

18-5-18. K.B.

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

a. F. B. 122. 1.
Mental History Sheet 1.

M. F. W. 62.
100m.-6-17.
H. Q. 1772-39-935.

21-12-20

Name BOWEN JOHN JOSEPH
Regt. No 469705 Rank PTE.
Corps Killed in Action 17-9-16.
64th Bn.

R. O. No.....
H. Q. No.....

32622

boards:

1 Index - Removed 14/1/18
1 Part II
1 Casualty



402867

PUBLIC ARCHIVES
RECORDS CENTRE

7-8.
22-8.
26 8
2

Description of

Joseph
John Bowen on Enlistment.Apparent Age.....19 years 10 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.....36 ins.
Range of expansion.....3 ins.

Complexion.....medium

Eyes.....Grey Brown

Hair.....Dark Black

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

Round scar upper angle left scapula

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.....AUG 3 1 1913.....1913

Place.....SYDNEY, N. S.

Bruce Brown
W. J. Egan
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
John Bowen.....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.

Date.....Sept 9.....1913

H. Flowers
O. C. 64th BATT. C. O. E. F.

M. F. B. 465
100m.—1-16
1772-39-950

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

HALIFAX.

DIVISION.

NAME OF SOLDIER.

REGIMENT.

.RANK

.No.

DATE	No.	FILLINGS				Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
		Amal.	Phosp.	G. Per.	Cement											
July 7, 1916	3-18-19															
July 28, 1916	17	1														

W. H. C. A. D. S. D. D. S.
 HALLIFAX, N. S.
 MAR 29 1916

0.1/6 C. A. D. S. R. K. I.
HALIFAX N. S.
MAR 29 1916

11

MEDICAL HISTORY SHEET.

Surname Bowen

Christian Name John

Examined { on 21st day of August 1915
at Andover, Mass.

Approved by

Birthplace { City or Town St. Marys
County St. Marys

Rank Sergeant M.O.

Apparent age..... 19 yrs.

Trade or occupation Steel worker

Height 5 Feet 8 Inches.

Weight.....Lbs.

(Minimum 26 inches.

Maximum expansion 2 1/2 inches.Physical development..... *Good*

Small-Pox Marks.....None

Vaccination Marks	{	Arm.....	Right.....	<u>+</u>	Left.....
		Number.....		<u>+</u>	<u>1</u>

When Vaccinated last.....

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

Enlisted on 31 day of August 1915 at Sydney U.R.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	6th Batta	469 705-		2-9-18

Transferred to.. ..

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

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.

Surname.

[illegible]

2d Coy
DUPLICATE.
MEDICAL HISTORY SHEET.

Surname Bewen Christian Name John

Examined { on 31 day of Aug 1915 at Sydney C.A. Approved by [Signature]

Birthplace { City or Town St Marys Rank Capt 64 Batta County [illegible] M.O.

Apparent age 19 Date [illegible] Fit or Unfit [illegible] EXAMINED FOR RE-ENGAGEMENT.

Trade or occupation Hud Worker M.O.

Height 5 Feet 8 Inches. M.O.

Weight [illegible] Lbs. M.O.

Chest measurement { Minimum 36 inches. M.O.

{ Maximum expansion 3 inches. M.O.

Physical development Good M.O.

Small-Pox Marks none M.O.

Vaccination Marks { A r m Right Left ☒ M.O.

{ Number 1 Date Result VACCINATIONS.

When Vaccinated last 23/3/16 A.B.J. M.O.

(a) Marks indicating congenital peculiarities or M.O.

previous disease none M.O.

(b) Slight defects but not sufficient to cause rejection

none Date Result ANTI-TYPHOID INOCULATIONS, ETC.

14/9/15 [Signature] M.O.

24/9/15 [Signature] M.O.

M.O.

M.O.

Enlisted on 31 day of Aug 1915 at Sydney C.A.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>64 Batta</u>			
Transferred to	<u>[Signature]</u> <u>26th Batta</u>	<u>469705</u>		<u>9-9-15</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.

Surname

Surname

Name John

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 469705

Name Pte John J. Bowen

Unit 64th "Overseas" Batt. C.E.F.

MILITARY WILL

In the event of my
Death I give the whole
of my Property and
effects to my mother

Mrs Kate Bowen

St Marys

Newfoundland

Signature John J Bowen

C E F

Rank and Regt. Pte 64 Batt

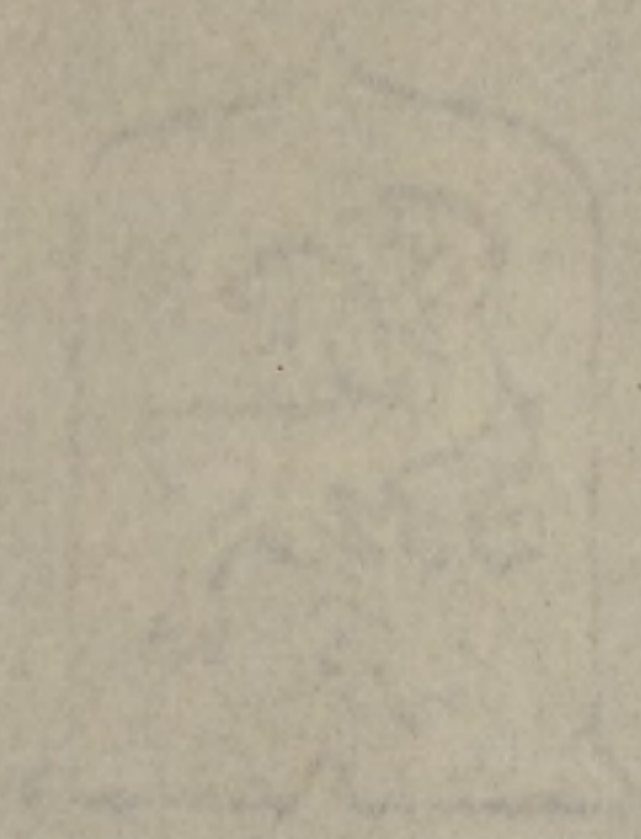
Date 26- 4-16

Certified a true copy

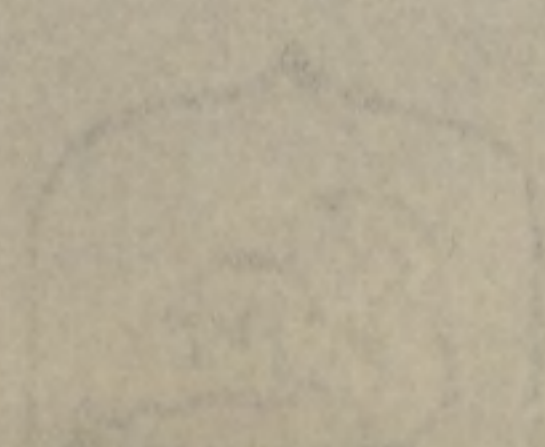
H. H. H. H.

Lieut.

Estates Branch.



WOMEN'S BOARD
OF THE
SOUTHERN METHODIST CHURCH



A.G.R.

Rank

Ole

Name

BOWEN, John Jos.

Reg'l No. 469705

Unit

64th Bn.

If in perm. Corps,
What Unit?

Sydney N.S.,

Married or Single

Single.

Place and Date of Enlistment

1st Sept., 1915.

Place of Birth

St. Marys,
Nfld.

Name and Address, Next-of-Kin

Michael Bowen,

Relationship

FATHER

St. Marys, Newfoundland.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

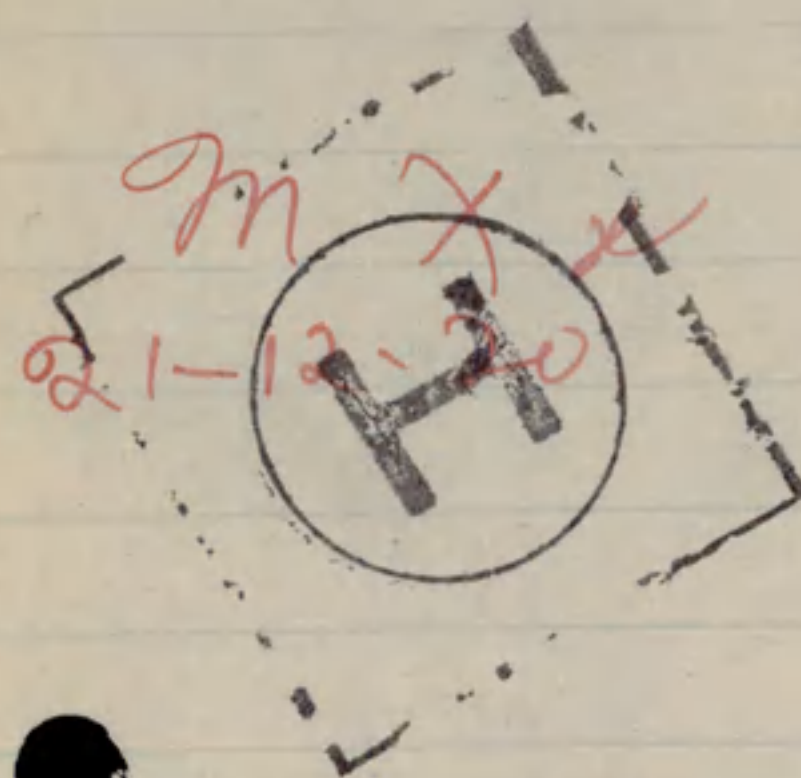
Relationship

N/E, R.B 3

Discharge, Date and Place

Reason

Character



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>Arrived in England.</i>	<i>Sd Adriatic</i>	<i>9-4-16</i>	
<i>19-4-16</i>	<i>oc 64th</i>	<i>10 days C.B. for misconduct</i>	<i>Bramstall</i>	<i>19-4-16</i>	<i>P#093. AFB. Cpl. 5-7-16</i>
<i>30-6-16</i>	<i>✓ ✓</i>	<i>Trans to 12th Batt</i>	<i>Shorncliffe</i>	<i>24-6-16</i>	<i>NT II^o 134</i>
<i>28.6.16</i>	<i>oc 12th Bn</i>	<i>Taken on strength</i>	<i>Shorncliffe</i>	<i>24.6.16</i>	<i>P#0180</i>
<i>✓ ✓</i>	<i>✓ ✓</i>	<i>Transferred to 26th Bn</i>	<i>overseas</i>	<i>28.6.16</i>	<i>- 180</i>
<i>7.7.16.</i>	<i>26th Bn</i>	<i>Taken on strength 26th Bn</i>	<i>In the field</i>	<i>29.6.16.</i>	<i>P-II D 24.</i>
<i>29.9.16</i>	<i>"</i>	<i>Killed in Action</i>	<i>"</i>	<i>15/17.9.16</i>	<i>CR A328 ON</i>
<i>10.10.16</i>	<i>"</i>	<i>Correct date of Death</i>	<i>"</i>	<i>17.9.16</i>	<i>" A337. ON</i>
<i>5.10.16</i>	<i>"</i>	<i>Killed in Action</i>	<i>In Fd</i>	<i>"</i>	<i>P#03</i>

[illegible]



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

Casualty Form—Active Service.

CERTIFIED CORRECT.

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

Canadian Record Office,
250 M. 1-16,
H. Q. 1772-39-920.
Westminster House,
7, Millbank, S.W.

Unit, Regiment or Corps 64th "OVERSEAS" BATTN. C.E.F.
Regimental No. 469705 Rank Private Name BOWEN, John Joseph
C. E. F.

Enlisted (a) 1-7-15 Terms of Service (a) Duration of War Service reckons from (a) 1-9-15

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) (Still Worker)

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				
		Embarked Liverpool		21-3-16	
		Disembarked Liverpool		Eng 9-4-16	
28-6-16	OC 12 th Bn	Taken on Strength	S'cliffe	24-6-16	P.T.O. 188. o.c.
June 27-16	1 st B. V. B.	TRANSFERRED TO 26 th Bn	Storncliffe	June 28-16	
29-6-16	C. B. D. P.	Arrived taken on strength. 26 th Bn.	C. B. D. P.	29-6-16	N.P. P.T.O. No. 27. 4-7-16.
12-7-16	"	LEFT FOR UNIT	"	12-7-16	Des. 187
14-7-16	Worm	Joined	"	13-7-16	B 213 — " —
20-9-16	"	Failed in action	Field	17-9-16	KI. 137/1305. Des. 221, 25/9
28-9-16	"				See Des. 228 5/10/16 P.T.O. 53. 5/10.

For Officer i/c Can. Records,
Canadian Section.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a
 15m.—3-16.
 H. Q. 1772-39-819.

Sheet No. 2.

Mrs. Cath. Bowen

Name of Soldier

Bowen J.

64th Battr.

L. L. Job 95618—M. & D. 6555.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.
April	1916	<i>4599</i>	<i>20 -</i>
May		<i>15782</i>	<i>20</i>
June		<i>7 8889</i>	<i>20 -</i>
July		<i>89193</i>	<i>20</i>
Aug.		<i>610197</i>	<i>20</i>
Sept.		<i>615492</i>	<i>20</i>
Oct.		~~<i>617025</i>~~	~~<i>20</i>~~
Nov.			
Dec.			
Jan.	1917		
Feb.			
March			
April			
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

20.7

Remarks.

Casualties

(23)
Killed in action between Sept 15 & 17/16
619825 Cancelled 6/10/16 Jm.

Stop payment 1-10-16
3m 8/10/16

F. X. Rend. Date By
 E.F.X. " Date *28.5/17* By *Jm.*

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1913			
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.				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

406
 M. F. W. 12.
 15m.—3-16.
 H. Q. 1772-39-819.

To Whom *Mrs Catherine Bowen*
 Address *St. Marys*
Newfoundland

By Whom Assigned *Bowen, J. J.*
 Regtl. No. *469705.*
 Rank *Private*
 Corps *64th O/s Battⁿ*

Rate *20.⁰⁰*

APR 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Casualties
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			(23) Killed in Action between Sept 15 & 17/16 64 th O/s Batt ⁿ Jm
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Surname

Christian Name or Names

Reg. No.

Bowen.

J. J.

469,705.

Rank

Unit

Co.

Troop

Batty.

Pte.

26th 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

17. 9. 16
 Killed in action 15. 9. - 2. 16.
 Repts from Base.

DISPOSITION

Date

C.L. 29-9-16. A328⁽¹⁾

REMARKS

10.10.16 A337⁽¹⁾ Correct date of death

A.M.D. 2 DEPT.

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

102

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Name

BOWEN JOHN JOS PTE

Rank

Reg. No.

469705

Unit

26th. Bn

Lt 25. B. 2067

Next of Kin

Newfoundland.

Date

16.

Movement

Place

Casualty

List
No.Notified
N/K O.

W.O. List

~~15~~/17-9. Correct date of death.

A328. 01674.

Errata appears on A337.1.

29-9.

REPORTED FROM BASE

KILLED IN ACTION.

HWR

[illegible]

NAME

Bowen John Joseph

H. Q. FILE No. 649-

REGT'L. No.

469705

RANK AND CORPS

Pte. 26th Bn. (Form. 64th Bn.)

CABLE

No.

DATE

NATURE OF CASUALTY

01674 28-9-16. Killed in action between Sept. 15th
and 17th 1916. ✓

02482 10-10-16 With reference to my telegram 01674 previously reported
Killed in action between Sept 15th + 17th 1916 now
reported Killed in action Sept 17th 1916 -

ATBA 0909 Killed in action France 17-9-16
Rauen 5-10-16

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 328

A 327

Reported from Base

¹⁵
17-9-16

17-9-16

Killed in action

"

"

"

✓ *John* ✓ *26th Bn*
Bowen, J., *Pos.* ✓ Pte. 469705 *form* 64th Bn. 649-B-305

Med. & Dec. (Mother) Mrs. Kate Bowen,
FEB 8 1921 No. *2-18126* St. Marys,
Newfoundland.

MAR 4 1922 Regd No. *P31569*

P. & S. (Father) Michael Bowen, Esq.,
(Serial no. 748554.)
Address as above.

Mem. Cross. (Mother)

" " 40219

not elig for 1914-15 star
elig for V.M.
" " B.W.M.

a

M

932

638762

DEC 28 1920

30304

15000

SURNAME.

Bowen (649-B-6305)

CARD NO.

1077D

CHRISTIAN NAMES

John

REGL. NO.

469765

RANK

Pte

UNIT

64th

FOLL.

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

NAMES IN FULL

Bowen, Michael

RELATIONSHIP TO SOLDIER

Father

ADDRESS

St. Marys. Nfld.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Newfoundland. St. Marys

DATE

Oct. 6th / 1893

PLACE OF ATTESTATION

Sydney, N.S.

DATE

1 / 9 / 15.

Sailed from Halifax Per, S. S.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Steel Worker

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

19

YEARS

10

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

3

INCHES

COMPLEXION

Medium

EYES

Grey Brown

HAIR

Black

DISTINGUISHING MARKS

Round Scar upper angle left scapula.

MEDICAL EXAMINATION.

PLACE

Sydney, N.S.

DATE

Aug. 31st/15.

26
Number

468705

Rank

Pte

Surname

BOWEN

Christian Name

John Joseph

Units

26 Bn Cw

Theatre of War

France

Date of Service

28/6/16

Remarks

(M)

Mrs. Kate Bowen,

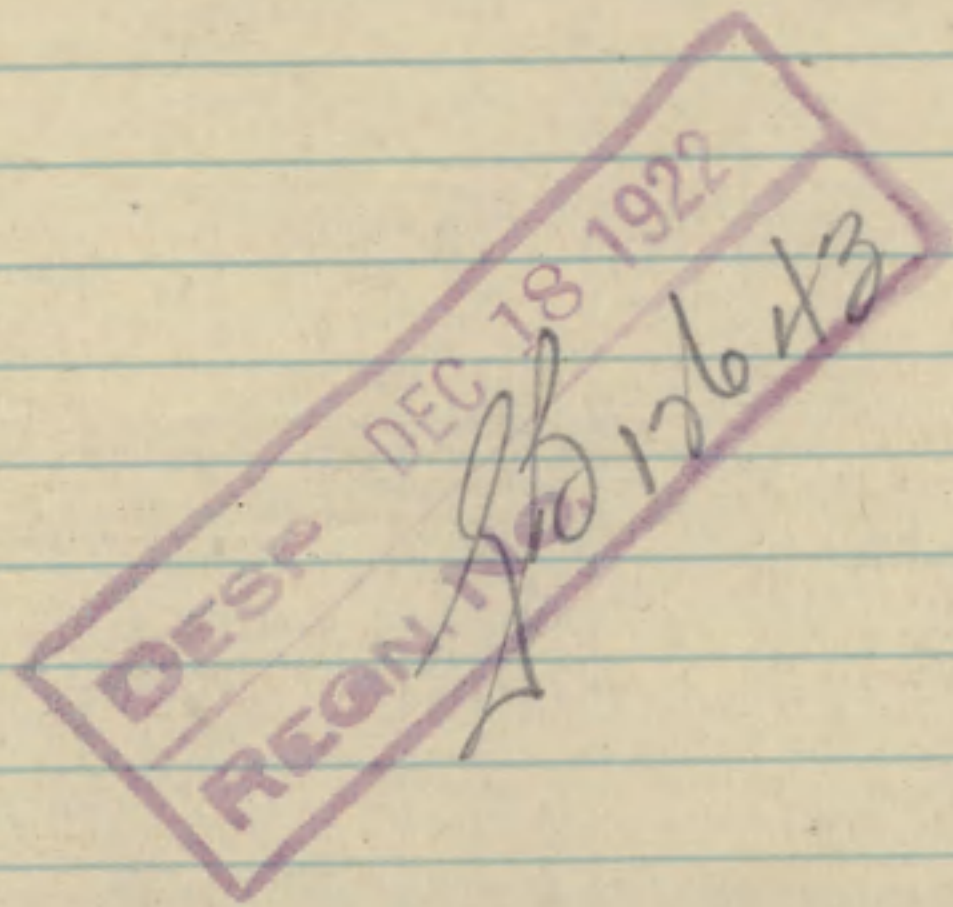
Latest Address

St. Marys,
Newfoundland.

Roll No.

B Page 19709

200m.-6-21.

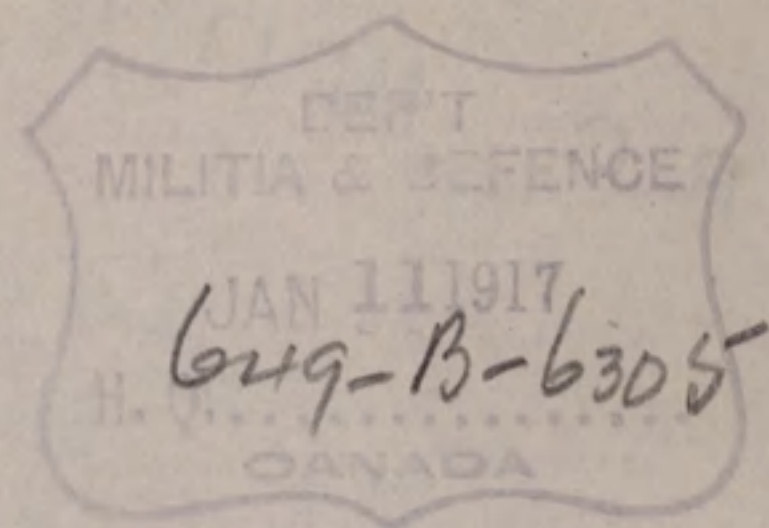


REG. NO. 469703- NAME Bower, John
(SURNAME FIRST)
RANK Pte CORPS 64 C. E. F.
AGE 21 SERVICE 6 months
NAME OF HOSPITAL Infectious Hosp. PLACE Nova Scotia
DATE OF ADMISSION 3-3-16
DISEASE Measles
DISCHARGE 14-3-16
OPERATION
DISCHARGED TO DUTY
TRANSFERRED TO Military Hosp.
DISCHARGED BY MEDICAL BOARD

[illegible]

No. 469705

Pte. Bowen, John J. 64th Bn.



- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 469705

Name

Pte John J. Bowen

Unit

64th "Overseas" Bn. C.E.F.

Military Will.

In the event of my
Death I give the whole
of my Property and
effects to my mother

Mrs Kate Bowen

St Marys

Newfoundland

Signature

John J. Bowen

Rank and Regt.

Pte 64 Bn

Date

26-4-16

14297

Jan 14-17

R. C. JAN 11 1917

RECEIVED JAN 11 1917

100

1. Proceedings on discharge
(Army Form B. 268)
2. Proceedings on transfer to reserve (if any)
(Army Form B. 2056)
3. Duplicate attestation
4. Army Form B. 97 (if any)
5. Declaration of change of name (if any)
6. Re-engagement paper (if any)
(Army Form B. 136)
7. Authority for continuance, or extension, of service (if any)
(Army Form B. 221)
8. Court of Inquiry on an injury (if any)
(Army Form A. 2)
9. Regimental conduct sheet
(Army Form B. 120)
10. Company conduct sheet
(Army Form B. 121)
11. Copies of convictions by Civil Power (if any)
12. Medical history sheet
(Army Form B. 178)
13. Medical report on invalid (if any)
(Army Form B. 179)
14. Copy of receipt for purchase money (if any)
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any)
16. Detailed statement of former service allowed to reckon towards pension (if any)
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge dépôt for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active Service casualty form
(Army Form B. 103).
20. Employment sheet
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority)
2. Medical history sheet (if any)
(Army Form B. 178)

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

3. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space to be left blank
for the Chelsea Number.

Army Form B. 268.

29-8

(When forwarded for confirmation the documents named on page 4 should be enclosed.

No.	469705	Army Rank	Pte.
Name	John Joseph Bowen		
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)			
Corps	64th.		
Battalion, Battery, Company, Depôt, &c.	Battalion.C.E.F.		
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c. or to General Staff of the Army, it should be so stated.)			
Date of discharge			
Place of discharge			
1.	Description at the time of discharge.		
Age	years	months	Descriptive marks.
Height	feet	inches	
Chest measure-	{ girth when fully expanded ins.		
ment	{ range of expansion ins.		
Complexion			
Eyes			
Hair			
Trade			
Intended place of residence (To be given as fully as practicable)	{ 		
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)			
2. The above-named man is discharged in consequence of			
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)			
3. Military character :—			
4. Character awarded in accordance with King's Regulations :—			
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067 *and that Army Form D. 489 was awarded in this case.			
Initials of Commanding Officer.			
Army Form B. 2088 has been issued to*			

5. He is in possession of the following number of G.C. badges (if the man is a N. C. O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).
Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class

6. Campaigns, Medals and Decorations

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)

(Date) Commanding Battn. Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) (Signature of Soldier.)

(Date) (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to (the date to which the record of service is completed) years days.

Further service (the date of confirmation of discharge)

Total

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place) Signature

(Date)

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE DATE

AUTHORITY

Killed in action

17/9/16 CRA328 29/9/16

16.9.16 C.A. 337 10.10.16

REG'L No. 469705

RANK

Pte.

NAME

Bowen, John Joseph

IF IN PERM. CORPS
WHAT UNIT

UNIT

6th Bn

TRANSFERRED TO

26 Bn

DATE

14/7/16

AUTHORITY

P.O. 15-74
30-6-16

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

Sydney, N.S.

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

1-9-15

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$20.00

DATE EFFECTIVE

PAYABLE TO

Katherine Bowen, St. Marys, Newfoundland

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

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

30/9/16

EFFECTIVE

1-10-16

REASON

Killed in Action 17-9-16 C.A. 328 29/9/16

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

18/9/16

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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Cash effects

HR

Statement of

MAR 7 1917
Account rendered

