

23/7/18

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....

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.....

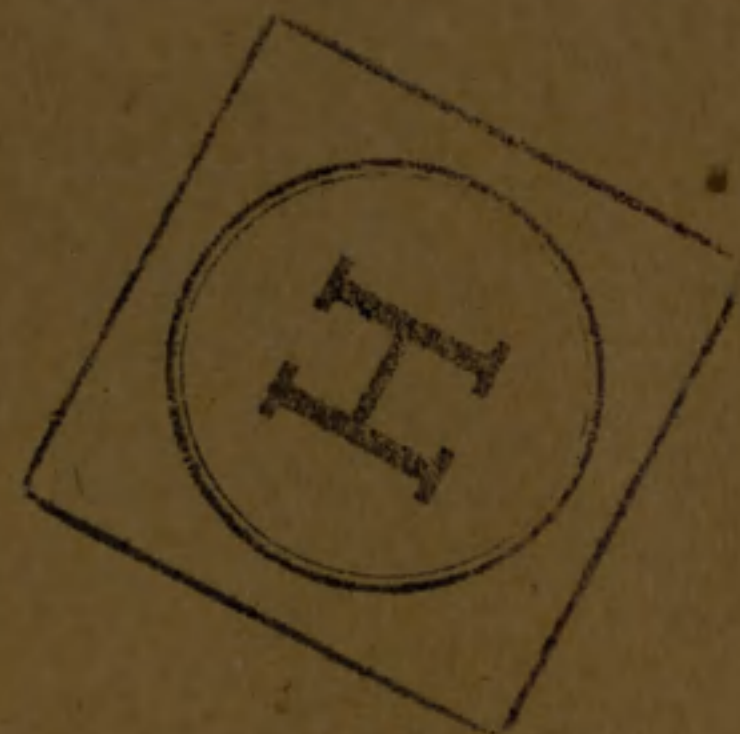
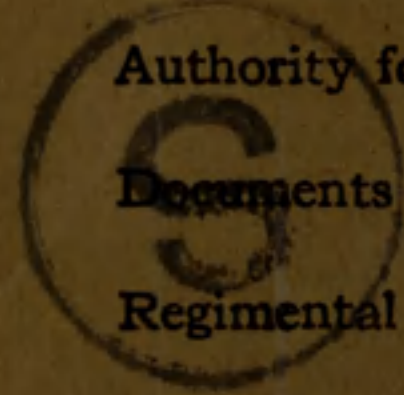
Name Caroline Austin Aubrey 57768

Regt. No. 404293 Rank Pte

Corps 23<sup>rd</sup> Bes Bn

Killed in action 9.10.16

RU  
Watts 4/3/10



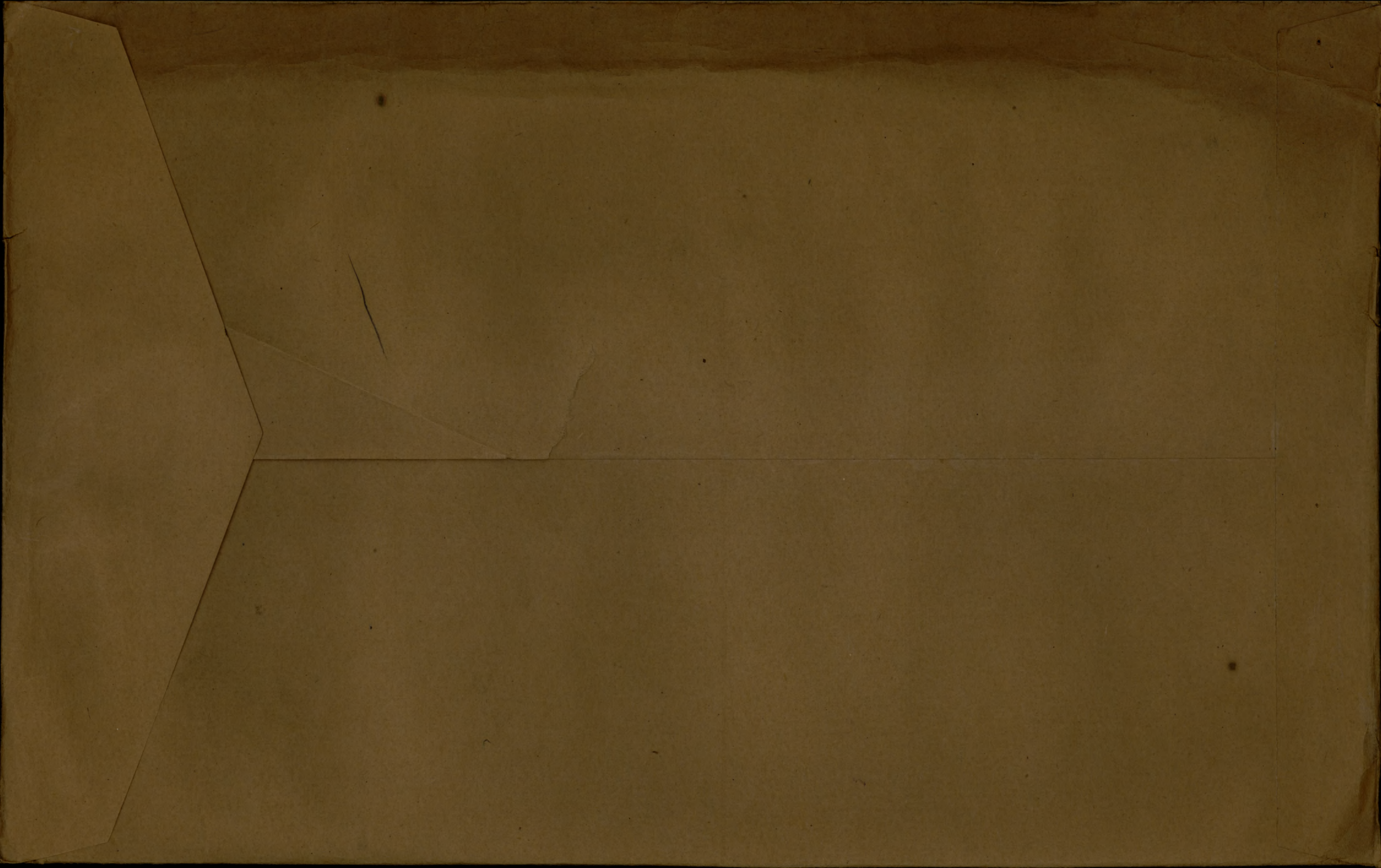
**PUBLIC ARCHIVES  
RECORDS CENTRE**



28-24  
16-24  
3-24

403424

178-1  
B. 149-1



ATTESTATION PAPER

No. ~~A4513~~ 404293

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Folio. Aco

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

- 1. What is your name? *Austin Aubrey Caroline*
- 2. In what Town, Township, or Parish, and in what Country were you born? *Toronto, Canada*
- 3. What is the name of your next-of-kin? *M<sup>rs</sup> M. G. Caroline (Mother)*
- 4. What is the address of your next-of-kin? *103 Chandos Ave, Toronto, Canada*
- 5. What is the date of your birth? *Aug 10<sup>th</sup> 1896*
- 6. What is your trade or calling? *Clerk*
- 7. Are you married? *No*
- 8. Are you willing to be vaccinated or re-vaccinated? *Yes*
- 9. Do you now belong to the Active Militia? *Yes*
- 10. Have you ever served in any Military Force? *No*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? *Yes*
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*

*Austin A. Caroline* (Signature of Man.)  
*J. Munro* (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *April 8<sup>th</sup> 1915* *Austin A. Caroline* (Signature of Recruit.)  
 (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Austin Aubrey Caroline* 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 *April 8<sup>th</sup> 1915* *Austin A. Caroline* (Signature of Recruit.)  
 (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 *Toronto* this *8<sup>th</sup>* day of *April* 191*5*.  
*W. H. Mapp* (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.  
*Reg Bellatt Mapp* (Approving Officer.)

DESCRIPTION OF *Austin Aubrey Caroline* ON ENLISTMENT.

Apparent Age *18* years *7* 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 3/4* ins.

Chest measurement { Girth when fully expanded *32 1/2* ins.  
 Range of expansion *3 3/4* ins.

Complexion *Fair*

Eyes *Grey*

Hair *Brown*

*Slight scar on nose*

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date *April 1st* 191 *5*

Place *Toronto*

*[Signature]*  
 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

*Austin Aubrey Caroline* 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 *April 8th* 191 *5*

*[Signature]* (Signature of Officer.)

# MEDICAL HISTORY SHEET.

CC

A.C.C.

Surname Caroline Christian Name Austin Aubrey

Examined { on 1 day of April 1915  
 at Toronto  
 Birthplace { City or Town Toronto  
 County York.

Approved by J. J. Collins  
 Rank 1st Lieut. M.O.

Apparent age 18  
 Trade or occupation Clerk.  
 Height 5 Feet 6 3/4 Inches.  
 Weight 130 Lbs.  
 Chest measurement { Minimum 32 1/2 inches.  
 Maximum expansion 33 1/4 inches  
 Physical development Good.  
 Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right. Left.  
 Number 3

Date	Result	VACCINATIONS.
<u>23/4/15</u>		M.O.
		M.O.
		M.O.

When Vaccinated last To be vaccinated.  
 (a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>14/4/15</u>		M.O.
<u>17/4/15</u>		M.O.
<u>23/4/15</u>		M.O.

Enlisted on        day of        1915 at       

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>a boy</u>	<u>35B att.</u>		
Transferred to..	<u>23 Res Batt</u> <u>C.S.F.</u>	<del><u>A4513</u></del> <u>404293</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.**

Regiment or Corps 23<sup>RD</sup> RES. BATT. C.E.F.

Regimental No. 404 293 Rank Private Name Caroline A.D. g.T.  
Leith Leitch  
K.I. 101/Inf/3/3

Enlisted (a) \_\_\_\_\_ Terms of Service (a) \_\_\_\_\_ Service reckens from (a) \_\_\_\_\_

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) \_\_\_\_\_

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				
19/11/15.	C.C. Can. Base Depot,	Taken on strength 3rd Batt'n. on arrival at Can. Base Depot from England. Proceeded to join Unit.		19/11/15. 21/11/15.	Nominal Roll. K.R.
28/11/15	C.C. 3rd Bn.	Joined Unit		23/11/15	B. 213
15.10.16	"	Killed in Action		9.10.16.	B. 213. P.A. No. 73. 5/10/16. Ser. 450. 5/10-16.

Whogau Capt.  
For Officer i/c Can. Records,  
Canadian Section.  
G.H.Q. 3rd Echelon.

(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.

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				



Em 40117

C

Rank \_\_\_\_\_ Name **CAROLINE, Austin Aubrey** Reg'l No. **404293**

Unit **35th to 23rd Bn.** If in perm. Corps, }  
What Unit? }

Married or Single **Single**

Place and Date of Enlistment **Toronto.Ont. 8th April.1915** Place of Birth **Toronto. Can.**

Name and Address, Next-of-Kin **Mrs M.G. Caroline,**  
**103 Chandos Ave, Toronto.Canada.** Relationship **Mother.**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

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>l.</i> 27.8.15	O.B. 23	Taken on strength	Shorncliffe	26.7.15	Part II 203
19.11.15	"	Trans. to 3 <sup>rd</sup> Bn. Overseas	Wandling	18.11.15	" 276
4.12.15	O.B. 3	Taken on strength 3 <sup>rd</sup> Bn	In the Field	19.11.15	Part II 41
21.2.16	" "	Placed under stoppages of Pay to } replaced loss of kit valued 2/6 }	"	17.1.16	" 9
24.10.16	<i>3rd Bn</i>	<i>Called in action</i>	"	9.10.16	<i>20.73</i>
28.10.16	"	<i>— do —</i>	"	9.10.16	<i>20.73</i>
6-5-18	<i>3rd Bn.</i>	<u>Promoted Sergeant</u>	"	15-8-16	<i>20.73</i>

*ka* **RECORD No. 16**  
REMARKS  
Taken from Official Documents



Rank \_\_\_\_\_ Name *2nd CAROLINE, Austin Aubrey* ✓  
 Unit *35th to 23rd Bn.* If in perm. Corps, What Unit? \_\_\_\_\_ Married or Single *Single*  
 Place and Date of Enlistment *Toronto, Ont. 8th April, 1915* Place of Birth *Toronto, Can.*  
 Name and Address, Next-of-Kin *Mrs M.G. Caroline,*  
*103 Chandos Ave, Toronto, Canada.* Relationship *Mother.*

Assigned Pay Monthly \$ *15<sup>00</sup> Aug 1.* Payable to *Next of Kin*  
 Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_

Discharge, Date and Place *Kin a 9-10/16* Reason *RA 492* 28/10/16 Character *Resigned*  
 Entered on N.E. Card Index...  
 Checked by *[Signature]*



Date 1915		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate			Amount	No.							Date
<i>Aug</i>	<i>16</i>	<i>31</i>	<i>16</i>	<i>1</i>	<i>16</i>	<i>16</i>	<i>10</i>	<i>160</i>			<i>487</i>			<i>487</i>	<i>1273</i>		
<i>Sept</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>			<i>1460</i>	<i>157<sup>00</sup></i>		<i>4460</i>	<i>113</i>		
<i>Oct</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>			<i>1460</i>	<i>15</i>		<i>2960</i>	<i>563</i>		
<i>Nov</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>			<i>730</i>	<i>15</i>		<i>2230</i>	<i>1633</i>	<i>trans 3rd Batt.</i>	
<i>Dec</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>			<i>1873</i>	<i>15</i>		<i>3073</i>	<i>1940</i>		
<i>1916</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>			<i>573</i>	<i>15</i>		<i>2073</i>	<i>3357</i>		
<i>12</i>	<i>29</i>	<i>12</i>	<i>29</i>	<i>129</i>	<i>29</i>	<i>10</i>	<i>290</i>	<i>3190</i>			<i>522</i>	<i>15</i>	<i>60</i>	<i>2082</i>	<i>4465</i>	<i>Loss of kit 76.807 2/2/16</i>	
<i>1917</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>310</i>	<i>3410</i>			<i>523</i>	<i>15</i>	<i>26</i>	<i>2049</i>	<i>5826</i>	<i>clothing AFW. 3069</i>	
				<i>229</i>				<i>2290</i>	<i>25190</i>					<i>86</i>	<i>19364</i>	<i>5826</i>	<i>6073al</i>



BALANCE TRANSFERRED TO NEW LEDGER.

Settled  
 Checked *CA Robinson*



MILITIA AND DEFENCE  
**ASSIGNED PAY**

OVERSEAS CONTINGENTS

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

Sheet No. 2. Mrs. M. G. Caroline

Name of Soldier Caroline Austin A.

467

35<sup>th</sup> Batt. 2<sup>nd</sup> Reinf.

L. L. Job 89002.-Req. 6213.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$15 <sup>00</sup>
April	1916	N 594	15-	
May		O 3103	15-	
June		P 6560	15-	
July		E 6023	15-	
Aug.		Y 9984	15-	
Sept.		C 15570	15-	
Oct.		<del>E 19991</del>	<del>15-</del>	<del>Dept. closed. O.S.</del>
Nov.				<del>Dept. closed Nov. 16 1916</del>
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Casualties

Dept. closed. O.S.  
 Dept. closed Nov. 16 1916

Total \$  
 F. X. Rend. Date ... By 210<sup>00</sup>  
 E. F. X. " Date 9/17 By J.B.

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.				

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

*Second Reinforcements.*  
 M. F. W. 12.  
 20m.—5-15.  
 H. Q. 1772-59-819.

466

To Whom *Mrs M G Caroline*  
 Address *103 Chandos Ave.*  
*Toronto.*

By Whom Assigned *Caroline Austin A.*  
 Regtl. No. *# 404 293 C.M.S.*  
 Rank *Private.*  
 Corps *35 Battalion C.E.F.*

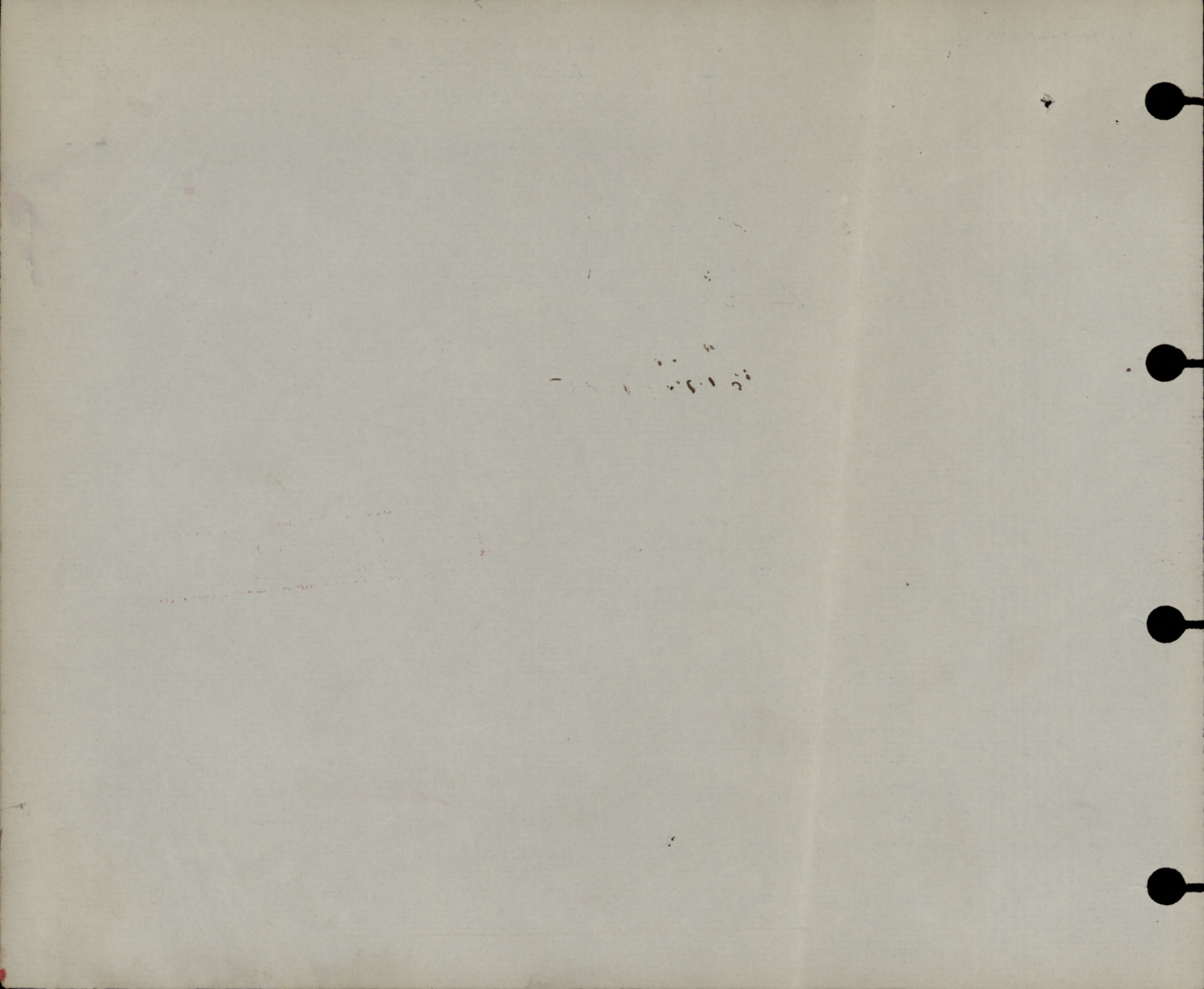
Rate *\$1500* **AUG 1 1915**

**PAYMENTS**

*Casualties*

Month	Year	Cheque No.	Amt.	REMARKS	
Aug.	1914			<i>Stop payments</i>	
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915			<i>"filled in action" 3m. 1"/16 - 24"/16</i>	
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.		<i>74403</i>	<i>30 =</i>		<i>aug &amp; Sept.</i>
		<i>Cancelled 74354</i>	<i>15</i>		
Oct.		<i>45284</i>	<i>15</i>		
Nov.		<i>43434</i>	<i>15</i>		
Dec.		<i>X5627</i>	<i>15</i>		
Jan.	1916	<i>Y9122</i>	<i>15</i>		
Feb.		<i>Z12442</i>	<i>15</i>		
March		<i>X15692</i>	<i>15</i>		

*filled in action Oct 9/16 C.E.F. 28/16 J.M.*





Surname *Caroline* Christian Name or Names *a.a.* Reg. No. *404293*  
 Rank *Pte.* Unit *3rd. 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

*Killed in Action*  
*9-10-16*

DISPOSITION

Date

*C.S. 28-10-16 2492*

REMARKS

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

*Q*

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.





649-C-6363

CARD NO.

SURNAME. *Caroline*

CHRISTIAN NAMES *Austin Aubrey*

D  
FOLL.

REGL. NO. *404293* RANK *Pte*

UNIT ~~*35th (2nd R. D)*~~ *23rd Batt.*

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Caroline, Mrs M.G.*

RELATIONSHIP TO SOLDIER *mother*

ADDRESS *103 Chandos Ave.  
Toronto,  
Can.*

COUNTRY OF BIRTH *Canada, Toronto*

DATE

PLACE OF ATTESTATION *Toronto Ont.*

DATE *April 8-1915*

*Sailed from Montreal Per. S.S. "Hesperian"*

L. L. 9058A—M. & D. 6312 *17-8-15* *180*  
*1*

1128 143

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

NAME

*Caroline Austin Aubrey*

REGT'L. No. *404293*

RANK AND CORPS

*Pte Sgt 3<sup>rd</sup> Bn. Farm 35<sup>th</sup> Bn 2<sup>nd</sup> RA*

CABLE

NATURE OF CASUALTY

NO.

DATE

*03772. 27-10-16*

*Killed in action Oct. 9<sup>th</sup> /16*

*2090 24-10-16  
Power*

*" "*

*Auth Letter Officer  
1/e Ricado 20/5/18.*

*Correct rank Sgt*

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A492. Rep. from the Base 9-10-16 Killed in action



✓ Caroline, Pte. <sup>Canadian</sup> ~~Inf.~~ <sup>Inf.</sup> Aubrey 649-C 6363,  
 ✓ 404 293 <sup>Sept.</sup> ~~Reg~~ for 14/15 ~~at~~ 8 P.M. <sup>Haq.</sup> ✓

Name & Address of Legatee

James W. Caroline (F)  
 103 Chandos Ave.  
 Toronto, Ont.

Medals  
 Decorations  
 MA

Name & Address of Next of Kin

as above  
 Control Des. ~~FER 2 1921~~ Regn. No. 223867

Plaque  
 Scroll

Dep. 6-2-20  
 Plaque Des. ~~SEP 27~~ Regn. No. P8912

C. J. S.

(Serial no. 785340)

Name & Address of Female Next of Kin

Mrs. M. B. Caroline (m)  
 as above

703  
 JAD  
 Memorial Cross

MC1239

**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
	<b>V A C C I N A T I O N S</b>
23/4/15	G. C. Mills, Capt.
	<b>ANTI TYPHOID INOCULATIONS ETC.</b>
14/4/15	
17/4/15	
23/4/15	"

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

D U P L I C A T E

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 **C A R O L I N E** Christian Name **Austin Aubery**

TABLE I.—GENERAL TABLE.

Birthplace ... Parish **TORONTO** County **YORK**

Examined ... { on **1st** day of **April** 191**5**,  
 at **Toronto**

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

Trade or Occupation ... **Clerk**

Height ... **5** feet **6 $\frac{3}{4}$**  inches.

Weight ... **130** lbs.

Chest Measurement { Girth when fully Expanded **36 $\frac{1}{2}$**  inches.  
 Range of Expansion **3 $\frac{3}{4}$**  inches.

Physical Development ... **Good**

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

When Vaccinated ... **To be vaccinated**

Vision ... { R.E.—V=  
 L.E.—V=

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

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

Approved by (Signature) **T. J. Collin**  
 (Rank) **Lt. A.M.C**  
 Medical Officer.

Enlisted ... { at  
 on ... day of ... 191**5**

Corps.	Regtl. No.
<b>A. Coy.</b>	<b>404293</b>
<b>23rd Res. Batt. C.E.F.</b>	

Transferred to ...

Became non-effective by ...

This Medical History Sheet has been compared with the corresponding Attestation Paper, and entries on the same in red have been taken from the Attestation Paper (Signature) **W. H. ...** (Rank) **3rd Lt.**

MARRIED OR SINGLE *S.*  
 PLACE OF BIRTH *Toronto Ont.*  
 NAME AND ADDRESS OF NEXT OF KIN *Mrs. M. G. baroline*  
*103 Chandos Ave Toronto Ont.*  
 RELATIONSHIP OF NEXT OF KIN *mother.*  
 NAME AND ADDRESS OF NEXT OF KIN  
 RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
 PAYABLE TO  
 RELATIONSHIP OF DEPENDANT

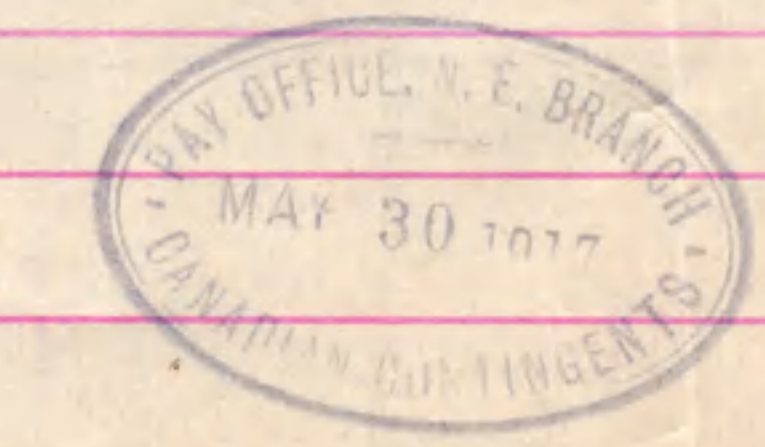
CASUALTIES, PROMOTIONS, &c.  
 PARTICULARS *Killed in Action*  
 EFFECTIVE DATE *12.0.73.24*  
 AUTHORITY *622442-28/10/16*  
*Promoted Sgt 15/8/16. 20-43*  
*6/5/18. Record R. 20-4*  
*R.I.C. 27718. Eff 15/8/16 15/8/16*

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. *H0H293*. RANK *Private* NAME *baroline* *Austin Aubrey*  
 IF IN PERM. CORPS WHAT UNIT *3rd Batt* TRANSFERRED TO *N.E.B.* DATE AUTHORITY  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
 PLACE OF ATTESTATION *Toronto Ont.* TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION *8th April 1915.* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ *15<sup>00</sup>* DATE EFFECTIVE  
 PAYABLE TO *Mrs M.G. baroline 103 Chandos Ave Toronto Ont.* RELATIONSHIP  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *20.10.16* EFFECTIVE *1.11.16* REASON *Killed in Act con B073*  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *10-10-16*  
 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				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT							
			\$	c.			\$	c.			\$	c.																				NO.	DATE	NO.	DATE
April 1	30	1	30	30	10	3						251 90																							
30	30	1	30	30	10	3						33																							
May 1	31	1	31	31	10	3	10					34 10																							
31	31	1	31	31	10	3	10					33																							
June 1	30	1	30	30	10	3						33																							
30	30	1	30	30	10	3						33																							
July 1	31	1	31	31	10	3	10					34 10																							
31	31	1	31	31	10	3	10					34 10																							
Aug 1	31	1	31	31	10	3	10					34 10																							
31	31	1	31	31	10	3	10					34 10																							
1.30.9	30		30	30		3	05					33 00																							
1/10	9/10	9	9	9		90						990																							
June 17												563 10																							



Statement of  
 JUL 31 1918  
 Account rendered

*Handwritten signature*

*9*  
*289/120420K*  
*289/144.618*  
*6/30-31/22/19*  
*transferred to N.E.B. 16/10/16*  
*To have for settlement 16/6/19*

*Small Ledger Sheet*

78 1109

404293 Pt Caroline, A.A.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	c.						\$	c.	NO.	DATE	NO.	DATE												
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE																		
July/18	Transfd to Pay 110	22 40							Nil																		
July/18	Ordnance to Ottawa 10/29	22 40			22 40				Nil																		
Sept/18																											

July/18  
 July/18  
 Sept/18  
 C. 3/30 days @  
 400 D. 1/1000  
 800 2/2000  
 3rd Ball. 1/5/18

Nil  
 22 40  
 Nil

See 3918