

Unit Chaplains Rank Hon. Capt. Name James P. Fallon.

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS).

- 1. (a) What is your Surname? Fallon
- (b) What are your Christian Names? James Patrick
- 2. (a) Where were you born? (State place and country) Kingston, Ontario, Canada.
- (b) What is your present address? 90 Central Ave., London, Ontario
- 3. What is the date of your birth? Sept. 6, 1874
- 4. What is (a) the name of your next-of-kin? Mrs Bridget Fallon
- (b) the address of your next-of-kin? 178 Ordnance St., Kingston, Ontario
- (c) the relationship of your next-of-kin? Mother
- 5. What is your profession or occupation? Clergyman
- 6. What is your religion? Roman Catholic
- 7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 8. To what Unit of the Active Militia do you belong? _____
- 9. State particulars of any former Military Service? R.C. Chaplain, London, Ont.
- 10. Are you willing to serve in the
CANADIAN OVERSEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

James P. Fallon (Signature of Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him * fit for the CANADIAN OVERSEAS EXPEDITIONARY FORCE.

Date Aug 21st 1916

Place London W. B. MacDermott
Medical Officer.
Capt Camp

* Insert here "fit" or "unfit."

Unit

Rank Name

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? *Talbot*
 (b) What are your Christian Names? *James Patrick*

2. (a) Where were you born? (State place and country) *Windsor, Ontario, Canada*
 (b) What is your present address? *10 Central Ave, Windsor, Ontario*

3. What is the date of your birth? *Sept. 1, 1874*

4. (a) What is the name of your next-of-kin? *Miss Beatrix Talbot*
 (b) the address of your next-of-kin? *178 Commercial St, Kingston, Ontario*
 (c) the relationship of your next-of-kin? *mother*

5. What is your profession or occupation? *Commander*

6. What is your religion? *Methodist*

7. Are you willing to be vaccinated or to vaccinated and inoculated? *Yes*

8. To what Unit of the Active Militia do you belong?

9. State particulars of any former Military Service? *As Captain, Windsor, Ont.*

10. Are you willing to serve in the CANADIAN OVERSEAS EXPEDITIONARY FORCE? *Yes*

The undersigned hereby declares that the above answers made by him to the above questions are true.

James P. Talbot
 (Signature of Officer)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named Officer in accordance with the Regulations for Army Medical Services.

I consider him *fit* for the CANADIAN OVERSEAS EXPEDITIONARY FORCE

Date *Sept 15 1915*

Place *Windsor, Ontario*

W. P. Talbot
 Medical Officer

REGIMENTAL DOCUMENTS

12/21



NAME **ALLON JAMES PATRICK**

REGT. NO. **A/Chap.** UNIT **C. Chap. Ser.** H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

3
2

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

Ret 4879

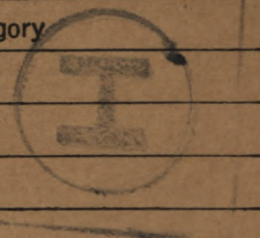
Ret 28920

14/6/19

Pass - 804-48
Ret-30-12-19

DEATH

Category



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

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

M
28920

00989

DISCHARGE

Category

D. end

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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)

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)

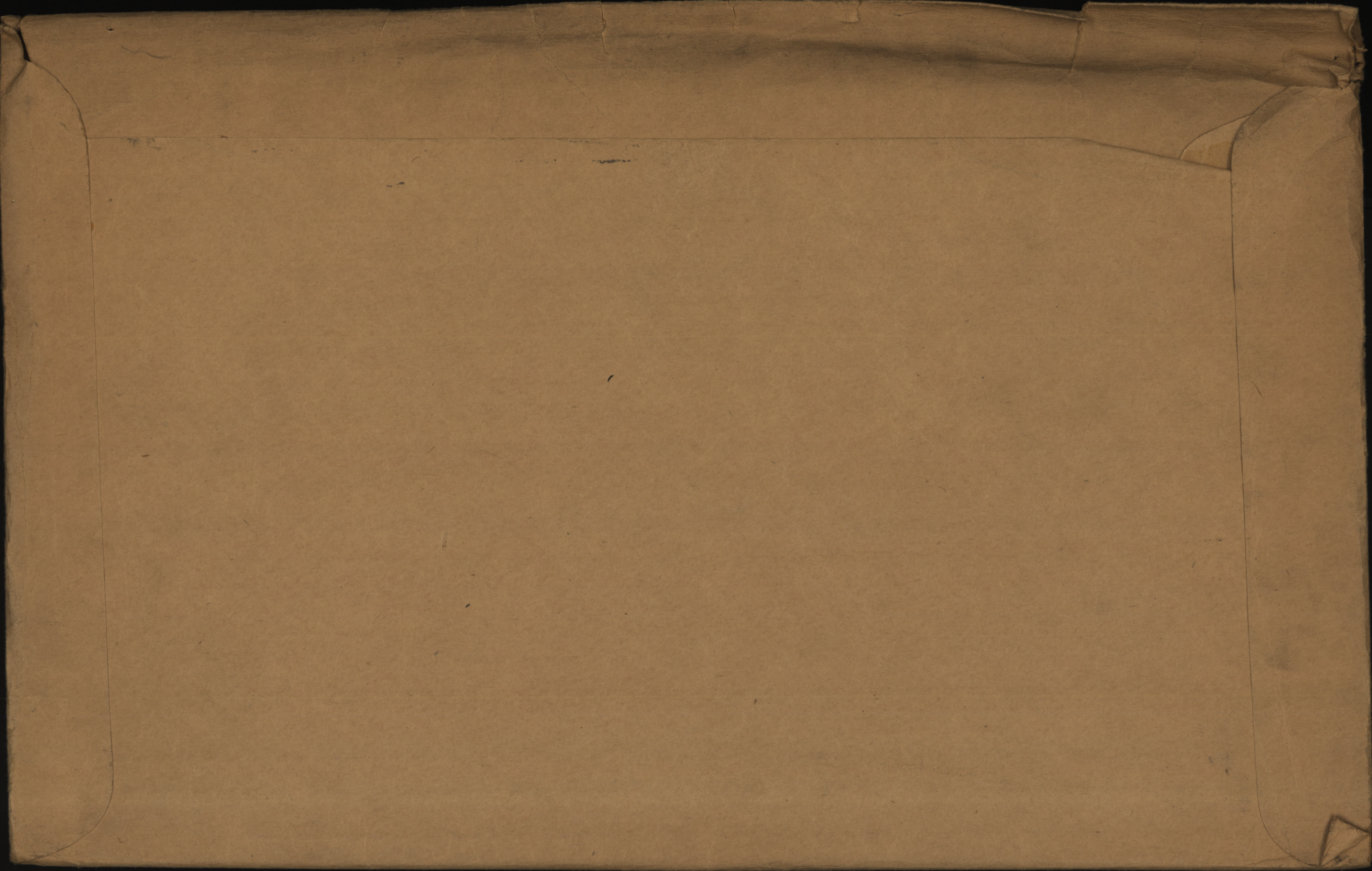


DESERTION

2 Disp. Cert.
1 m.f.w. 67.
1 m.f.w. 2591
1 m.f.w.

1
1-28
1-28

Ref. S. L. Olympic. 2/7/19.



To be made out in duplicate.

H.Q. 54-21-23-53

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..... Chaplain

(2) Regimental Number

(3) Full Name of Soldier..... Captain James Patrick FALLOX

(4) Place of Birth..... Kingston, Ontario Canada

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

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

(b) Present Postal Address..... 90 Central Avenue, London, Ont.

(7) Are you a widower?

(8) Have you any children?.....

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

Also their names and ages.....

(9) Is your Father alive? *No*

If so, state name and address

(10) Is your Mother alive? *Yes*

If so, state name and address *Bridget Fallon*

178 Ordnance St., Kingston, Ont

(11) If your Mother is a widow *Yes*

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.

(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 *1-8-16*

J. P. Fallon
Officer Commanding.

MEDICAL HISTORY SHEET.

Surname Fallon Christian Name James Patrick

Examined { on 1st day of August 1916
 at Londou

Birthplace { City or Town Kingston
 County Frontenac

Apparent age 45

Trade or occupation Priest

Height 5 Feet 11 Inches.

Weight 185 Lbs.

Chest measurement { Minimum 30 1/2 inches.
 Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right 0 Left 2
 Number 2

When Vaccinated last When a child

(a) Marks indicating congenital peculiarities or previous disease None

Approved by J. J. McNally Capt. R.C.M.C.
 Rank M.D.#16.E.7. M.O.

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

Date.	Result.	VACCINATIONS.
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 23 day of May 1916 at Londou Ont

	CORPS.	REG'T'L NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to				

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.

Number

Rank

H. Capt.

Surname

FALLON

Christian Name

James Patrick

Units

Theatre of War

France

Date of Service

7-8-16

23-8-18

2-7-19

Remarks

Latest Address

*90 Central Ave.,
London, Ont.*

Roll No

"B" Page 8624.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date _____ Remarks _____

DESP. NOV 25 1921
REGN. NO. 6179327

*—Name will be given in full; surname first.

SURNAME.

Fallon.

CARD NO.

505000011-7-19

CHRISTIAN NAMES

James, Patrick.

2096. FOLL. 15-4-19
K02005 23-7-19

REGL. NO.

RANK

~~Capt~~ Temp Chapln. Upon Rank of Capt

UNIT

Chaplain. 1. 12. 12.

FORMER CORPS

General list Chaplains

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Fallon, Mrs. Bridget

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

178 Ordnance St. Kingston Ont.

COUNTRY OF BIRTH

Canada.

Kingston Ont.

DATE

Sept. 6th. 1874.

PLACE OF ATTESTATION

DATE

R/E 9-7-19 ³⁶⁷/₉ eapt

Prom to Temp Chapln: 19/3/16 Auth L.G.

L. L. 94504. M. & D. 6512.

22/9/16 29759

M. F. W. 22. 250M. -2-16. H. Q. 1772-39-339.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Catholic Priest

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

London. Ont.

DATE

Aug. 1st. 1916.

Present Address: 90 Central Ave. London. Ont.

Name

✓
FALLON

Unit

✓
James

Next of Kin

Patrick

SFA

Com Chap Serv. att No 1 CCCS.

Canada

Hon

Rank Capt + Chap

Reg. No.

58

Date
1918

Movement

Place

Casualty

List
No.Notified
N/K O.

W.O. List

27-11

1st CCCS

40107

Influenza

1165

5-12

Back to duty

40295

1166

NAME

Fallon, J. P.

REGT. No.

RANK AND UNIT

Hon. Capt

Chap. Serv att. c.c.s.

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1162'

San. Cas. Cal. Stat

27-11-18

Influenza

1166'

Disc to Duty

5-12-18

"

Surname

Christian Name

FALLON

J. P.

Rank

Unit

H/Capt.& Chap. Chap.Servs.att.1 CCCS.

Casualty List

No.1 Can.Cas.Clg.St'n. 27-11-18

12-12-18/1162. "Influenza". *af*

17-12-18/1160. Discharged to Duty:-5-12-18.

A.M.D. 2 DEPT.

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

Surname

Christian Name

Serial No.

Rank

Unit

Medical Board
held at

Date

Condition found
by Board

Remarks.

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

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. Rank CAPT. Surname FALLON
 (Given name in full)

JAMES PATRICK

Unit or Corps Chaplain Service Birthplace Kingston, Ontario

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

I. GENERAL DESCRIPTION:

Physique Good Weight 180 lbs. Height 5 ft. 11 in. Colour of Eyes Grey

Nutrition normal

Pulse 72

Condition of arteries normal

WITH GLASSES
 Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).

NIL

Opinion as to general health and physical condition FIT

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 NO

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.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at 13. Berwick St. N.Y.C. (Overseas)

Date 30-6-19

Signed Dr. Macmillan M.O.
Major C.A.M.C.

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 James P. Fallon, Capt.

(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 a Medical Board.)

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

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

DIRECTIONS TO
DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) FALLON, J.P.

REGIMENT Chaplain Services RANK Capt. No. —

Date of Examination in England 30/6/19 Date of Examination in France _____

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 No
2. EXTRACTIONS No
3. CROWNS No
4. DENTURES
 - (a) Full Upper No
 - (b) Part Upper No
 - (c) Full Lower No
 - (d) Part Lower No

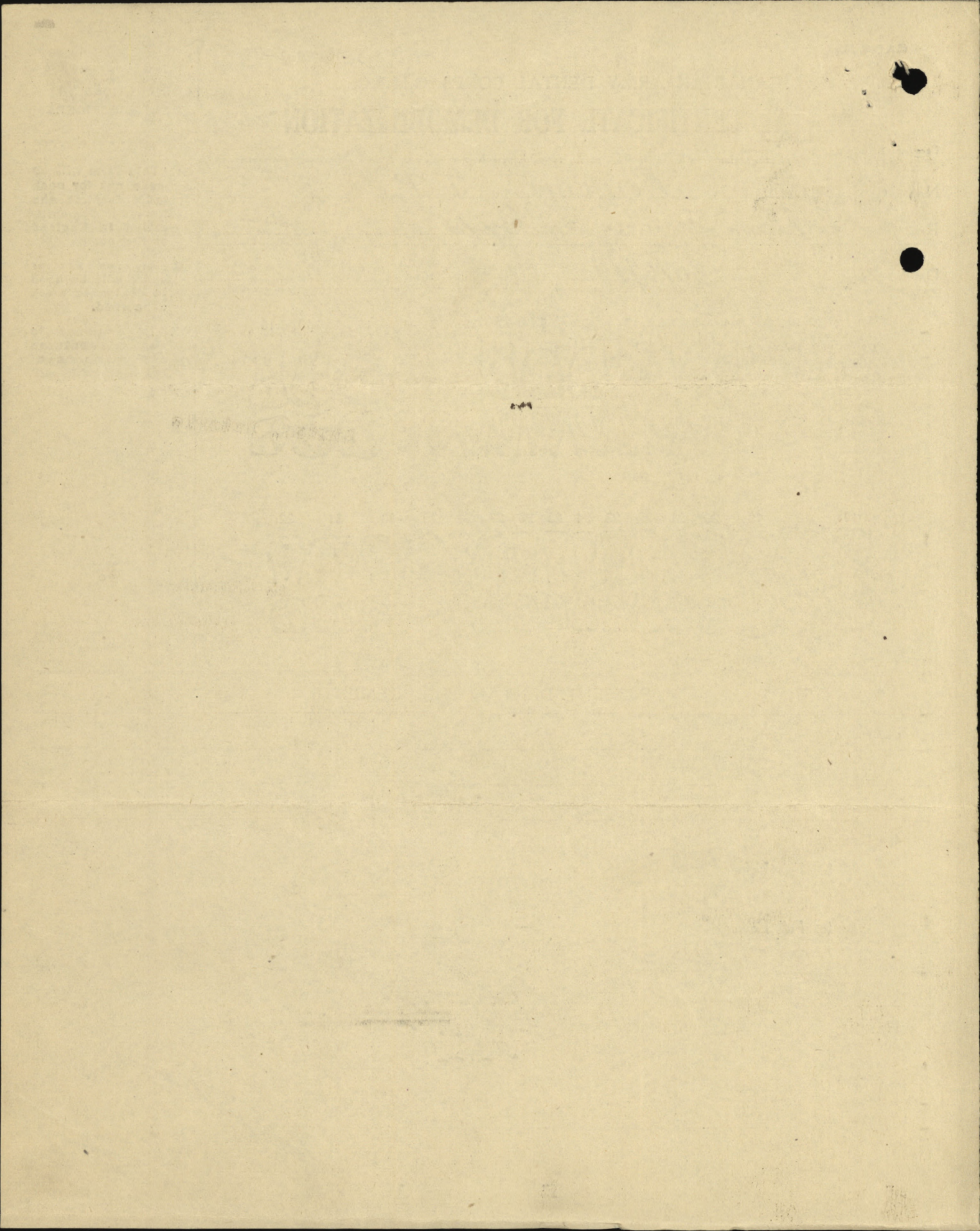
HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada No
- (b) In England No
- (c) In France No

Signature of Dental Officer

[Handwritten Signature]
 Major
 C.A.D.C.



CERTIFIED CORRECT

7 - JAN 1918

CANADIAN RECORD OFFICE

Army Form B. 103

DUPLICATE.

Regimental Number.....

Casualty Form - Active Service.

Regiment or Corps..... CHAPLAINS' DETAILS.
 Rank Hon. CAPT & CHAP Surname FALLON, Christian Name JAMES PATRICK.
 Religion R.C. Age on Enlistment..... years..... months
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a) 7.8.16.
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and Rate.....
 Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ... <u>Canada</u>	<u>7.8.16.</u>		
		Disembarked...			
<u>25.8.16</u>	<u>406 C.T.D</u>	<u>T.O.S on air from Canada & posted</u>		<u>22.8.16</u>	<u>Do 4485.</u>
<u>22.9.16</u>	<u>W.O.</u>	<u>To be Temp Chaplain with the</u>		<u>19.8.16</u>	<u>L.C. 22.9.16</u>
<u>25.8.16</u>	<u>6th C.T.B.</u>	<u>Posted to 6th C.T.B. for duty at</u>	<u>Wankes Horton</u>	<u>24.8.16</u>	<u>Pth of</u>
<u>29.11.16</u>	<u>3rd C.T.B.</u>	<u>Attached 3rd C.T.B.</u>		<u>25.10.16</u>	<u>Pth of 326.</u>
<u>4-1-17</u>	<u>1st Can Res. Bde</u>	<u>Att to 1st Res Bde from</u>	<u>3rd C.T.B.</u>	<u>4-1-17</u>	<u>Pth of</u>
<u>1/3/18</u>	<u>8th Can Res Bde</u>	<u>attached & C.O. Sporncliffe East</u>		<u>1/3/18</u>	<u>N.O. 60</u>
<u>1-4-18</u>		<u>Cons to be attached</u>		<u>1-4-18</u>	<u>N.O. 101.</u>

[Signature]
 MAJOR.
 FOR ASST. MIL. SEC. CAN.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form D.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
6-4-18.	Att ^d to Man. Regt Depot for duty & 1 st C.E. B. for 2 nd P. (S.C.O. 17/6/18) (M.R.D. DO. 98. 8-4-18)				
24-4-18.	Ceases to be att ^d to Man. P.D. for duty. (S.C.O. 17/24-4-18) (M.R.D. DO. 120. 30-4-18)				
20.5.18.	Gen Depot.	Attached for duty, quarters, and returns.	Shorncliffe	10.5.18 27.5.18	Pl. 4. D.O. No. 119.
10.7.18.	Gen Depot.	Ceases to be attached for duty, quarters and returns on proceeding to Italy.	Shorncliffe	7.7.18	Pl. 4. D.O. No. 162. H. M. Lamb Lieut. Officer in Charge for D.C. General Depot 1. Chyff. Depot. Camp
26.8.18	A.C.S.	On Command	Italy	8/7/18	Co 243 g 8/7/18
		Off Command	Italy	10/8/18	} Co 285 g 12/8/18
		On Command	Ireland	13/8/18	
		Off Command	Ireland	21/8/18	Co 303 g 26/8/18
		S.O.S. Chaplain. Thro Onnd			
		on proceedai, O/S for duty	London	23/8/18	Co 297 g 26/8/18
27.					H. M. Lamb Captain

Man 706

Casualty Form - Active Service

Regiment or Corps *Cas Chaplain Forces*

Rank *H. Capt.* Surname *Fallow* Christian Name *J. P.*

Religion..... Age on Enlistment..... years..... months

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended {.....} Re-engaged {.....} Qualification (b).....
or Corps Trade and Rate.....

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<i>21.8.18</i>	<i>W.D.</i>	<i>T.O.S Cas Chaplain Forces. on arrival in France as reinforcement</i>	<i>121/Staff/1/2069</i>	<i>16/8/18</i>	<i>K.R. 304/18</i>
<i>25.8.18</i>	<i>A. J. Can.</i>	<i>attached as in W.D. to No 9. Cas Stat Hos.</i>	<i>Blize.</i>	<i>21.8.18</i>	<i>Part. I 33. 28/8/18.</i>
<i>2.9.18</i>	<i>A.D.C.S 842.</i>	<i>Orders to be attached as in W.D. to 9 Cas Stat Hos on being attached as in W.D. to No. 1. Cas Stat.</i>		<i>25.8.18</i>	<i>Part. I 36. 14/9/18.</i>
<i>6.12.18</i>	<i>12 B.B.B.1</i>	<i>Influenza admitted to duty -</i>		<i>27.11.18</i>	<i>Part. I 36 14/9/18 B 213</i>
				<i>5.12.18</i>	<i>~</i>

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c (17591.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
22-2-19	OC 16668	Created to be addressed in <i>W.E. Field</i> <i>H. 16668</i> Auth. Dms. 1-2 Ech. 17/16/18 of 16 ² /19. (on proceeding to England)		16-2-19	B213 Pt. 58 11919 <i>Edgeworth</i> <i>for</i>
2-7-19		S.O.S. O.M.F. of C. ON EMBARKATION FOR CANADA <i>Amalmercap</i>			
		EMBKD. SOUTHAMPTON 2-7-19 ARR HALIFAX JULY 8 19			For MAJOR General, Adjutant General, Canadians
16-7-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 4	2-7-19 C.E.F. R.O.	2081-19
23-7-19	M.H.Q. Ottawa	S.O.S. C.E.F. In Canada on General Demobilization	M.D. No. 1	11-7-19 C.E.F. R.O.	2088-19
			<i>W. Hunter, Cap</i> for Director Personal Services		

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

J. T. 1-35.
E. S.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Honourary Captain and Chaplain

(Name in full) James Patrick Fallon,

Enlisted in The Canadian Chaplain Services

CANADIAN EXPEDITIONARY FORCE, on the XXXXXXXXXXXXXXXXXXXXXXXXXXXX

day of XXXXXXXXXXXXXXXXXX 191 AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Chaplain Services,

CANADIAN EXPEDITIONARY FORCE on the First day

of August 191 6.

He SERVED in CANADA, ENGLAND and FRANCE with the Can. Chaplain Services, 6th Infantry Batta., 3rd Batta., Att. 1st Reserve Bde., Att. 8th Reserve Batta., Att. Manitoba Regt'l Depot, Att. General Depot, Att. 79 Can. Stationary Hospital, 21 Can. Cas. Clearing Station.

and was STRUCK OFF THE STRENGTH on the Eleventh day

of July 191 9 by reason of General Demobilization.

Dated at Ottawa, this Sixteenth day

of December 191 9.

On Command to Italy, 8-7-18.
Off Command from Italy, 10-8-18.
On Command to Ireland, 13-8-18.
Off Command from Ireland, 21-8-18.

Lt.-Col.
For Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that _____
 (Name in full) _____
 Resided in _____
 CANADIAN EXPEDITIONARY FORCE on the _____
 day of _____ AND WAS APPOINTED TO COMMISSIONED RANK
 in _____
 CANADIAN EXPEDITIONARY FORCE on the _____
 day of _____
 He served in CANADA _____
 and was STRUCK OFF THE STRENGTH on the _____
 day of _____ by reason of _____
 Dated at Ottawa this _____
 day of _____ 191____

Director of Canadian Services

1000
1000
1000

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

6th Can. Tro. Bde.

Capt +
Chap.

22-816 From Canada.

Name Fallon

Address

D.O.#4485 C.T.D.
d/25-816.

Initials J.F.P.
Bank of Montreal.

Amount. \$

Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS.
1916								
Sep 5	Bank							
	Pr a 1/8/16-31/8/16 mess 22/8/16					126 25		
21	ditto					126 25		
	Pay Sept (R)					142 50		
28	Bank					142 50		
Oct 9	Pay Oct. (R)					147 25		
28	Bank					147 25		
Nov 21	Pay Nov. (R)					142 50		
24	Bank					142 50		
Dec 12	Pay Dec. (R)					147 25		
18	Bank					147 25		
1917								
Jan 27	Pay Jan R.					147 25		
25	Bank	19286				147 25		
Feb 20	Pay Feb. R.					133		
22	Bank	21913				133		
Mar 15	Pay Mar R.					147 25		
26	Bank	24818				147 25		

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

3 Res.

Pay 3⁰⁰

F.A. 75⁺

Messing 1⁰⁰

Capt Chap.

Name

Initials

Bank

10
Fallon
J. B. P.
of Montreal.

Add Outfit Alice 178⁸

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
April 22	Pay		142 50					
24	Bank	1186		142 50				
May 3	Pay		147 25					
20	Regions 7-24 ⁴ 18	R:47					1-4-0	
24	Bank	2679		147 25				
June 4	Pay		142 50					
24	Bank	4144		142 50				
July 8	Pay		147 25					
24	Bank	5625		147 25				
August 15	Pay		147 25					
24	Bank	7161		147 25				
Sept 3	Pay		142 50					
24	Bank	9186		142 50				
Oct 1 st	Pay		147 25					
23	Bank	10393		147 25				
24	Add Outfit Alice 178		100					
30	Bank	10853		100				
Nov. 6	Draw. Alice France 23-25 ⁸ 18	2481					7 ⁰⁰ 48.90	
	Pay R		150					
	Adpt F Alice 12 ⁹ 18-31 ⁹ 18		1750					
	Home 265			16250				
Dec 28	Pay R		155					
	Bank	13770		155				
Jan 11	Pay R		155					
	Bank			155			Forward	

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount \$

Separation Allowance issued. Yes or No.....

3 Res

Pay

F.A.

Messing

Bayly Chap

Name

Initials

Bank

Fallon

J.P.P.

Montreal

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Feb	Balance Forward			Nil		Nil		
	Pay R.		140					
	Bank 17136			140				
Mar 13	S.O.R. clothes 19 ¹² / ₁₉ (£2-19-0) 13 Mar. 00	143		14 36				
	Pay R.		155					
	Bank 18683			140 64				
Apr.	Pay R.		150					
	Bank 110			150				
May 14	May Pay. (P.)		155					
	Bank			155				
June 20	Pay R.		150					
	Bank			150				
July 1 st	Adv July P.R.	4511		155				
July 24	July Pay (P.)		155					
							<p>Taken to Canada.</p> <p>to P.M. (P.M.) 31. 7. 19.</p> <p>Marie N.E. Coque</p> <p>10 St. Joseph August 19</p>	

ASSIGNED PAY.

1917-18

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

DATE AUTHORITY

3 Res En

Pay 3⁰⁰

4.0. 75⁰⁰

Miss 1⁰⁰

Cpt & Chap. 22⁵⁰

Fr. Inv.

L.O. 4485-6.7.17

25⁰⁰

Name

Initials

Bank

Fallon

J. R.

of M.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
Apr 23	Pay Apr R.		142 50					
25		Bank 2940		142 50		—		
May 10	Pay May R.		147 25					
24		Bank 6022		147 25		—		
June 18	Pay June R.		142 50					
21		Bank 7999		142 50		—		
July 20	Pay July R.		147 25					
25		Bank 13007		147 25		—		
Aug 18	Pay Aug R.		147 25					
22		Bank 17020		147 25		—		
Sept 18	Pay Sept R.		142 50					
22		Bank 21610		142 50		—		
Oct.	Pay		147 25					
13		Bank 26282		147 25		—		
Nov.	Pay		142 50					
22		Bank 30733		142 50		—		
Dec	Pay		147 25					
15		Bank 35096		147 25		—		
1918	Pay		147 25					
Jan 24		Bank 39459		147 25		—		
Feb 23	Pay		133 -					
		Bank 41013		133 -		—		
Feb 24	Pay		147 25					
25		Bank 42637		147 25		—		

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

Dispersal area. K
Occupational Group 19F 46

Proceedings of an Officer or Nursing Sister
Struck off Strength
OF THE
Canadian Expeditionary Force.

O.K.

War Service Badge
Class "A" No.

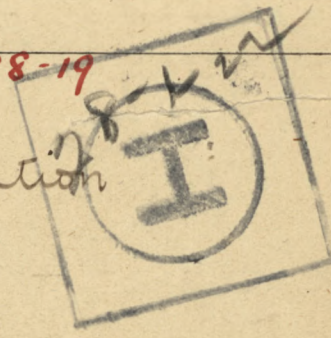
1. RANK 4 Captain.

2. NAME Fallon, James Patrick

3. UNIT Can. Chap. Services

4. DATE STRUCK OFF STRENGTH SOS 11-7-19 PLACE RO 20 88-19

5. REASON Remobilisation



6. AUTHORITY

7. PROPOSED RESIDENCE 30 Central Ave
London
Ontario

This folder should contain the following documents :—

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report, M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

- ✓ 1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
- ✓ 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. Proceedings on Striking off Strength (M.F.W. 2591).
- ✓ 7. Last Pay Certificate (P. 41)
- ✓ 8. War Service Gratuity Form (M.F.W. 2595).

M.F.W. 2591. Documents.
(923) Wt. /45P 3/19 15M D.St.

✓ Dispersal Cert.

Proceedings of an Officer or Nursing Sister
Struck off Strength
OR THE
Canadian Expeditionary Force.

War Service Badge
Class A, No. _____

1. RANK		2. NAME	
3. UNIT		4. DATE STRUCK OFF STRENGTH	
5. REASON		6. AUTHORITY	
7. PROPOSED RESIDENCE			



This folder should contain the following documents :-

1. Declaration Paper, M. F. W. 51, or Attention Paper, M. F. W. 52.
2. Casualty Form, A. F. B. 105 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 219 or A. F. B. 118.
4. Proceedings of Medical Board, A. K. A. 179 or M. F. B. 227.
5. Medical Report, M. F. W. 129.
6. Dental History Sheet, M. F. B. 455.
7. Test by Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

The following documents should also be submitted :-

1. Declaration Paper (M. F. W. 51).
2. Attention Paper (M. F. W. 52).
3. Casualty Form (A. F. B. 105).
4. Medical History Sheet (M. F. B. 219).
5. Proceedings of Medical Board (A. K. A. 179).
6. Medical Report (M. F. W. 129).
7. Dental History Sheet (M. F. B. 455).
8. Test by Certificate (M. F. W. 44).
9. Certificate as to Missing Documents.

Journal of an Officer or Nursing Sister
attached to the
Canadian Expeditionary Force.

Group _____
Checked by _____
Date 20 10/1919

Group..... *HEP*
Checked by No..... *13*
Date..... *30 JUN 1919*

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. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname JallowChristian Name James Patrick

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Kingston County Ontario CanadaExamined ... { on 21st day of August 1916
at London, 86 Strand W.C.Declared Age ... 41 years 1 1/2 mos days.Trade or occupation ... ClergymanHeight ... 6 feet ... inches.Weight ... 185 lbs.Chest Measurement { Girth when fully Expanded 40 inches.Range of Expansion 5 inches.Physical Development ... goodVaccination { Arm ... Right one LeftMarks { Number ... TwoWhen Vaccinated ... 1885Vision ... { R.E.—V=good with or without glasses
L.E.—V=good

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

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

Approved by (Signature) W.B. MacDermott
(Rank) Capt. Col. Medical Officer.Enlisted ... { at ...
on ... day of ... 191 ...Joined on Enlistment ... { Corps. Chaplain Regtl. No. 6547
Transferred to ...Became non-effective by ...
on ... day of ... 191 ...(Signature) _____
(Rank) _____

Rank and Name **FALLON James Patrick Hon. Capt.**

Regimental No. _____ Name and Address of Next-of-Kin **Mrs Bridget Fallon (Mother)**

Unit **Chaplains Details** **178 Ordnance Street,**

Date of enlistment **1.8.16** **Kingston Ont. Canada.** **Kingston Ont.**

Place of birth _____

Married (Yes or No) _____ Date and place of discharge _____

If in Permanent Force _____ Reason for discharge _____

Promotions or appointments **SAILED 7 8 16 H Q 593-6.1** Character on discharge _____

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				
25-8-16	G.O.C. C.T.D.	On arrival from Canada Taken on strength & posted	6 th C.T.B.	22-8-16	S.O. 4485, Pt. II ord 1 (6 th C.T.B.)
22.9.16	W.O.	To be Temp Chaplain with the Hon rank of Capt		19.8.16	Lon Gaz 22.9.16.
25-8-16.	6 th C.T.B.	Posted to 6 th C.T.B. for duty at Monks Horton		24-8-16.	Pt. II ord 1.
29-11-16	3 rd C.T.B.	Attached to 3 rd C.T.B.		25-10-16	Pt. II ord 326 Pt. II ord. 14 (6 th C.T.B.) A.F.B. 105.
4.1.17	Plank Bdttd to: 5 th Res. Bde from 3 rd C.T.B.			4.1.17	Pt. II Ord 1 Pt. II Ord 3 (3 rd C.T.B.) A.F.B. 105. 3 JAN 1918
8-7-18	DCS	"On Command" Proceeded on Spec Duty to Italy		10-8-18	CO 285
12. 8. 18	do -	"On Command" Proceeded to Ireland on Spec Duty		12.8.18	CO 303
26-8.18	- do -	S.O.S on Proceeding to France		13.8.18	CO. 285
28.8.18	C.Chap. Force	T.O.S of Can. Chap. Force on Arr. in France		23.8.18	CO. 297 A.F.B. 105.
14.9.18	- do -	Attel as in WE to No 9 Can. Stat Hosp.		23.8.18	Pt. II/33 3 SEP. 1918
14.9.18	- do -	Ceases to be Att No 9 C.S. Hosp. & attel as in WE to No 1 Can. Cas Cly Station		25.8.18	Pt. II of 36
12.12.18	AMS	Adm No 1 Can Cas Cly Station Disch to duty		25.11.18	Ch 1167 5.12.18 Ch 1166. Influenza

Date	From whom received	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
		Kingston Ont.	Kingston Ont. Canada		
24.2.19	C. Chap Forces	Trans to Eng for duty & detached to Gen Depot		16.2.19	PT II 9
3.3.19	DCS	T.O.S on Reporting from France		17.2.19	CO 73
3.3.19	do	Posted to Witley Area		21.2.19	CO 75
11.3.19	NOICCS	Ceases to be attached as in W. Esleb		16.2.19	PT 8
3.3.19	Can Spec Hosp	attached to this unit		21.2.19	PT 18
19.3.19	Chap Forces	ceases to be posted to 4th Div 102 Bn			Refers to GA Fallon
2.6.19	DCS	Posted from Witley Area to London		28.5.19	CO 186
15.7.19	DCS	SOS on return to Canada		2.7.19	CO 228
		Sailed to Canada		27.7.19	Sh 97
				SOS 11.7.19	

206464

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

12 22. J-80 ✓

AUDITOR PAYMASTER

M. OR S. **REGT. No.** *Captain* **RANK** **NAME (IN FULL)** *FALLON, James Patrick*
IF IN P.F. WHAT UNIT? *40 Central Ave, London Ont.*
ORIGINAL UNIT C.E.F.? *L. L. S.* **PLACE OF ATTESTATION** *508 551* **DATE** *17/9* **AUTHORITY** *D0196*
DATE OF ATTESTATION *10-5-16* **ASSIGNED PAY \$** *378* **DATE EFFECTIVE** *11/9/19*
TO WHOM PAID **RELATIONSHIP** *Nils ✓* **ANY CHANGE IN ASSIGNEE OR ADDRESS** *St Josephs Rectory, 111007 99th Avenue, Edmonton, Alberta*
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE *508 London 11/9* **REASON** *Dem* **AUTHORITY** *D0196* **IF ENTITLED TO POST DISCHARGE PAY** *11/19*

BALANCE FROM PREVIOUS ACCOUNT

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			COL. NO. 1		COL. NO. 2		COL. NO. 3						COL. NO. 1	COL. NO. 2		COL. NO. 3	DEBIT	CREDIT
					\$	C.	\$	C.	\$	C.										
21/9 ✓	4.00 ✓		1.20 ✓	1.20 ✓													Rel per Olympic 7/9 ✓ Back P ✓ Spec mess 31 day at 1/5 ✓ Spec P.A 20 day at 1/5 ✓ Net pay 7/9 ✓			
183 days ✓			7164 SA ✓	732.00 ✓					1	120 ✓							RR Montreal May ✓ Soldier Dependent ✓ 1st W & Gas above ✓ Bal as above ✓			
			9.00 ✓	732.00 ✓					2	120 ✓							9/18/19 115698 ✓			
			9.00 ✓	741.00 ✓					3	120 ✓							16254 ✓			
									4	129.00 ✓							1174999 ✓			
										132.00 ✓							NOV 7 1919 1182877 ✓			
										630.00 ✓										

