

1st Spc Bn 2nd Co Regt

NAME COLLINS, PERCY ALLEN

REGT. NO. 3106111

UNIT

H. Q. FILE NO.

(H)

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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*Cas card
Doubt will
1974
11/2/74*

*mp 20
1/3/74*

(M)

(H)

25871

DEATH

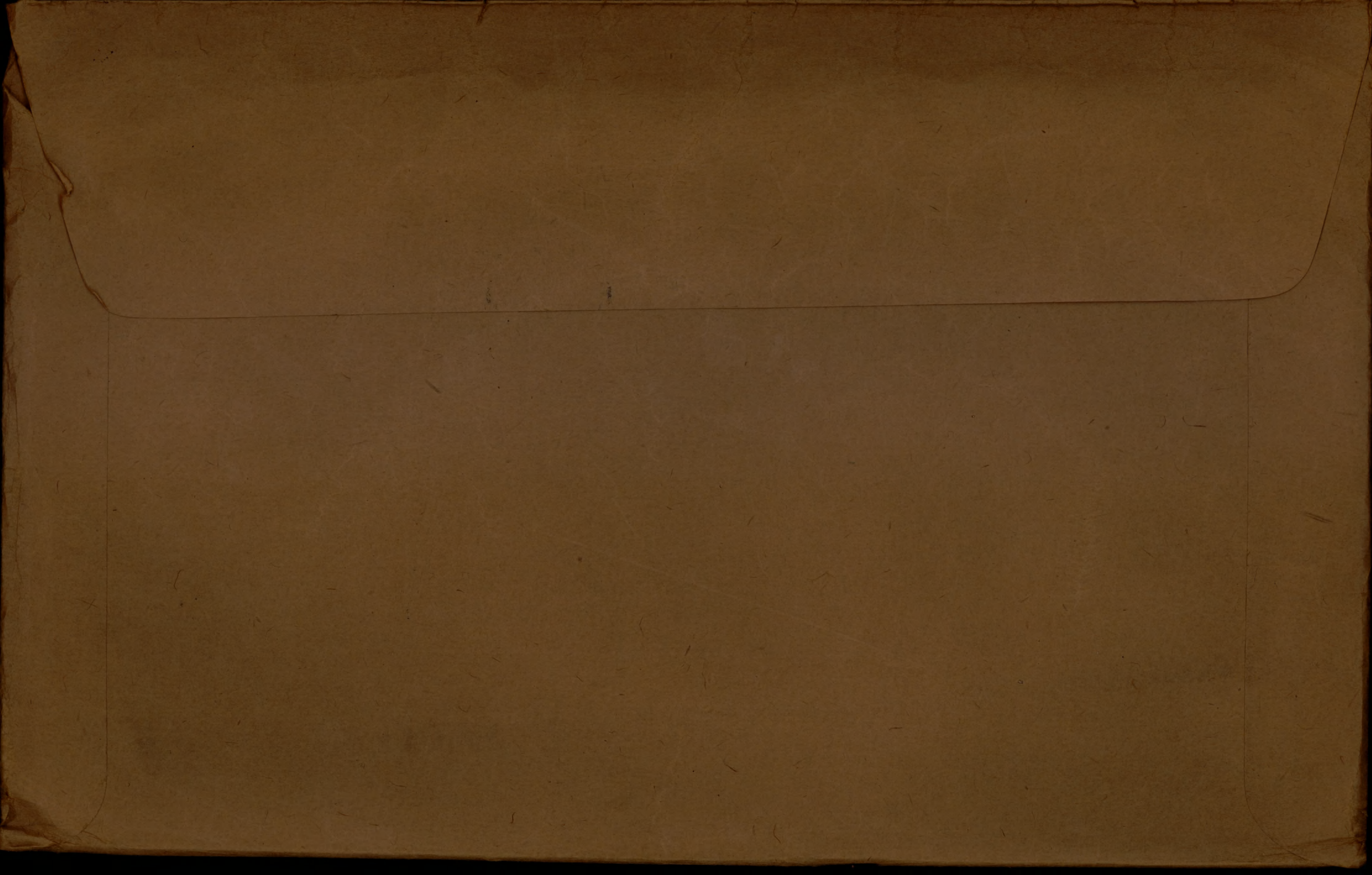
Category

DISCHARGE

Category

DESERTION

*25 = 23
10 = 23
5 = 23
7*



ATTESTATION PAPER.

Ist Depot Bn., 2nd C O Regt.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. **3106111**

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION

- | | |
|--|---|
| 1. What is your surname?..... | COLLINS (ANSWERS) |
| 1a. What are your Christian names?..... | Percy Allen |
| 1b. What is your present address?..... | 275 Mackinaw St., Buffalo, N.Y. |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | St. Johns, N.B. Canada. |
| 3. What is the name of your next-of-kin?..... | Frank Collins |
| 4. What is the address of your next-of-kin?..... | 655 Guelford St., St., Johns, N.B. |
| 4a. What is the relationship of your next-of-kin?..... | Father |
| 5. What is the date of your birth?..... | November 23rd., 1895. |
| 6. What is your Trade or Calling?..... | Dreggeman. |
| 7. Are you married?..... | Single |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... | Yes |
| 9. Do you now belong to the Active Militia?..... | No |
| 10. Have you ever served in any ^{naval or} Military Force?.....
<small>If so, state particulars of former Service.</small> | No |
| 11. Do you understand the nature and terms of your engagement?..... | Yes |
| 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } | Yes |
| 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. | No |
| 14. If so, what was the nature of the disability? .. | |
| 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. | No |
| 16. If so, what was the reason?..... | |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Percy Allen Collins**, 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.

Percy Collins (Signature of Recruit)

Date **Dec., 13th** 191 **7** (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Percy Allen Collins**, 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.

Percy Collins (Signature of Recruit)

Date **Dec., 13th** 191 **7** (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, Canada** this **13th** day of **December** 191 **7**

[Signature] (Signature of Justice)

Description of Percy Allen Collins on Enlistment.

Apparent Age 22 years 1 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.

anchor tattoo upper rt arm.
 tattoo left arm.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 ins.

Complexion Medium

Eyes Blue

Hair Medium

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

Hearing good Nose & throat O.
 each eye RD60 LD60 less than 200
 with glasses RD60 LD60

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 December 13th 191 7

Place Toronto Canada

DECLARED FIT BY MEDICAL BOARD
 TORONTO MOBILIZATION CENTRE

E. R. Brauer M. C. PRESIDENT
 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.

Percy Allen Collins

.....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 DEC 18 1917 fa 1917 1st Depot Battalion,
2nd Central Ont. Regt.
 (Signature of Officer)

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

3106111

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

COLLINS

PERCY ALLEN

- 1. Surname COLLINS Christian name PERCY ALLEN
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....}
- 3. Consecutive number on schedule of men reporting for service (if he appears on it).....}
- 4. Address (including street and number, if any).....} 275 Mackinaw St., Buffalo, N.Y.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13th day of December 1917, by the undersigned medical board sitting at Toronto Canada.

- 5. Age as stated 22 Years 1 Months.
- 6. Apparent age 22 Years 1 Months
- 7. Height 5 Feet 8 Inches.
- 8. Weight 144. Pounds.

- 9. Chest measurement { Minimum 33½ Ins. Maximum 36½ Ins.
- 10. Complexion Medium { Eyes Blue Hair Medium

- 11. Physical development good. { Good Fair Poor
- 12. Smallpox marks Nil

- 13. Number of vaccination marks { Right arm _____ Left arm 3
- 14. When vaccinated last Good childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease small spur rt. with glasses RD60 LD80.

16. Slight defects but not sufficient to cause rejection Hearing good. Throat Normal.

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism RD60 Tuberculosis Syphilis L. less than 200. (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

E. R. Hawkins President. J. M. Dalrymple Member. E. M. Hooper Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27-12-17</u>		<u>J.P. Collins M.O.</u>	<u>21-12-17</u>		<u>M.O.</u>
		<u>M.O.</u>	<u>27-12-17</u>		<u>J.P. Collins M.O.</u>
		<u>M.O.</u>	<u>5-1-17</u>		<u>M.O.</u>

Joined 13th day of December 1917 at Toronto Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Bn</u>			
Transferred to.....	<u>2nd C O Regt.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.

P. Collins
Signature of Man

ORIGINAL

B.C.R.M.

3106111

MILITARY SERVICE ACT, 1917. MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname COLLINS Christian name PERCY ALLEN
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it).....
4. Address (including street and number, if any)..... 275 Mackinaw, St., Buffalo, N.Y.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13th day of December 1917, by the undersigned medical board sitting at Toronto Canada.

5. Age as stated 22 Years 1 Months. 6. Apparent age 22 Years 1 Months
7. Height 5 Feet 8 Inches. 8. Weight 144. Pounds.
9. Chest measurement { Minimum 33½ Ins. 10. Complexion Medium { Eyes Blue
Maximum 36½ Ins. Hair Medium
11. Physical development. good. { Good Fair Poor 12. Smallpox marks. Nil
13. Number of vaccination marks { Right arm.....
Left arm 3 14. When vaccinated last Good
childhood
15. Distinctive marks and marks indicating congenital peculiarities or previous disease
small spur rt. with glasses RD60 LD80.

16. Slight defects but not sufficient to cause rejection Hearing good. Throat Normal.
The man denies having had { Rheumatism We find no evidence of past { Rheumatism RD60 L. less than
Tuberculosis Tuberculosis 200.
Syphilis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2
17. (a) Vision R..... L.....
(b) Hearing. R..... L.....

E. R. Frankish President.

J. M. Campbell Member. E. M. Hooper Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27-12-17</u>	<u>HP Adams Sr</u>	<u>M.O.</u>	<u>25-12-17</u>		<u>M.O.</u>
		<u>M.O.</u>	<u>27-12-17</u>	<u>HP Adams Sr</u>	<u>M.O.</u>
		<u>M.O.</u>	<u>5-1-18</u>	<u>TAB</u>	<u>M.O.</u>

Joined 13th day of December 1917 at Toronto Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Bn</u>			
Transferred to.....	<u>2nd C O Regt.</u>			
	<u>8th RES. Bn.</u>			
	<u>116 Bn.</u>			<u>Aug 29 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.

Signature of Man P. Collins

(9) Is your Father alive?..... Yes

If so, state name and address Frank Collin, 62 Ludlow St., St Johns,
New Brunswick.

(10) Is your Mother alive?..... Yes

If so, state name and address Francis Collin, same address as above.

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(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.

(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.

(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?.....

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.

Date..... January 12, 1918.

J. Hyde Bennett Major
for Officer Commanding.

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..... 1st Depot Bn., 2nd C.O.R.

(2) Regimental Number..... 3106111

(3) Full Name of Soldier..... Collin, Percy Allen

(4) Place of Birth..... St John, New Brunswick.

(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?.....

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

Also their names and ages.....

FORM OF WILL

I, Collin, Percy Allen (Name in full)

Regimental Number 3106111 serving in 1st Depot Bn., 2nd C.O.R.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

.....	} Name and Address of person or persons to whom it is to go.
.....	
.....	

absolutely, and my personal estate I bequeath to

<u>Mrs. Francis Collin,</u>	} Name and Address of person or persons to receive personal estate* (See note).
<u>62 Ludlow Street,</u>	
<u>St. Johns, New Brunswick.</u>	

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE this 12 day of January A.D. 1918
 This must be signed and Dated by
 THE SOLDIER HIMSELF. Percy Allen Collin Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness..... [Signature]

Address of Witness..... Homewood Ill

THE TWO WITNESSES Occupation of Witness..... soldier

MUST SIGN HERE Signature of Second Witness..... J. H. Weeks

Address of Witness..... 127 E. 43rd St New York U.S.A.

Occupation of Witness..... Soldier

FORM OF WILL

3. California Probation Code Section 610011

of the California Probation Code, Chapter 1, Part 1, Section 610011

I, the undersigned, do hereby certify that the above is a true and correct copy of the original of the will of the testator, and that the same is a true and correct copy of the original of the will of the testator, and that the same is a true and correct copy of the original of the will of the testator.

NOTE: This form is to be used only in California.

IMPORTANT NOTE: This form is to be used only in California.

Signed and acknowledged by the testator as and for his last will in the presence of two or more witnesses, the same being the true and correct copy of the original of the will of the testator, and that the same is a true and correct copy of the original of the will of the testator.

Signature of Testator
Address of Testator
Occupation of Testator
Signature of Witness
Address of Witness
Occupation of Witness

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

Casualty Form—Active Service.

Unit, Regiment or Corps ^{2nd Lt} 1st... Depot Bn... 2nd... C.O.R. ^{60 Res}

Regimental No. 3106111 Rank Pte. Name COLLINS Percy Allen ✓
C. E. F.

Enlisted (a) 13-12-17 Terms of Service (a) D. of W. Service reckons from (a) 13-12-17

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) Dreggeman

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 Canada
Disembarked England
T.O.S. from 1st Depot Bn.
2nd C.O.R., on arrival
from Canada.

Halifax 3-2-18
Liverpool 16-2-18 ✓

E. Sandling 5-2-18 D.O. Pt 2
57 & 58. ✓

Proceeded overseas for
Service with 116....Bn.

Witley 29 AUG 1918 D.O. 242

J. W. ... Lieut.
ASS'T ADJ'T FOR O.C. 8th CANADIAN RES. BN.

O. C. C. B. D. Landed in France. Taken on Nom. Roll d/ 31/8/18
strength 116 Cdn. Bn. 31/8/18 Pt II D.O. 72 d/ 5/9/18
do. — Left for C.C.R.B. 2/9/18 Nom. Roll d/

C.C.R.B. Arrived
Left on unit
Transferred to 8th Bn
1st Depot Bn

5.9.18 12543
8.9.18 KH 358 Pt II 76 d/14/9/18
9.9.18 109 d/14.9.18

CERTIFIED CORRECT.
26-2-18
SEP 1918
CAN. RECORDS, LONDON.
30 AUG 1918
8th Bn

3.9.18 C.C.R.B.
9.9.18 A.H.G.
4.9.18 "

(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.

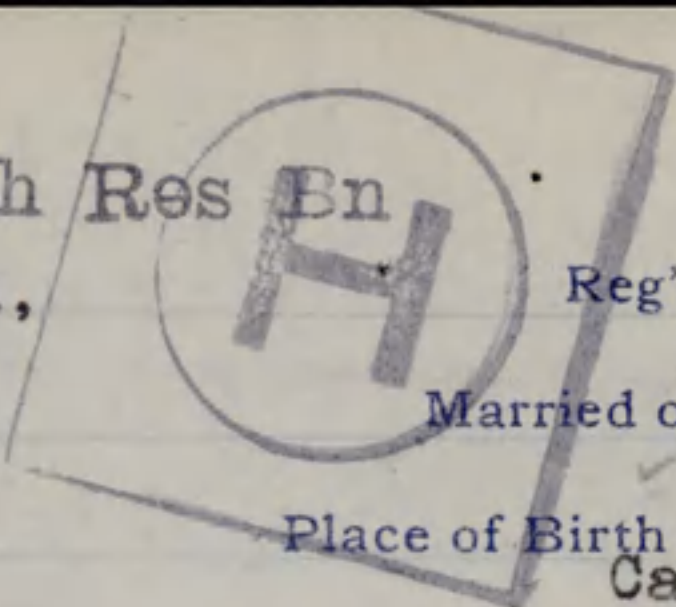
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
14/9/18	8 Bn	JOINED UNIT	Field	9/9/18	B213
OCT - 1 1918	8 Bn	WOUNDED TO HOSPITAL		28.9.18	K.D. 17-1188
14.10.18	"	Wounded & Missing		28.4.18	K.D. 17-1188
					25.10.18
					Canadian Section

21-5-18
21-5-18
21-5-18

[Handwritten signature]
[Handwritten signature]
 Canadian Section

2nd Sec 1st Depct Bn 2nd C O R To 8th Res Bn

TLH Rank Name COLLINS, Percy Allen,
Unit If in perm. Corps, }
What Unit? }



Reg'l No. 3106111

Married or Single Single

Place and Date of Enlistment Toronto, Dec. 13th. 1917

Place of Birth St. Johns, N. B. Canada

Name and Address, Next-of-Kin Frank Collins,
655 Guelford St., St. Johns, N.B.

Relationship Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



N/E. R. B. No. 13504
File No. 25-C-5525
Category K-A

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England		16-2-18	S/S SCANDINAVIAN
26.2.18	8 Res Bn	Taken on strength.	15 th Feb 1918 E. Solving	3.2.18	DD 57
30.8.18	8. Res	S.O. P on posting to 116 Bn	Witley	29.8.18	DD 242 (116 Bn DD 72 5/5/18)
14.9.18	116 Bn	S.O. S to 8 th Bdn Bn	Field	8.9.18	DD 76 RSO. 109 d/17-9-18
25.10.18	8 th Bn	Wounded & missing S.O.S.	Field	Pte 28918	RSO. 134.
19.8.19	"	Pres rept. W'ded and missing now presumed to have died on or since	"	28.9.18	OLA # 548

Handwritten scribble

Surname	Christian Name or Names	Reg. No.
COLLINS	P.A.	3106111
Rank	Unit	
Pte.	Man. 8	

Cas. List.

29-10-18A357	WOUNDED & MISSING 28-9-18. <i>R.</i>
19-8-19 A548	Now for Official Purposes Pre- sumed to have Died on or since 28-9-18. <i>R.</i>

A.M.D. 2 DEPT.

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

NAME *Collins Percy Allen*

REGT'L. No. 3106111

RANK AND CORPS *PT*

H. Q. FILE NO 649

8th BN FOLLOWS
No. 1/2 CO

CABLE NO. *31-4* DATE

NATURE OF CASUALTY

FOLLOWS
No. _____
FOLLOWS

CABLE NO.	DATE	NATURE OF CASUALTY
<i>H 437</i>	<i>29-10-18</i>	<i>Rep't. w'd. & miss Sept 28th 18</i>
<i>Moft</i>	<i>Frank Collins (father)</i>	<i>296 Duke St.</i>
		<i>West St. John N.B.</i>
<i>Miss. Sec.</i>	<i>289-19</i>	<i>Presumed dead 28-9-18.</i>

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 357

Rep from Base

28-9-48

wdt Miss

A 548-1

Pub. rep. Wdt Miss

28-9-48

now. for off. purposes

presumed to have died or since!

✓ P. e. Collins, P. A. *✓* *every* *Allen*

649. C. 21011

✓ 3106111, *✓* 8th Bn,

Metals & Decoration

Not elig. for 1914-15 Star
Name & Address of Legatee

Mrs. Francis Collins (M)

2301

296 Duke St.

St. John, N.B.

Name & Address of Next of Kin

M

P. & S.

Francis Collins (F)

As above

Name & Address of Female Next of Kin

Memorial Cross

A. Mrs. Sarah Collins (M)

JP

00871

As above P.T. (C)

M Desp APR 23 1920 C 5691.



SURNAME.

Collins

CHRISTIAN NAMES

Percy Allen

FOLL.

REGL. No.

3106111

RANK

Pte.

UNIT

2nd Can. Ont. Regt. 1st Dep. Bn.

FORMER CORPS

Inf.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Collins, Frank

RELATIONSHIP TO SOLDIER

Father

ADD

~~296 Duke St. West, St. John. N. B.~~
655 Guelford St.

Auth. A. F. B 26-9-19.
S.A.A.P. 22-5-18.

J.L.

COUNTRY OF BIRTH

Canada St. John. N. B.

DATE

Nov. 23rd 1895

PLACE OF ATTESTATION

Toronto, Ont.

DATE

Dec. 13th 1917

R.I.C. 5-2-18-1112
3

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

No 3106111

RANK Plt

NAME Collins, P. A.

~~T.O.S.~~

UNIT 1st Depot Battalion, 2nd B.O.P.

Trans: to Toronto
Mob. Centre 14-12-17.
20 20 of 17-12-17

M. D. 2.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID FROM

PAID TO

SIG. OR REC'T

1917

1917

✓

Dec 15

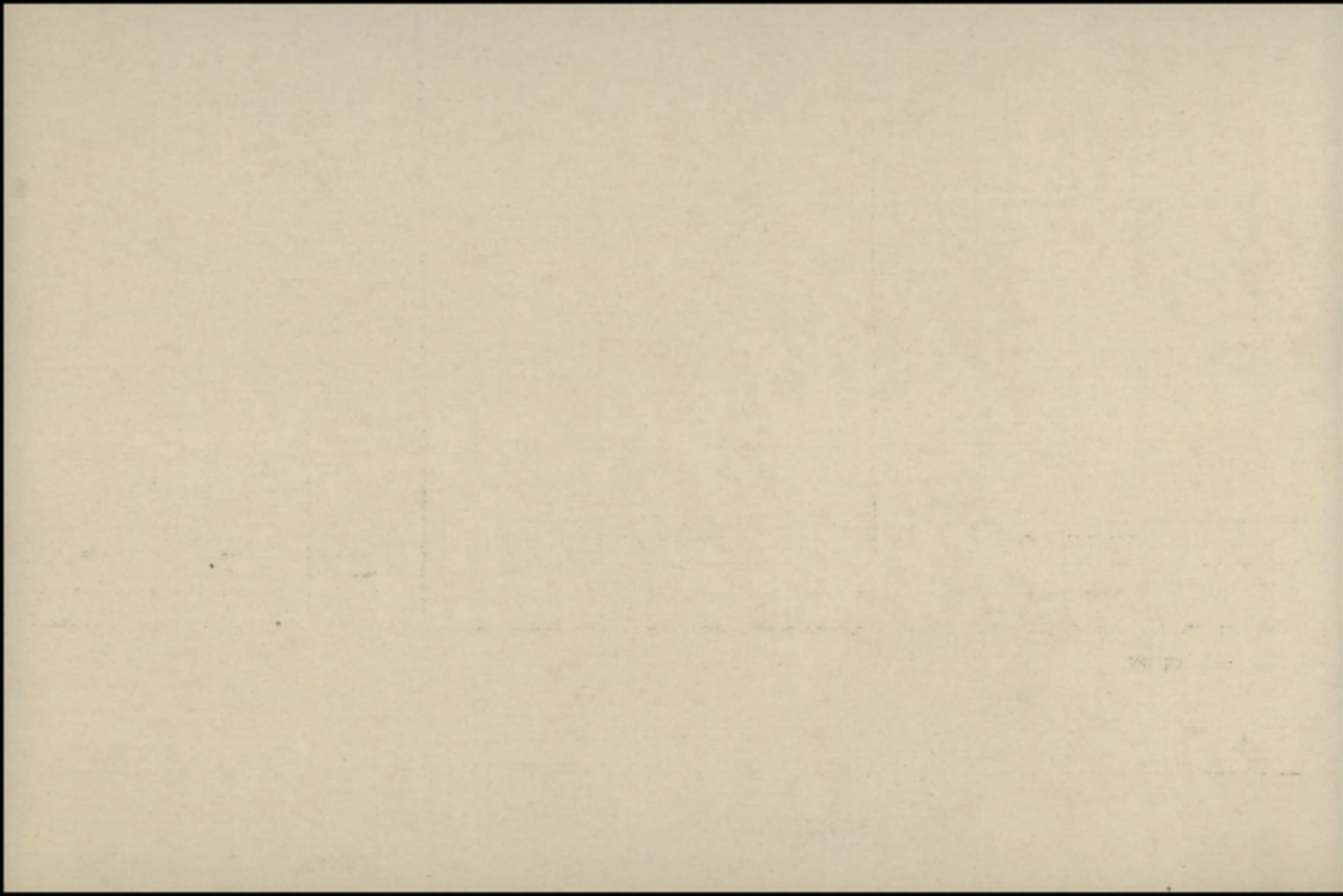
Dec 31

1918

Jan 1

Jan 31

✓



DUPLICATE.Name *Tercy Allen*
COLLINS, Rank *Plt.*Reg. No. *3106111*Unit *8th Bn*

Next of Kin

Frank Collins, 25.C. 5525
655. Guelphoret St. St. John's, N.B.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1918</i>						
<i>28-9</i>	<i>Wounded & Missing</i>			<i>A357</i>	<i>28/10</i>	
		<i>H.2.D. 134</i>			<i>H 437</i>	<i>41545</i>
		<i>17-5-19 CRX</i>				
		<i>24-3-19 AAG</i>				
		<i>20.6.19, Ottawa</i>				
<i>28-9-18</i>	<i>Presumed Dead</i>			<i>A548</i>		<i>19/8/19</i>

Date of Enlistment

auths MR.

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

C

7882

1-2-18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

\$15.00			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *3106111.*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Percy Collin P.A. Collins*
 Battalion *1st Depot Bn., 2nd C.I.B.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Frances Collin.*
 Address *62 Ludlow St., St. John, N.B.*
 Change of Address
 1 MRS. FRANCES COLLIN,
 62 LUDLOW ST.,
 2 ST. JOHN, N.B. 15 15.00
 3 % 3106111 PTE PERCY COLLIN
 FIFTEEN DOLLARS
 4 *296 Duke St., St. John, N.B. 16/5/18*

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1918</i>					
<i>Feb. 2</i>	<i>96237</i>		<i>15</i>	<i>15</i>	
<i>Mar 2</i>	<i>110848</i>		<i>15</i>	<i>15</i>	
<i>Apr. 11</i>	<i>8219</i>		<i>15</i>	<i>15</i>	
<i>May 20</i>	<i>13780</i>		<i>15</i>	<i>15</i>	
<i>June 3</i>	<i>24890</i>		<i>15</i>	<i>15</i>	
<i>July 18</i>	<i>28281</i>		<i>15</i>	<i>15</i>	
<i>Aug 19</i>	<i>38115</i>		<i>15</i>	<i>15</i>	
<i>Sept. 1</i>	<i>46606</i>		<i>15</i>	<i>15</i>	
<i>Oct 1</i>	<i>55808</i>		<i>15</i>	<i>15</i>	
<i>Nov 8</i>	<i>55799</i>		<i>15</i>	<i>15</i>	
			<i>150</i>	<i>150</i>	

Reported missing Date *29-9-18*
 C. L. No. *349- Folio 5* Date *1-11-18*
 No. *7882* Title *03478-P-7*
 B. P. C. Form 1 & C. F. X. Completed on File
 Clerk *C Johnson* Date *14-11-18*

MIR 20965

KILLED IN ACTION
 DIED OF WOUNDS DATE *28/9/18*
 C. L. No. *535 folio 3* DATE *6/8/19*
 M.R.O. TO DESTROY RENDERED
 B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE
03478-1-7
 CLERK *Amber Lane* DATE *16/8/19*

Refund requested for 30
Credit Slip issued 26.19
Saver 29 1/2
Credit slip # 7012 for \$3.81 overpaid passed
to "acc" this date 22/9 C. S. J.

28/10/19 1918

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- COLLINS Percy Allen			
EFFECTIVE DATE:- 1/2/18		EFFECTIVE DATE:-		NUMBER:- 3106111			
AMOUNT:- 15 ⁰⁰		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
				ban. L.P. 6		Pte.	
Frances Collins n/R 276 Duke St. W to Ludlow St St. John, N.B. mother.				Missing	28-9-18 BRD	357. 29-10-18	
UNIT AND TRANSFERS							
ORIGINAL UNIT:- 2 nd Dft. 2 nd B.O.R.							
DATE ACCOUNT FIRST OPENED:- 1/2/18							
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO			
ban. L.P. 6		1/2/18		8 Res. Bn.			
		1/9/18	2/19/18	116 Bn			
109 17/9		1-10-18	21-10	8th Bn			
		1/11/18		Non Eff Bn			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY		PAY	F.A.	P.F.A.	SUBS'CE ALL'CE		
ban. L.P. 6		1 00	10				

PARTICULARS OF RENDERING NON-EFFECTIVE:- Missing 28-9-18

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Balance forward								24 20		
Apr	Pay	33		AP				15			
				AR 244- 14/4/18- 8 Res	9 73						
				AR 796- 29/4/18 8 Res	14 60				17 87		
		33			24 33			15			
May	Pay	34 10		AP				15			
				AR 1167- 13/5- 8 Res	9 73						
				✓ 1490- 23/5- ✓	9 73				17 51		
		34 10			19 46			15			
June	He's Pay	33		AP				15			
				AR 2274- 13/6/18- 8 Res	9 73						
				✓ 2613- 26/6- ✓	9 73				16 05		
		33			19 46			15			
July	He's Pay	34 10		AP				15			
				AR 2970 11/7/18- 8 Res	9 73						
				✓ 3404 26/7/18 ✓	9 73						
		34 10			19 46			15	15 69		
Aug	He's Pay	34 10		AP				15			
				AR 3673- 11/8/18- 8 Res	9 73						
				✓ 4436 28/8/18 ✓	9 73				15 33		
		34 10			19 46			15			
Sept	✓	33		ap				15			
				✓ 1570. 14.9.18 CCHG det.	3 57				29 76		
				✓ 418 15.9.18 8 Bn	3 57				26 19		
		33			7 14			15			
Aug				W 14 4/8/19 br. Pal. to Ottawa	26 19						
				Stat Recd 28/3/19	26 19						
				CR Bal 26 19							

NON EFFECTIVE. ACT

