

Unit 29th O.S. Battery C.F.A. Rank Lieut Name C.H. Mathewson

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

- 1. (a) What is your Surname?..... Mathewson
- (b) What are your Christian Names?..... Chester Henry
- 2. (a) Where were you born? (State place and country)..... London, Ont.
- (b) What is your present address?..... 486 Princess Ave, London, Ont.
- 3. What is the date of your birth?..... 25th April 1883
- 4. What is (a) the name of your next-of-kin?..... Mrs E.W. Mathewson
- (b) the address of your next-of-kin?..... 486 Princess Ave, London, Ont.
- (c) the relationship of your next-of-kin?..... Mother
- 5. What is your profession or occupation?..... Civil Engineer
- 6. What is your religion?..... Prot.
- 7. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 8. To what Unit of the Active Militia do you belong?..... 29th O.S. Battery C.F.A.
- 9. State particulars of any former Military Service..... Lieut 6th Field Battery C.F.A. 1910
Corps Reserve " " " 1912.
- 10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes

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

Chester H. Mathewson (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 OVER-SEAS EXPEDITIONARY FORCE.

Date..... October 26th..... 1915.

Place..... London, Ont.

[Signature]
Medical Officer.

* Insert here "fit" or "unfit."

OFFICERS' DECLARATION PAPER
CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

1. What is your name (Surname and initials) and rank?

2. What is your service number?

3. What is the name of your unit?

4. What is the name of your ship?

5. What is the name of your vessel?

6. What is the name of your ship?

7. What is the name of your ship?

8. What is the name of your ship?

9. What is the name of your ship?

10. What is the name of your ship?

[Signature]

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named officer and find that he is fit for service in the Canadian Overseas Expeditionary Force.

Date: _____

Signature: _____

9/27/19

NAME MATHEWSON CHESTER HENRY REGT. at.

UNIT 13th Bde. H. Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)	6-12-19 88	Pers	28/6/19	Pers 745 48	DEATH
2 CASUALTY FORM (M.F.W. 51 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob</i>
1 MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCFEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 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)					
1 Disp. Cert.					
1 m. s. w. 67.					
1 m. s. w. 2591					
1 Gas Card					
1 Pay Book					
1 Ha					
1 Indef band					

Certs
M

H

Discharge 9/1/61

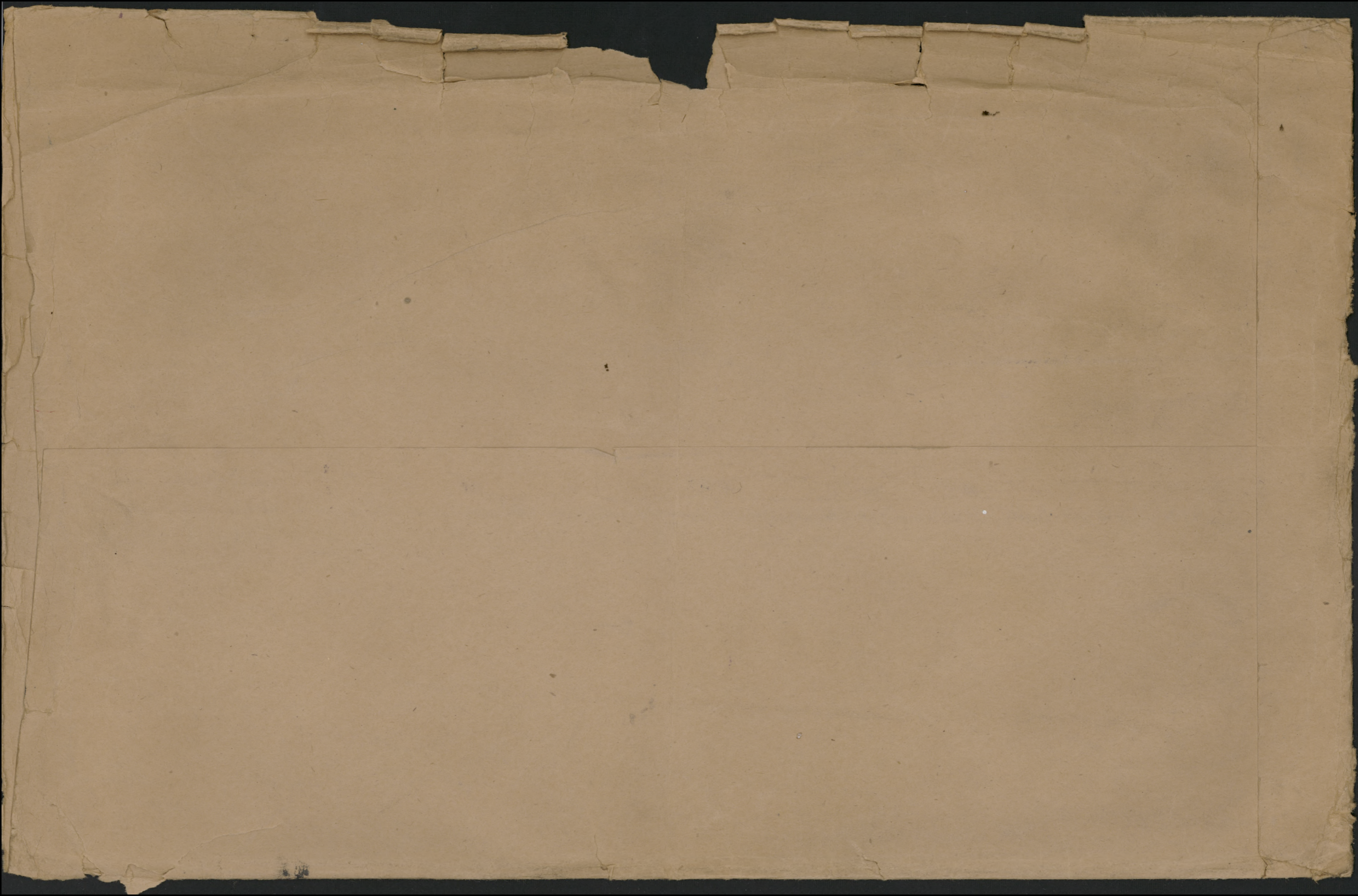
12780

BOX
6037

H

2
1-25
1-25

Ref. S.S. Section 11/6/19.



LIEUT
SIN/NAS

MATHEWSON
Surname/Nom

CHESTER HENRY
Given names/Prénoms

**CANADIAN FORCES
FORCES CANADIENNES**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

Deceased 9/1/61

**"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"**

A.O. ~~6037~~

**COMPONENT
ÉLÉMENT**

CEF 6037



ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address *Canada*

Amount. \$ ~~80~~ ²⁰ 20⁰⁰

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

NAME OF DATE AUTHORITY

14th Nov. Bde

mess DATE

AUTHORITY

Lieut

~~4/9/16~~ *From Canada*
24/9/16 P.O. # 302 C.T.D.
(B664) 2/26/76

9-2-1731
Name *Mathewson,*
Initials *MAW*
Bank of Montreal

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS.
		1916-17						
Oct 5	<i>for Bal Fwd 60</i> <i>Prd 1-30/9/16 Mess 24-30/9/16 Bank</i>			62.50				
20	<i>for Bal for Can</i>		60					
	<i>Sept pay Mess for 24th</i>		85					
	<i>Oct pay R</i>		111.60					
26	<i>Bank</i>			134.70				
Nov 20	<i>Nov Pay.</i>		108					
27	<i>Bank</i>			108				
Dec 13	<i>Dec Pay</i>		111.60					
19	<i>Bank</i>			111.60				
Jan 19	<i>Jan Pay</i>		111.60					
26	<i>Bank</i>	19283		111.60				
Feb	<i>February Pay</i>		100.80					
17	<i>Assgd pay for Sep 16 Jan 17 @ 20⁰⁰ per month charged 16/17</i>			100				
20	<i>a. P. Can.</i>				20	19.20		
Mar 20	<i>March Pay.</i>		111.60			20.80		
23	<i>A. Pay Canada</i>				20			
	<i>Bank.</i>	24822		72.40				



30
31
31
28
120

ASSIGNED PAY.	UNIT.	RANK.	NAME.
Beneficiary Address Amount. \$20 ⁰⁰ Separation Allowance issued. Yes or No.....	13 th B.F.A.	Lieut	Name Mathewson, Initials C.H.W. Bank of Montreal.
	DATE	DATE	
	NAME OF	AUTHORITY	

1917-18

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								
April	April Pay.	✓	108 -					
"	A. Pay Canada.	✓			20 -			
26	Bank.	2941		88 -				
May	May Pay.	✓	111 60					
"	A. Pay Canada.	✓			20 -			
24	Bank.	6022		91 60				
June	Pay.	✓	108 -					
"	A. Pay Canada.	✓			20 -			
23	Bank.	7998		88 -				
July	Pay.	✓	111 60					
"	A. Pay Canada.	✓			20 -			
23	Bank.	12984		91 60				
Aug.	Pay.	✓	111 60					
"	A. Pay Canada.	✓			20 -			
23	Bank.	17361		91 60				
21	Retiree 11 th -17/17	35X					1-8-0 ✓	
23	" 2-31/17	3811					1-5-4 -	
Sep 14	" 1-18 th /17	4777					1-4-0	
Sept	a. Pay Canada				20 -			
✓	Pay		108 -					
21	Bank	21876		88 -				
Oct	Pay		111 60					
15	A.P. Can				20			
23	Bank	26277		91 60				
Nov 13	Pay		108					
✓	A.P. Can				20			
	Can't. Int.					88		

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount.

\$ 20.⁰⁰ Can.

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

130 Id.

DATE AUTHORITY
Pay \$2.⁰⁰
Id .60
mess 1.⁰⁰

Lieut.

DATE AUTHORITY

Name Mathewson
Initials C.H.W.
Bank of 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
Nv.	Bgt. Id.					88		
22	Bank	30681		88				
Dec 10	A.P. Can				20			
"	Pay		111	60				
15	Bank	35076		91 60				
1918 Jan 11	Pay		111	60				
"	A.P. Can				20			
25	Bank	39441		91 60				
Feb 7	Pay		100	80				
11	A.P. Can				20			
21	Bank	41013		80 80				
March 4	Indem lost kit 7/12/17.	15261					16.10.0	\$80 ³⁰
7	Pay		111	60				
11	A.P. Can				20			
25	Bank	42610		91 60				

ASSIGNED PAY.

UNIT.

NAME OF

DATE

Rates pd
AUTHORITY

RANK.

DATE

AUTHORITY

NAME.

3.

Beneficiary

Address

Amount.

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

13 C.F.A.

Pay \$2.⁰⁰

4¹/₂ .60⁴

1 Mes 1.⁰⁰

Leut
~~capt~~
~~platoon~~

24/9/16

H. Can B.O.

302, C.T.D. 26⁹/₁₆

Name

Initials

Bank

Mathewson

C. H. W.

of Montreal.

\$ 20.⁰⁰ Can. \$ 30.⁰⁰ 1¹/₂ Can.

Add'l. Outfit Allee. 1¹/₁₈

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
April 27	Pay A.P. Can		108		20			
May 14	Pay A.P. Can	1173	111 60	88				
May 27	Bank							
June 7	Pay A.P. Can	2612	108	91 60	20			
June 24	Pay A.P. Can	4126		78	30			
July 11	Pay A.P. Can		111 60					
July 26	Bank	5625		81 60				
Aug 9	Pay A.P. Can		111 60		30			
Aug 24	Bank	7235		81 60				
Sep 3	Pay A.P. Can		108					
Sep 12	Pay A.P. Can				30			
Sep 25	Bank	9124		78				
Oct 15	Pay A.P. Can		111 60		30			
Oct 22	Bank	10393		81 60				
Oct 28	Add'l. Outfit Allee. 1 ¹ / ₁₈		100					
	Deduct. of one half compensation for lost Vet. 7 ¹² / ₁₇			40.15				
	Bank	10853		59.85				
Nov 20	Pay A.P. Can				30			
Nov 22	Pay R. & C. H. 12 ¹ / ₁₈ 21 ¹ / ₁₈		140					
Nov 29	Bank	12615		110				Howard

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

Address

Amount. \$ 30⁰⁰ Canada

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

13 C.F.A.
2
1
1
4⁰⁰

Lieut

Name Mathewson
Initials C.H.W.
Bank Montreal
W hoo Place

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918	Balance Fwd.		mil			mil.		
Dec 9	Pay R.		124					
" 12	A.P. Can.				30			
16	Bank 13770			94				
1919	Jan 9. Ajil. L.A. List to be paid for 29 ¹² to 31 ¹⁸ only 93 days @ 1 ¹⁵ pa. V. 19477		106 95					
" 15	do do Bank R. 14582			106 95				
" 15	Mess dues 13 C.F.A. List #2 Jan. 2/10. V. 969. Gent a/c.			69				
" 15	Pay R.		124			Cr. 123 31		
" 18	A.P. Can.				30	Cr. 93 31		
" 24	Bank 15558			93 31				
Feb 11	Pay R.		112					
" 11	A.P. Can.				30			
" 28	Bank 17126			82				
Mar 19	Pay R.		124					
" 19	A.P. Can.				30			
" 24	Bank 18683			94				
Apr 8	Pay R.		120					
" 8	A.P. Can.				30			
" 26	Bank			90				
May 16	Pay R.		124					
" 16	A.P. Can				30			
" 16	Ado Bal May & June P.A. Bank			184		Dr 90		
June	Pay R.		120					
	A.P. Can				30			

RETURNED TO CANADA
L.P.C. TO 306119 (B'head)
TRANSFER TO N.E. LEDGER

Sum 18 to 12 15/19.

Surname.
MATTHEWSON
Rank.

Christian Name.
C. H.
Unit.

Lieut.' 13th. Bde. C. F. A.

Date of admission.

No. 20 General Hospital, Camiers 26-10-18
Hospital.

Transferred Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Reported from G.H.Q. Wounded at Duty:-13-9-17. (

Diagnosis. P. U. O *clw*

Later diagnosis.

.....

.....

.....

Disposition.

Discharged:-8-11-18.
Date.

.....

.....

20-9-17 783.

30-10-18 1125-3.

14-11-18 1138-2.

C.L. Remarks.

C.L.

C.L.

C.L.

C.L.

C.L.

C.L.

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

Surname

Christian Name

Reg. No.

Rank

Unit

MEDICAL BOARD held at

Date

Serial No.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

SURNAME.

Mathewson "MC" ^{auth Lt. #31970}
3-6-19

22.1 CARD NO.
81823-6-19 Lieut.
Demol.
100.184.2.7-19
2082.7-17-19
22.153 cancelled M01
22.2149-2.5.19

CHRISTIAN NAMES

Chester Henry

REGL. No.

RANK

Lieut.

UNIT

~~55th Bty. C. I. A.~~ 13th Bde. C. I. A.

FORMER CORPS

6th Bde. Bty. Reserve Bde. Bty. (C. I. A.)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Mathewson Mrs. E. W.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

486 Princess Ave., London, Ont.

COUNTRY OF BIRTH

Canada, London, Ont.

DATE

April 25th 1883

PLACE OF ATTESTATION

London Ont.

DATE

Oct. 26. 1915

R/C. 22-6-19 $\frac{350}{5}$ Lieut

Auth Arr Trans M6089-1-4-20-9-17.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Civil Engineer

RELIGION

Protestant.

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

London, Ont.

DATE

Oct. 26th 1916.

Present Address—486 Princess Ave., London, Ont.

REGT'L. NO.

H. Q. FILE NO. 649

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

Mathewson^{Chester} Henry

Lieut.

13th Bgde. C. I. A.

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

form 55th Bgde.

- | NO. | DATE | NATURE OF CASUALTY |
|------------------|---------|--|
| M 6089
1-4 | 30-9-17 | Reported wounded remaining at-duty. Sept. 13th 1917 |
| M 6125
W.S.M. | 28-9-17 | Reported wounded remaining at-duty Sept. 13th. Have no further information than that already furnished |

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

783

Rept from Gen Headquarters

'Wounded x Duty 13-9-17

1125⁽³⁾

20 Gen. Canine

26-10-18

P.U.O. Sgt

1128⁽²⁾

discharged

8-11-18

"

No.

RANK

Lieut

NAME

Mathewson C H

T. O. S.

UNIT

*58th Battery (14th Bde)**Trans. From: 29th of Battery.
Mar. Paylist*

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Oct. 24</i>	<i>Mar 31</i>	<i>✓</i>		
<i>Apr:</i>		<i>✓</i>		
<i>May:</i>		<i>✓</i>		
<i>June:</i>		<i>✓</i>		
<i>July:</i>		<i>✓</i>		
<i>Aug:</i>		<i>✓</i>		



Number Rank A/Capt. A

Surname MATHEWSON. K

Christian Names Chester Henry

Unit Theatre of War France

Dates of Service 11.9.16 - 20.8.17 - 12.6.19

Remarks

Morrisburg.

Latest Address ~~486 Princess Ave~~

London

Ontario

Roll No. B

Page 4049

Ms. B. 2. 1895 ^{Map}

MAY 2 1895

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

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

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps 55th Os. Battery, C.F.A.

Regimental No. _____ Rank Lieutenant Name Mathewson, Chester Henry

Enlisted (a) 18/5/16 Terms of Service (a) Duration of war Service reckons from (a) 18/5/16 11-9-16

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) Lieut. 6th Field Battery (Civil Engineer)

Report Date	From whom received	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.
		<i>Embarked Canada</i>	<i>Halifax N.S.</i>	<i>11/9/16</i>	
		<i>Disembarked England</i>	<i>Liverpool</i>	<i>22/9/16</i>	
	<i>4 C.O. 2</i>	<i>Transferred to Empire</i> <i>1916</i> <i>British Legion re-</i> <i>organization.</i>	<i>Milford</i>	<i>22.1.17</i>	<i>D.O. II #</i> <i>C. O. Smith & Adjutant</i> <i>for C.O. 14th F.A. Brigade, C.E.F.</i>
<i>22.1.17.</i>	<i>C.O. 13th Bde. C.F.A.</i>	<i>T.O.S. on transfer from 14th Bde. C.F.A., posted to 55th Battery.</i>	<i>Milford Camp.</i>	<i>22.1.17.</i>	<i>D.O. Pt. II #5</i> <i>1/26.1.17.</i> <i>Lieut.</i> <i>Adj. 13th Brigade C.F.A.</i>
<i>20.8.17</i>	<i>C.O. 13th Bde. C.F.A.</i>	<i>Proceeded Overseas on Service.</i>	<i>Milford Camp.</i>	<i>20.8.17</i>	<i>B. O. Part II, 210</i> <i>Capt.</i> <i>Adj't</i> <i>15th Brigade, C.F.A.</i>
<i>25.8.17</i>	<i>L. R.</i>	<i>LANDED IN FRANCE</i>	<i>Stavre.</i>	<i>21.8.17.</i>	<i>L. R. 8845.</i>
<i>16.9.17.</i>	<i>Army G. H. Q.</i>	<i>Wounded. "At Duty"</i>	<i>In Field</i>	<i>18.9.17.</i>	<i>Cas. List 1110 of 16.9.17. Cas. Reg. 3 of 19.9.17</i>
<i>6.10.17</i>	<i>C.O. Unit</i>	<i>Spilled on Hd. Ship "At Duty"</i>	<i>In Field</i>	<i>18.9.17.</i>	<i>No. 213 of 6.10.17. Ref: K. 2.16-26291.</i>

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

W.S.B. CLASS. A
 CERTIFIED CORRECT
 AUG. 1917
 CANADIAN RECORD OFFICE

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

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

MATHEWSON C. H.

REGIMENT

5314 Batt

RANK

Lieutenant

No.

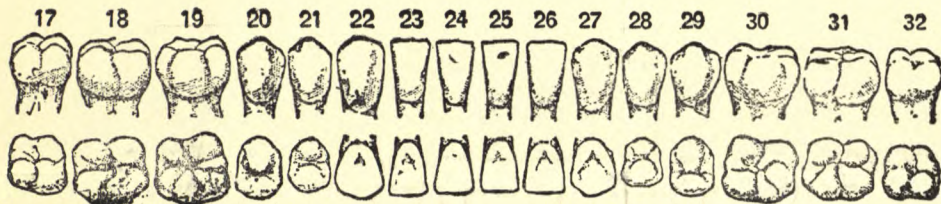
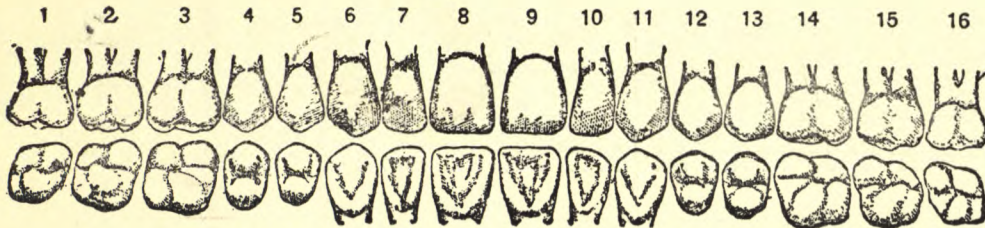
Date of Examination in England

13-5-19

Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

(c) In France *yes*

Signature of Dental Officer

W. H. Thomas
C.M.D.

THE UNIVERSITY OF CHICAGO
LIBRARY

11/11/1911

11/11/1911

(a)

11/11/1911

11/11/1911

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 Lieut Surname Mathewson
(Given name in full)
Chester Henry
 Unit or Corps 13th Bal Birthplace London, Ont.
 (Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 138 lbs. Height 5'8" in. Colour of Eyes blue
 Nutrition good
 Pulse 74
 Condition of arteries soft
 Vision Rt. normal
 Hearing (conversational voice) Rt. normal
 Left normal

Identification marks, scars, or deformities.
(Give cause and date of origin).
2nd toe each foot missing operation 1915
trace scar on side of chin
sw 6/9/17

Opinion as to general health and physical condition good

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

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

sw. 6/9/17. slight flesh wound on side of chin - no disability.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 15/5/19

Signed J. Sharpe Capt.

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 J. M. Mackenzie

(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.)

Lieut.C.H.Mathewson

-

13th Bde, C. F. A.

106263

Will deposited with

Mrs E.W.Mathewson,

486, Princess Ave,

LONDON,

Ontario,

Canada.

Rec'd from P.M. 13th Bde, C. F. A. 28/3/17

1911

1911

1911

1911

1911

1911

1911

1911

1911

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Mathewson (Lieut) Christian Name Chester Henry

Examined on 24th day of May 1916 at Guelph, Ont.

Approved by H. A. Culham

Birthplace City or Town London, Ontario. County Ontario.

Rank Lieut. M.C. M.O.

Apparent age 33yrs.

Trade or occupation Civil Engineer

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. Includes entries for 24.8.16 with 'Fit' and 'C.B. Fines'.

Height 5 Feet 8 Inches.

Weight 148 Lbs.

Chest measurement Minimum 31 inches. Maximum expansion 35 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right Left. Number One

Table with columns: Date, Result, VACCINATIONS. Includes entry for 28.7.16 with 'C.B. Fines'.

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease None

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

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes entries for 20/4/16, 20.7.16, and 30.7.16.

Second toe of each foot gone.

Enlisted on day of 191 at

Table with columns: CORPS, REG'T NUMBER, HABITS, DATE. Includes entries for 29th O.S. Batt. and 55th O. S. Batt.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: 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.

J. Mc

To be made out in duplicate.

Received
9-1-61

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.

6th Field Battery.

(1) Name of Overseas Unit which Soldier joins..... 55th ^{Us.} Battery, C.F.A.

(2) Regimental Number

(3) Full Name of Soldier..... Chester Henry Mathewson

(4) Place of Birth..... London, Ontario

(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?.....

(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 Mrs. E.W. Mathewson. 486 Princess Ave.

London, Ontario.....

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

Are you her sole support, or not?.....To a certain extent.....

(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?.....

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.

Eubert Major
O.C. 55th O.S. Battery C.F.A.
Officer Commanding.

Date.....26th August, 1916.

CANADIAN EXPEDITIONARY FORCE

D.F. 2-55.

Rev. 7.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Lieutenant

(Name in full)..... Chester Henry JACKSON, M.C.

Enlisted in..... 29th Battery Canadian Field Artillery.

CANADIAN EXPEDITIONARY FORCE, on the..... ~~.....~~

day of..... ~~.....~~ 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... 29th Battery Canadian Field Artillery.

CANADIAN EXPEDITIONARY FORCE on the..... Twenty Fifth

of..... October

191..... 5

He SERVED in CANADA,..... England and France with the 29th Battery, C.F.A.

15th Brigade C.F.A., 55rd Battery, C.F.A., Canadian General Base Depot.,

& 55th Battery C.F.A.,

and was STRUCK OFF THE STRENGTH on the..... Twenty Third

of..... June

191..... 9

by reason of..... General Demobilization

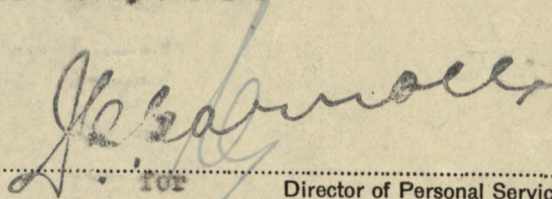
Dated at Ottawa, this..... Sixteenth

of..... January

191..... 1920

Wounded, 15-9-17.

Awarded the Military Cross, L.C. No. 51370, 3-6-19.



Lieut.

FOR

Director of Personal Services.

NR on eff 1 $\frac{4}{16}$ @ 70⁰⁰
31/16
Opp 100⁰⁰ to Jan 31/17

Assignment as at
September 1, 1916

Mathewson, Lieut. C. H. H.

1st @ F. A. ^{Arm June 18} 30
~~40~~

Mrs. H. A. Mathewson ^{mother}
486 Princess Ave ^{in result}
London ^{of 5th}
Ontario

RETURNED TO CANADA
L.P.C. TO 30 JUN 1919
TRANSFER TO N.E. LEDGER

Date	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	Field Allowance	Other Credits	Total Credits	Voucher No	Date	Payments	Cash	Assigned pay	Other Charges	Total Debits	Balance	Remarks, etc.
------	----	-------------	------	--------	-------------	------	--------	-----------------	---------------	---------------	------------	------	----------	------	--------------	---------------	--------------	---------	---------------

15-9-15

MILITIA AND DEFENCE

M. F. W. 11.
10m.-9.15.
H. Q. 1772-1-13.

SEPARATION ALLOWANCE

Name Mrs E.W. Mathewson Name of Soldier Mathewson Chester H.
 Address 486 Princess Ave Regtl. No.
London Rank Lieut.
Ont Corps 29th Batty. C.F.A.
 Relation to Soldier } To what Corps belonging }
 wife, child or mother } Widowed Mother. } when called out

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.		<u>R11483</u>	<u>76</u>	<u>76</u>	
Dec.		<u>M 16540</u>	<u>30</u>	<u>30</u>	
Jan.	1916	<u>O 17449</u>	<u>30</u>	<u>30</u>	
Feb.		<u>F28883</u>	<u>30</u>	<u>30</u>	
March		<u>J32646</u>	<u>30</u>	<u>30</u>	





SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs. E. W. Mathewson

Name of Soldier

Mathewson Chester H.

PAYMENTS.

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	G2066	30.	30
May		P3754	30.	30
June		P8797	30	30
July		K11535	30	30
Aug.		D13162	30	30
Sept.		W16904	30	30
Oct.		A19936	30	30
Nov.		Y23197	30	30
Dec.		M26215	30	30
Jan.	1917	P29614	30	30
Feb.		P32886	30	30
March		P38812	30	30 038812 Cancelled H. RE-WRITE
April		P1961	30	30
May		P5266	30	30 P260 can't MGR.
June		P8773	30	30
July		P12137 P12136	30	30 Cancelled P12136
Aug.		W14842 W14841	30	30 W14841 Care
Sept.		F19304	30	30
Oct.		N20870	30	30
Nov.		J23458	30	30
Dec.		Y26996	30	30
Jan.	1918			826.
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2. Mrs H. A. Mathewson

Name of Soldier Mathewson, C. H. W.
Lieut 58th Battery

L. L. Job 4503. - Req. 6832.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<u>\$ 20.00</u>
				<u>14th Brig</u> <u>SEP 1-1916</u>
April	1916			
May				
June				
July				
Aug.				
Sept.		<u>19650</u>	<u>20</u>	
Oct.		<u>22365</u>	<u>20</u>	
Nov.		<u>27264</u>	<u>20</u>	
Dec.		<u>30523</u>	<u>20</u>	
Jan.	1917	<u>E 45032</u>	<u>20</u>	
Feb.		<u>E 46480</u>	<u>20</u>	
March		<u>M 49580</u>	<u>20</u>	<u>20.00</u>
April		<u>S 3389</u>	<u>20</u>	<u>20.00</u>
May		<u>S 9949</u>	<u>20</u>	<u>20 T. 9949 Cave (CB)</u>
June		<u>W 13677</u>	<u>20</u>	<u>W.</u>
July		<u>M 17393</u>	<u>20</u>	<u>W.</u>
Aug.		<u>S 24215</u>	<u>20</u>	<u>W.</u>
Sept.		<u>F 35506</u>	<u>20</u>	
Oct.		<u>E 38244</u>	<u>20</u>	<u>W.</u>
Nov.		<u>Q 43384</u>	<u>20</u>	
Dec.		<u>R 50788</u>	<u>20</u>	
Jan.	1918	<u>W 57632</u>	<u>20</u>	
Feb.				
March				
April				
May				
June				
July				

M. C.
Lell

1916

320

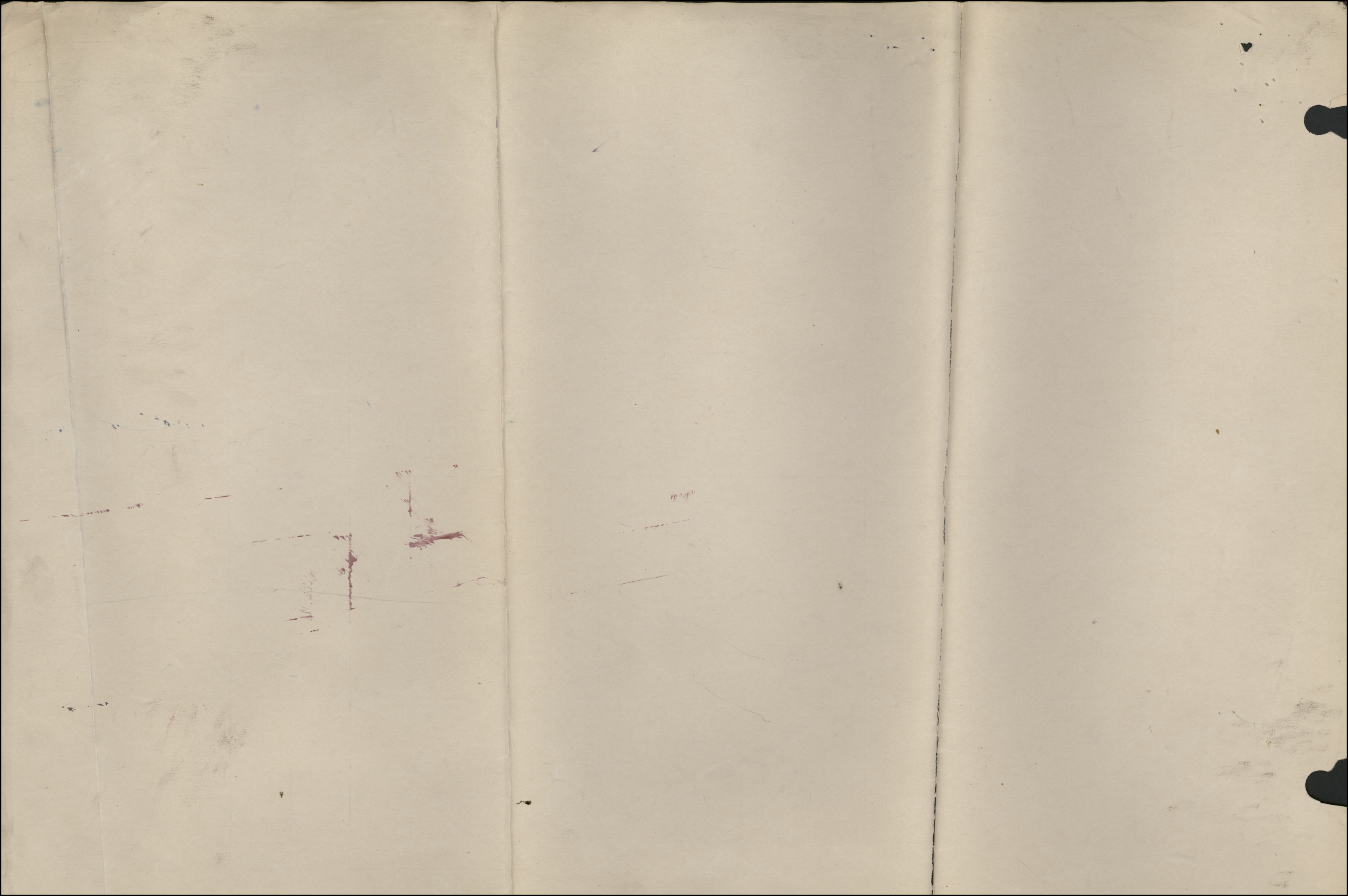
MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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.				



Scotian 24/6/19

ADD TOR PAYMASTER

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

M. OR S. REGT. No. RANK LIEUT. NAME (IN FULL) M A T H E W S O N, CHESTER HENRY

IS IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

DATE 23/5/19 AUTHORITY 00218

DATE EFFECTIVE 1/7/19

ASSIGNED PAY \$ 30.00

PAYABLE TO Same

RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

TO WHOM PAID Mrs B.W. Mathewson, Mother

ADDRESS 486 Princess Avenue London, Ont

DATE EFFECTIVE 1/7/19

RELATIONSHIP

ADDRESS

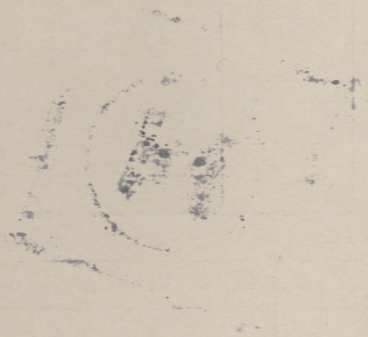
STOP PAYMENT FORM RENDERED, DATE

EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
			\$	C.																					
30/6/19													25 00	93 00											21/6/19 Adv P.M. Boat
July 1-	30	3.00											70 00				138 00			208				21/6/19 Adv Boat 1st pay 1919	
													25 00	93 00											Red Messing 11-36/06/19
																									E.O.S. D.O. 183
																									Account closed - not to be used
																									RESPONSIBLE OFFICER'S SIGNATURE TO H.Q. CIRCULAR No. 102 (LOCAL 150)
																									ASST. DIRECTOR PAY SERVICES, M.D. No. 9.



Copyright, 1900

1-9-16

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-319.

To Whom Mrs H. A. Mathewson
Address 486 Princess St Ave
London. Ont

By Whom Assigned Mathewson, C. H. W.

Regtl. No.

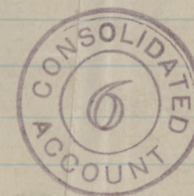
Rank Lieut

Corps 58th Battery 14th Brig

Rate \$ 2000 **SEP 1-1916**

PAYMENTS

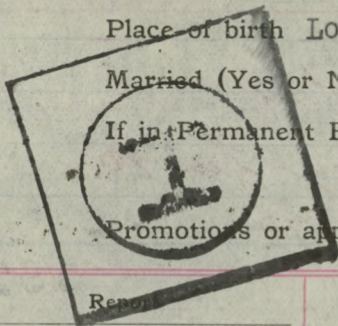
Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



Faint, illegible markings and possibly a small stamp or stamp impression in the center of the page.

120108 10

Rank and Name MATHEWSON, Chester Henry *MC.* ~~Captain.~~ *Lieut. (Actg. E. 12)*
 Regimental No. Name and Address of Next-of-Kin Mother. *1307 27.3.17*
 Unit 14th Brigade, 55th Battery. C.F.A. Mrs E.W. Mathewson.
 Date of enlistment 486, Princess Ave. London.
 Place of birth London. Ontario. Ontario. Canada.
 Married (Yes or No) Date and place of discharge
 If in Permanent Force Reason for discharge
 Promotions or appointments Character on discharge



SAILED 11 9 16 HQ 593 6 14 25-9-16.

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
					ARTILLERY B ✓
1-2-17	<i>C.F.A.</i> 14 th Bde Details	<i>On Reorganization</i> SOS of 55 th Bty on Trans to 53 rd Bty 13 th Bde C.F.A.		22-1-17	<i>Pt II ord 32 Pt II ord 5. 13th Bde C.F.A.</i>
16-4-17	13 th Bde C.F.A.	<i>On Command to attend Sig Course</i> Advershot		15-4-17	<i>Pt II ord 85.</i>
20-8-17	do	<i>Proc of S</i>		20-8-17	<i>Pt II ord 210 10</i>
19-9-17	<i>C.P.O.</i>	<i>Reported from Gen Hq. Wounded at Duty.</i>		13-9-17	<i>Cl 783.</i>
4-8-18	13 th Bde C.F.A.	<i>Granted 14 days leave of absence U.K.</i>		21-7-18	<i>Pt II of 51</i>
30-10-18	A.M.S.	<i>Adm. 20 Gen Hosp. Camiers</i>		26-10-18	<i>dischgd. 8. 11. 18 C.L. 1138. C.L. 1125. P.U.O. slt</i>
15-12-18	<i>G.H.Q.</i>	<i>To be af Capt. vice Capt. D. G. Anglin</i>		31/3/18	<i>A.C.R. List. 218</i>
		<i>(Promoted) from 29.12.17 to</i>			
11-1-19	<i>W.O.</i>	<i>To be af Capt. Can. Art. 29.12.17 to</i>		31.3.18	<i>L. 9. 31120</i>
2-4-19	13 Bde C.F.A.	<i>Granted 14 days leave to Rome</i>		19.3.19	<i>Pt II of 25.</i>
16-5-19	do	<i>Proceeded to England</i>		10.5.19	<i>Pt II of 36.</i>
23-5-19	<i>J. wing</i> C.C.C. Witley	<i>S.O.S. pending R.T.C</i>		12-5-19	<i>Pt II of 19.</i>

Rank and Name

Regimental No.

REMARKS
Taken from Official Documents
Date of enlistment

Date

Place

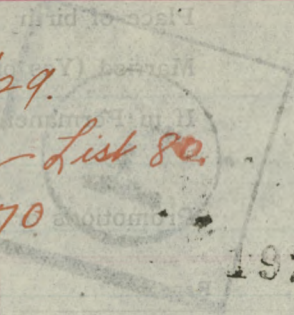
Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.

From whom received

Report

Date

21.6.19 *J. Wing*
C.C.C. S.O.S. O.M.F.C. to C.E.F. in Canada 12.6.19 *Pt. II of 29.*
Sailed for Canada 17.6.19 *Sailing List 80.*
 3.6.19 *W.O.* *Awarded the M.C.* *L.G. 31370*



19207

11
 11
 11
 11
 11

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

15-9-15

Separation and Assigned Pay Branch

M 15040 1-9-16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

30	40		
----	----	--	--

1-9-18
PC.2753 MRO.38706

RATE OF ASSIGNMENT

20	30		
----	----	--	--

1/6/18

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank Lieut. Promoted _____ Reverted _____ Discharge _____
 Soldier's Name Chester H. Mathewson
 Battalion 29th Batt^y C.F.A.
 Beneficiary Mrs. E. W. Mathewson
 Relationship Wid. Mother MFW 2584
 Address 486 Princess Ave London
England

Name Mrs. H.A. Mathewson.

Address _____

Change of Address

1
2
3
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31		826	320	1146	
Jan 18	62238	30	20	50	✓
Feb.	A 71487	30	20	50	✓
March	0 92856	30	20	50	✓
April	L 11192.	30	20	50	✓
May	P 19722	30	20	50	✓
June	L 24044	30	20	50	✓
June	J 736		10	10	mailed 2/6/18
July	J 32311	30	30	60	✓
Aug	P 34786	30	30	60	✓
Sep	S 45958	30	30	60	✓
Oct	X 50226	30	30	60	
Nov	T 56673	30	30	60	
Dec	P 66289	70	30	100	
Jan	V 76190	40	30	70	✓
Jan.	0 5545	30		30	
Feb.	T 81623	40	30	70	✓
Mar.	K 89526	40	30	70	✓
Apr.	N 4486	40	30	70	✓
May	G 5096	40	30	70	✓
JUN	H 9366	50	30	70	✓
		1496	810		

Inspected 13/18

11972-6-4

A.P. acct states C.H.W. Mathewson.
A.P. \$30 from 1-6-18 and future per 211

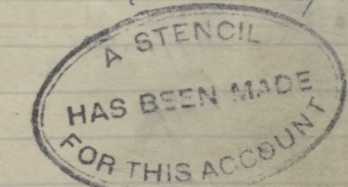
Prom. from Temp. Lt. to a/capt.
date 29/12/17 to 31/3/18.
Auth. abstract on file, P. 5 Vol. 296

Atk Class 30/6/19
 Ref'd per Sealau
 Date 22/6/19 M.F.W. 187 30/6/19
 Clerk Forbonneville

Mar 30/19 P 103197. Destination 30/6/19

a.c.o. 29/19 L.H. 15214 covering s/a from 29/17 to 31/18
05545 mailed 31/19.

MRO 1 B 10/6/18



M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22220-M. & D. 7493.

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

M. F. W. 54. (A. F. B. 19s.

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *C. I. d*

Regimental No. Rank *Lieut* Name *Mathewson C. H.*
C. E. F.

Enlisted (a) Terms of Service (a) Service reckons 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				
<i>26 5-19</i>	<i>M.H.Q. Ottawa</i>	<i>T.O.S. C.E.F. in Canada on General Demobilization</i>	<i>M.D. No. 2</i>	<i>16-5-19</i>	<i>C.E.F. R.O. No. 2047-19</i>
<i>17-7-19</i>	<i>M.H.Q. Ottawa</i>	<i>S.O.S. C.E.F. in Canada on General Demobilization</i>	<i>M.D. No. 2</i>	<i>23-6-19</i>	<i>C.E.F. R.O. No. 2082-19</i>

Head Mathewson Capt
for Director Personal Services

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

