327888
2. Rank.	Gnr.
3. Name.	Allison, J.O.
4. Unit.	CFA 59th Bty.
5. Date of Discharge	<i>12-5-19</i> Place Winnipeg.
6. Reason for Discharge	Demob. B Father
7. Authority.	<i>DO 134</i>
8. Proposed Residence after Discharge	Winnipeg.
9.	<p>THE PAPERS IN THIS ENVELOPE HAVE BEEN PLACED IN CHRONOLOGICAL ORDER AND THEIR SEQUENCE SHOULD NOT BE DISTURBED.</p> <p><i>WSR 24 9-9-68 HM</i></p> <p><i>J.O. Allison</i> Signature of Soldier.</p>
10. CONFIRMATION.	<p>The discharge of the above named man is hereby confirmed.</p> <p><i>H.M.T. Mauretania</i> Place <i>in no 53</i></p> <p>Date <i>MAY 13 1919</i> Embarked on <i>15/19</i> Disembarked <i>18/19</i></p> <p><i>[Signature]</i> Signature (O. C. Discharging Unit.)</p>

MEDICAL DOCUMENTS FORWARDED TO *S.A.T.* or P. B. U. on *MAY 25 1919*

War Service Badge Class "A" No. *185782*

E.R.L.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
 (c) Should pass under his own control.
 (d) Should not pass under his own control.
 (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Boarded for return to Canada.
 "Authority A.G. Telegram 9083 dated 11-11-18."

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Ripon W.H. Weller, Capt President.
 DATE 4/2/19 Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness: _____ Signed: _____
 Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE _____ President
 DATE _____ Members

APPROVED BY E. Shoultice APPROVED BY _____
 Assistant Director of Medical Services. Director-General of Medical Services.

DATE 7 APR 1919 DATE _____
 FOR ADJUTANT GENERAL PROOFS, RIPON CAMP, YORKS.

7 APR 1919

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION RIPON DATE APRIL 7 19

1. 1 (a) Unit C.A.R.D. (b) Regimental No. 227888 (c) Rank GNR
 (d) Surname ALLISON (e) Christian name JAMES O'NEILL
 (f) Home address 932 SPENCE ST. WINNIPEG
 (g) Next of Kin MR. ALLISON (h) Relationship FATHER
 (i) Address of Next of Kin address as above 232 Spence St. Winnipeg
 2. Age last birthday 22 Date of birth June 1897
 3. Enlistment, or Appointment (if an Officer) (a) Place WINNIPEG (b) Date MARCH 1/1916
 4. Personal description:
 (a) Height 5'9" (b) Weight 170 (c) Complexion DARK
 (d) Colour of hair Black (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

5. Former trade or occupation STUDENT

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	PERIODS	
	From	To
Canada	MARCH 3/16	SEP 17/16
England	SEP 22/16	AUG 20 17
France or other theatres of War	AUG 20/17	JAN 26/19
	JAN 26/19	To date

7. Original disease, or injury Tinnitus both ears
 (a) Date of origin October 1918 (b) Place of origin France
 (c) Cause Service in Artillery

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

Cerumen and tinnitus both ears
Partial loss of hearing both ears



9. Present condition— (a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective:

Specialist's report attached to M. H. S.
"Diagnosis: Cerumen and tinnitus both ears
"Remarks: Cerumen removed. Tinnitus possibly due to concussion lessening in intensity to date.
"Hearing RT LT
"Voice 20ft 18ft
"Category PT — condition was not present before enlistment and has been caused by service.
Signed by R. S. Nicholls Capt CAME

Subjective: Complains of ringing noises in both ears also of slight deafness both ears — e.g. (cannot hear in telephone)

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no Genito-Urinary System no
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses no Respiratory System no Integumentary System no
Disturbances of Mentality no Digestive System no Muscular System no
Osseous and Joint Systems no Any other general condition no

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

Enlisted March 1916 to England Sept 1916 to France Aug 1917. Eighteen months in France Gunner in the 60th Battery 14th Brigade.
First noticed ringing noises in ears and slight deafness about eight months ago. Ringing noises always the same in intensity. Faded four or five months. Deaf not getting worse.



10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

26-12-18 to March 10th 1919. County of Middlesex W. H. and Exposed Influenza and Diphtheria Recovered

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

none

11.—(a) Did the disabling condition have its origin before enlistment? no

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? no

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 12 months

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

Never had any treatment for ears.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations PT

R. S. Nicholls Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, James O'Neill Allison, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of James O'Neill Allison
Chief

J. O. Allison, Gunner Rank
Signature of invalid examined.