

Cards
ROB
114-16

160th O. S. Battalion, C. E. F.

Duplicate
No. 652006

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Given
- 1a. What are your Christian names?..... Robert John
- 1b. What is your present address?..... Mar. Ont
2. In what Town, Township or Parish, and in what Country were you born?..... Albermarle Bruce Leo
3. What is the name of your next-of-kin?..... Robert Given
4. What is the address of your next-of-kin?..... Mar. Ontl
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... May 4th. 1896
6. What is your Trade or Calling?..... Farmer
7. Are you married?..... No.
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 Military Force?..... No.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes.
12. Are you willing to be attested to serve in the } Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert John Given, 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.

Date March 18th. 1916. Robt John Given (Signature of Recruit)
L. A. Eldridge (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert John Given, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date March 18th. 1916. Robt John Given (Signature of Recruit)
L. A. Eldridge (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 Wiarthen Ont this 18th. day of March 1916.

AmBauer (Signature of Justice)

Description of Robert John Given on Enlistment.

Apparent Age.....19.....years.....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. 7 ins.

Chest measurement. { Girth when fully expanded.....36 ins.
Range of expansion.....33 ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Black

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

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.....March 18th......1916.

Place.....Warton. Ont.

[Signature]

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Robert John Given.....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.

[Signature]
Lt.-Col.

(Signature of Officer)

Date.....March 18.....1916.

REGIMENTAL DOCUMENTS

Plc NAME **GIVEN ROBERT JOHN**REGT. NO. **652006**UNIT **160th Bn.** H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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)

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)

DEATH

Category

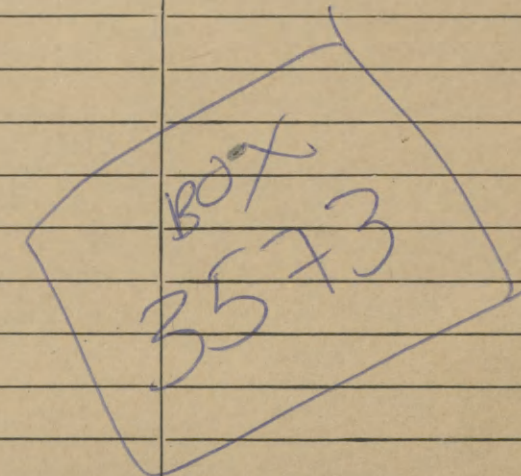
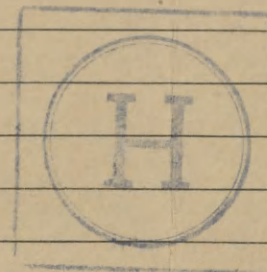
DISCHARGE

Category

DESERTION

14151

405504



To be made out in duplicate.

H.Q. 54-21-23-53

14

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..... **160th Bruce Battalion**
- (2) Regimental Number..... **652006**
- (3) Full Name of Soldier..... **GIVEN, Robert John**
- (4) Place of Birth..... **Mar, Ont.**
- (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.....

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

If so, state name and address.....**Robert Given, Mar. Ont.**.....

(10) Is your Mother alive?.....**Yes**.....**Elizabeth Given, Mar. Ont.**.....

If so, state name and address.....

(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.

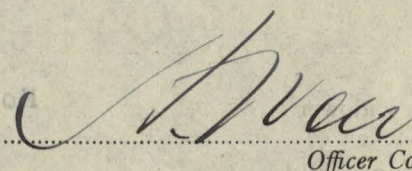
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(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.

 **Lt. Col.**
Officer Commanding.

Date.....**June 6th 1916.**.....

160th Os. B'n. C.E.F.

652006
I.D. number
No. d'identification

GIVEN
Surname
Nom de famille

ROBERT JOHN
Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

3573

“CONTENTS CONFIDENTIAL”
“CONTENU CONFIDENTIEL”



LTR

Rank

Name

GIVEN, Robert John

Reg'l No.

652006

Unit

160th, Bn.

If in perm. Corps,
What Unit?

Married or Single

Single.

Place and Date of Enlistment

Warton, Ontario, March 18th, 1916

Place of Birth

Albermarle,
Bruce Co.

Name and Address, Next-of-Kin

Robert Given.

P.O. Mar, Ontario, Canada.

Relationship

Father.

Assigned Pay Monthly \$

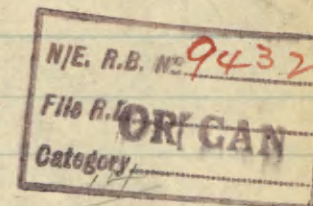
Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



Discharge, Date and Place

Reason

Character

90

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 28-10-16					
19-1-17	160 Bn	adm. to Isen Hosp.	Brampton	18-1-17	Pl II. D.O. 19. D.C.L. 30. mumps
9-2-17		Disch.		8-2-17	4th K.O. 2-48-55.
23-2-18	160th Bn	S.O.S. to transp. to 4th Bn	Witley	23-2-18	Pl II. 28
29-3-18	4th Bn	S.O.S. to C.M.G.D.	Bahatt	29-3-18	Pl II. 28 & #90/31-3-18.
20-8-18	C.M.G.D.	S.O.S. to C.M.G. post	Seaford	18-8-18	Pl II. 22 686 M4p 77. 28-8-18
11-9-18	C.M.G. 4p	S.O.S. to 2nd Bn C.M.G. 4p	Fried	30-8-18	Pl II. 83 82 M4p 91. 13-9-18
17-4-19	2nd Bn C.M.G.C.	Proc to Eng	St. Havre	12-4-19	Pl II. 32
55- I- 38- date of sail 14-5-19.					
20-4-19	N. Wing. C.M.G. Wit	S.O.S. from 2nd Bn C.M.G.C.	Witley	13-4-19	— 29

103 CHECKED
22 AUG 1918

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.				
18-5-19	Maj Gen	SOS to Canada	The Worthy	14-5-19	- 44

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-316

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

20 00 OCT 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				



MILITIA AND DEFENCE

M. F. W. 12a.

ASSIGNED PAY

50m.-6-16.

1772-39-819.

Sheet No. 2.

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier

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

Month.	Year.	Cheque No.	Amt.	Remarks.
			20 00	OCT 1. 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		U 27483	20	
Nov.		U 29727	20	
Dec.		T 34229	20	
Jan.	1917	U 37996	20	
Feb.		P 44434	20	
March		h 50968	20	20 R
April		h 2055	20	20 B
May		h 8216	20	
June		N 15130	20	20 CL
July		A 21820	20	20 B
Aug.		R 28935	20	20 L
Sept.		Y 35535	20	20 S
Oct.		K 41451	20	
Nov.		K 48701	20	
Dec.		G 54412	20	→ \$300 00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

War Service Badge
Class "A" No.

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

W.S.B. class Casualty Form—Active Service.

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

250M.—1-16.

H. Q. 1772-39-020.

Unit, Regiment or Corps 160th O. S. Battalion, C. E. F.

Regimental No. 652006 Rank Pte. Name Seven, Robert John

Enlisted (a) 18-3-16 Terms of Service (a) C. E. F. Service reckons from (a) 18-3-16

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

Extended _____ Re-engaged _____ Qualification (b) (Farmer)

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 Halifax 17/10/16

Arrived-Canada Liverpool 28/10/16

23/2/18 O.C. 4th Bn. to 4th Bn. Res. Bn. Whitley 23/2/18 D. D. Part 2 28 CAPTAIN, ADJUTANT, FOR C.E. 160th CANADIAN INFANTRY BATTALION

24-2-18 O.C. 4th Res. Bn. T.O.S. 4th Can. Res. Bn. Bramshott 24-2-18 Part 2 Order No. 49

29-3-18 O.C. 4th Can. Res. Bn. T.O.S. to Can.M.G. Depot, Bramshott 29-3-18. Pt. 11 Order 75.

3/3/18 Com. C.M.G.D. Taken on strength W. Barton Lieut. A/Adjt., for O.C. 4th Can. Res. Bn.

Auth. Depot Order Pt. II No. 90

(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.

CERTIFIED CORRECT.

CAN. RECORDS LONDON.

20-8-18

Report
Date
From whom received
C.M.G.D.

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.

Transferred to CMG Pool
of Seas.

SEAFORD. 18-8-18

Depot Order Pt. II No. 226.
Lieut.
A/Adjutant, C.M.G. Depot.

19-8-18 CLAD

Arrived in France and TOS
CMG Corps (CMGR Pool) ::

19/8/18

P.O. 77
R.R. 730.
R.R. 1522
Pt. B.O. 83/1918

31/8/18 BBRB.

D.O.D. CMGR Pool on Posting
to 2nd Bn CMGR

2ld.

30/8/18

31.8.18 BBRB.

10th 2nd C.M.G. from C.M.G. Pool

31.8.18

Pt II D.O. 91-18

7.9.18 Unit

joined unit Field

1.9.18

B213

Proceeded to England

S.O.S. ON PROCEEDING TO CANADA.
PART II, "H" WING, J.C.C.

16-5-44

G. Skelton
Lieut.
for Lt. Col., A.A.G.,
Canadian Section
PART II D. O. 155

MAY 14 1918 O.S.

T. O. S. No. 2 DISTRICT DEPOT, TORONTO

MAY 25 1918 S.O.S. No. 2 District Depot

Part II, D.O. No.

W. Roberts
Lieut.
For O. C. No. 2 District Dep.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

Given, Robert John

REGIMENT

2nd Bn 6th Cdo G-6

RANK

Pte

No.

652006

Date of Examination in England

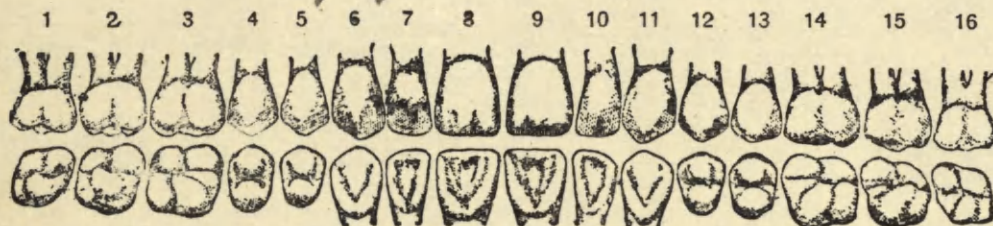
14/4/19

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

2-3-5-8-18-20

2. EXTRACTIONS

29-

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

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

(b) In England

(c) In France

Signature of Dental Officer

nottingham Capt.

STATE OF NEW YORK
DEPARTMENT OF TAXATION

IN SENATE
January 11, 1934

REPORT OF THE
COMMISSIONER OF TAXATION
FOR THE YEAR 1933

ALBANY: J.B. LIPPINCOTT CO.
1934

WAS

100
100
100

G 14

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

War Service Badge

Class "A" No. _____

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. 653006 Rank Pl Surname GIVEN
(Given name in full)

Unit or Corps 2nd BATTN. CANADIAN MACHINE GUN CORPS Birthplace W. Car. Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 155 lbs. Height 5 ft. 8 in. Colour of Eyes Brown
Nutrition Good
Pulse 84 Regular
Condition of arteries Soft
Vision Rt. 12/12 + Left 6/12 +
Hearing (conversational voice) Rt. 21 ft.
Left 21 ft.

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

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 nil Genito Urinary Sytem no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of mentality no Muscular System no Digestive System yes
Osseous and Joint System no Any other general condition yes

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.

25-6-16 Gastritis Recovery
18-1-17 Mumps Recovery

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Wiley (Overseas)

Date 16-4-19

Signed Welburn G. Gwyn 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 R. J. Given

(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 Medical Board.)

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

[OVER]

Original

652006

MEDICAL HISTORY SHEET.

14

War Service Badge
Class "A" No.

Surname Given Christian Name Robert John

Examined { on 18th day of March 191 6.
at Warton, Ont.

Approved by R. H. Fisher
Rank Ch Surgeon M.O.

Birthplace { City or Town Mar.
County 1 Bruce, Ont.

Apparent age 19

Trade or occupation Farmer

Height 5 Feet 7 8 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 33 inches.

Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right I Left.
Number One

When Vaccinated last 12 years ago

(a) Marks indicating congenital peculiarities or previous disease None

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

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.
10/6/16	Pos.	<u>R. H. Fisher</u> M.O.
		M.O.
		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
22/8/16		<u>W. H. Fisher</u> M.O.
30/8/16		<u>W. H. Fisher</u> M.O.
7/9/16		<u>W. H. Fisher</u> M.O.
24/8/17		<u>W. H. Fisher</u> M.O.
16/3/18		<u>W. H. Fisher</u> M.O.

Enlisted on 18th day of March 191 6 at Warton, Ont.

CORPS.	REG'TL NUMBER.	HABITS.	DATE.
160th O. S. Battalion C. E. F.	652006		
Joined on enlistment			
Transferred to			
C. M. G. POOL, O/S			FEB 23 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
London Ont	4. X. 16.	Med Board	Fit L. J. Lebut Capt A. MC

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.

Christian Name.

Robert Price

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Isolation Aldershot		18	1	17	8	2	17	Mumps	22	Recovered	W. H. Chaplin

NAME

Given

RANK AND CORPS

Pfc

REGT'L NO *652006*

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

TK

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

30

Adm. Ischl. Aldershot

19-1-17

Parotiditis

55

Discharged

8-2-17

Parotiditis

Reg. No. 652006

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19.1.17	Relief Lodging	Alvershot	Partridge's	30		
8-2	Dis.	"	"	55		

[illegible]

No. *652006* RANK *Pfc.*NAME *Given. R. J.*T. O. S. *18-3-16.*
(2069-21-316) UNIT *160th Battalion.*

M. D. /

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i> <i>Mar. 18</i>	<i>1916</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>n.</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct.</i>		<i>n.</i>		

UNIT SAILED
OCT 17 1916



SURNAME.

*Given**IND#2*

CARD NO.

CHRISTIAN NAMES

Robert John

REGL. No.

652006

RANK

Pte

UNIT

160th

FORMER CORPS

*Nil**S.O.S. 25-5-19*
D.O. 155 FOLL. 4-6-19
*demob 258**Dalt*

NEXT OF KIN.

NAMES IN FULL

Given Robert

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Mar, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Albermarle Ont

PLACE OF ATTESTATION

Liarton, Ont.

DATE

May 4th 1916
*Mar. 18th 1916**R/C. 22-5-19 331*
65

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

19 YEARS

—

MONTHS

HEIGHT

5 FEET

7 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark.

EYES

Brown

HAIR

Black.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Wheaton, Ont.

DATE

Mar. 18th 1916

yes
mug
Number

652 006

Rank

pte

Surname

GIVEN

Christian Name

Robert John

Units

Can M.G. BAR Theatre of War France

Date of Service

18/8/18

Remarks

Latest Address

G.P.O. Mart

Ont

Roll No.

B. Page 15650

200m.-2-21.M.

DEPT AUG 10 1922

REGN. NO. GA 31434

167766

652006.Pte Given.R.J.

160th.Batt.

Will with

Officer i/c Records.

M.D.No.1..London.Ontario.

Rec'd from P.M. 160th.Batt. 19-9-17.

(BAC.)

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No.

ON "A" No.

War Service Badge

193856

THIS IS TO CERTIFY that No. 662006 (Rank) Pte

Name (in full) Robert John Gavin enlisted in
the 160th C.S. Bn

CANADIAN EXPEDITIONARY FORCE at Warton on the 18th
day of March 1916

HE served in 2nd Bn C.M.G. France

Demobilization.

and is now discharged from the service by reason of
Medical Unfitness.

THE DESCRIPTION OF THIS SOLDIER on the Date below is as follows:

Age 23

Height 5 ft 8 in

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars Nil.

R. J. Gavin
Signature of Soldier.

R. W. Raper

Date of Discharge

No. 2 DISTRICT DEPOT

MAY 25 1919

TORONTO

Issuing Officer.

For

O.C. No. 2 District Depot.

Rank

Date MAY 25 1919 1919

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO
FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL OTTAWA, CANADA.

EXCHANGE CERTIFICATE

THIS IS TO CERTIFY THAT

CASHING COMPANY

has received of

the sum of

Twenty

Dollars

for

the sum of

Twenty

Dollars

and

for

the sum of

Twenty

Dollars

and

for

the sum of

Twenty

Dollars

and

for

the sum of

ASSIGNED PAY. EFFECTIVE DATE: <u>1-10-16</u> AMOUNT: <u>\$20.00</u>		ENGLAND or CANADA SEPARATION ALLOWANCE. EFFECTIVE DATE: <u>1-10-16</u> AMOUNT: <u>1250</u>		ENGLAND or CANADA NAME: <u>GIVEN Robert John</u> NUMBER: <u>652006</u>																																									
NAME, ADDRESS, RELATIONSHIP & AUTHORITY <u>Mrs Robert Given (Mother)</u> <u>Mar. (Out)</u>				PARTICULARS OF RANK OR APPOINTMENT AUTHORITY: <u>90</u> DATE EFFECTIVE: <u>29-3-18</u> RANK OR APPOINTMENT: <u>Pte</u>																																									
UNIT AND TRANSFERS ORIGINAL UNIT: <u>160th Bn</u> DATE ACCOUNT FIRST OPENED: <u>1-11-16</u>				AUTHORITY: <u>90</u> DATE EFFECTIVE: <u>29-3-18</u> DATE LEDGER SHEET T.S.F.D: <u>25-4-18</u> UNIT TRANSFERRED TO: <u>MD 2</u>																																									
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DATE OF PAYMENT</th> <th>NUMBER OF A.R.</th> <th>UNIT PAID BY</th> <th>AMOUNT</th> <th>DATE OF PAYMENT</th> <th>NUMBER OF A.R.</th> <th>UNIT PAID BY</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>21/3</td> <td>3135</td> <td>Bely</td> <td>365</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3/4</td> <td>445</td> <td></td> <td>365</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>17</td> <td>1618</td> <td></td> <td>73</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>80 30</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	21/3	3135	Bely	365					3/4	445		365					17	1618		73								80 30				
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3/4	445		365																																										
17	1618		73																																										
			80 30																																										
DAILY RATES OF PAY AND ALLOWANCES AUTHORITY: <u>90</u> PAY: <u>1.00</u> F.A.: <u>10</u> P.F.A.: <u></u> SUBS. CE. ALL. CE: <u></u>																																													
PARTICULARS OF RENDERING NON-EFFECTIVE: <u>Dr to Can 29/4/19. 7250 Bkht 1/4 Bkht. MD 2. Dr Bal 1052 6974C.</u>																																													
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION																																		
1918																																													
March 31	Bal Fwd								2289																																				
April	P.P.	33		B.A.P.				20																																					
				546 Instal on loan B510	20																																								
				AR 166 - 13/4/18 - Bm 4 A	4 87																																								
				1st Instal on #50 W.L. B510	5																																								
				AR 460 - 29/4/18 - Bm 4 A	2 43				3 69																																				
		33			32 30			20																																					
May	P.P.	34 10		B.A.P.				20																																					
				AR 585 - 11/5/18 - Bm 4 A	9 73																																								
				on AR 1987 - 20/3/18 - 4 Res B	2 43																																								
				AR 1013 - 29/5/18 - Bm 4 A	2 43				3 20																																				
		34 10			14 59			20																																					
June	P.P.	33		AR 1437 13.6.18 Bm 4 A	4 87																																								
				B.A.P.				20																																					
				AR 2058 29.6.18 " "	4 87				6 46																																				
		33			9 94			20																																					
July	P.P.	34 10		B.A.P.				20																																					
				AR 2467 12/7/18 " "	9 73																																								
				" 2657 26/7/18 " "	4 87				5 96																																				
		34 10			14 60			20																																					
Aug	Ptes Pay	34 10		A.P.				20																																					
				3112 14/8 " "	4 87																																								
				Payment re #50 W.L. Loan Dec 1917	5 00																																								
				3442 17/8 Bm 4 A	4 87				5 32																																				
		34 10			14 74			20																																					
Sept	Ptes Pay	33		A.P.				20																																					
				AR 972 8/9/18 2 Bm 4 A	3 57				14 75																																				
		33			3 57			20																																					

Carson

NUMBER

RANK *Pte.*

NAME GIVEN R. J.

[illegible]

P. 559.
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 652006

RANK

Private

NAME

Given Robert John

IF IN PERM. CORPS
WHAT UNIT

UNIT

160th Bn

TRANSFERRED TO

DATE

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

Warton Ont

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

18/3/16

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

2.10⁰⁰

DATE EFFECTIVE

1-10-16

PAYABLE TO

Mrs Robert Given Warton Ont

RELATIONSHIP

mother

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

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

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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War Service Badge
Class "A" No.

193856

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Occupational Group No. 4

1. No.

652006

2. Rank.

Private

3. Name.

GIVEN

Robert John

4. Unit.

2nd BATTN.
CANADIAN MACHINE GUN CORPS

5. Date of Discharge

MAY 25 1919

Place

Toronto

6. Reason for Discharge

Demobilization

EMB M.I.I. 1166

MAY 25 1919

DISCHARGE

7. Authority.

No. 2. D.D. Part II, D.O. No. 155

8. Proposed Residence after Discharge

G.P.O.

Man Ontario

9.

CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

R. J. Given

Signature of Soldier.

10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

No. 2 DISTRICT DEPOT

MAY 25 1919

TORONTO

Signature

R. J. Given

(O. C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
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. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 59)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 89a).
10. Dispersal Certificate (C.D. 8).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing
12. Last Pay Certificate (P. 851). + Dup
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Military Documents.

B
 Group.....
 Checked by No. 11.....
 Date 10 MAY 1919

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

G

3673

Oct 1 - 16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No.

65'2006

Rank

Pte

Promoted

Reverted

Discharge

Soldier's Name

R. J. Given

Battalion

C^o 160th Buttn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Mrs P. Given

Address

Mar. Out.

Change of Address

1

2

3

4

Date 1914	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec. 31			\$300.	1300.	
Jan.	H 60206.	20	20	13	
Feb.	H 90287	20	20		
Mar.	H 90933	20	20		
April	H 10130	20	20		
May	S 17489	20	20		
June	O 20047	20	20		
July	K 28644	20	20		
Aug.	O 36615	20	20		
Sept.	J 46367	20	20	74	
Oct.	U 54344	20	20	B.	
Nov.	V 57117	20	20	B.	
Dec.	X 62691	20	20	B.	
1919 Jan.	T 73601	20	20	B.	
Feb.	U 77451	20	30	Q	
Mar.	H 89809	20	20		
Apr.	O 3639	20	20	Q	
May	P 5348	20	20	T	

M. F. W. 128
400M-6-17-1772-39-1141
L. L. 22320-M. & D. 7563.

We Closed 31-5-19

Ret'd per. M. F. W. 187

Date 23/5/19

M. F. W. 187

M. F. W. 187

M. F. W. 187

AUDITED.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

	78		
--	----	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name _____

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

[illegible]

M. F. W. 128
400M.—6.17—1772-39-141
L. L. 22320—M. & D. 7593.

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

Surname
Given

Christian Name or Names

Reg. No.

R.J.

652006

Rank

Unit

Co.

Troop

Batty.

Pte

160th Bn

Hospital

Date of Admission

Transferred

Aldershot Mil Isd 1 19-1-17

Branchott. Mil

Hosp.

16.6.17.

Hosp.

Hosp.

Hosp.

Diagnosis

Mumps

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L.24-1-17 30

REMARKS

24.4.17. 55.

Di. 8.2.17

19.6.17. 46.

Ser. Ill. 16.6.17.

25.6.17.

28

3.7.17

79

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.