

190th. OVERSEAS BATTALION C.E.F.

ATTESTATION PAPER.

No. 892193
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... **Sanson.**
- 1a. What are your Christian names?..... **Ralph.**
- 1b. What is your present address?..... **159 James Street, Winnipeg, Man.**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Toronto, Ont.**
- 3. What is the name of your next-of-kin?..... **Sanson Alfred.**
- 4. What is the address of your next-of-kin?..... **186 Mavity Street, West Toronto, Ont.**
- 4a. What is the relationship of your next-of-kin?..... **Father**
- 5. What is the date of your birth?..... **20th., September, 1888.**
- 6. What is your Trade or Calling?..... **Cook, and Baker.**
- 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.

Ralph Sanson

I,, 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.

Ralph Sanson (Signature of Recruit)

Date **May 3rd.,** 191 **6.** *P. H. Dilts* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

Ralph Sanson

I,, 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.

Ralph Sanson (Signature of Recruit)

Date **May 3rd.,** 191 **6.** *P. H. Dilts* (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 **Winnipeg, Man.** this **3rd.** day of **May** 191 **6.**

J. M. Watson (Signature of Justice)

Description of Sanson Ralph on Enlistment.

Apparent Age 27 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 4-5 1/2" 5 ft 5 1/2 ins.

None

Chest measurement: { Girth when fully expanded 37 ins.
 Range of expansion 3 ins.

Complexion Dark Ruddy

Eyes Grey

Hair Dark Brown

Religious denominations:
 Church of England.....
 Presbyterian.....
 Methodist.....
 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 May 3 1916

Place Winnipeg

E. H. Dickinson Capt.
 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:—

MEDICAL BOARD
 APPROVES FIT

[Signature] PRESIDENT
[Signature] MEMBER
[Signature] MEMBER

CERTIFICATE OF OFFICER COMMANDING UNIT.

Ralph Sanson 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.
 O.C. 1900. OVERSEAS BATTALION, C. E. F. (Signature of Officer)

Date May 3rd. 1916.

REGIMENTAL DOCUMENTS

NAME SANSON Ralph

REGT. NO. 892193

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)

1 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)

2 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)

1 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)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

5 misc

1 RIB2

DEATH

Category

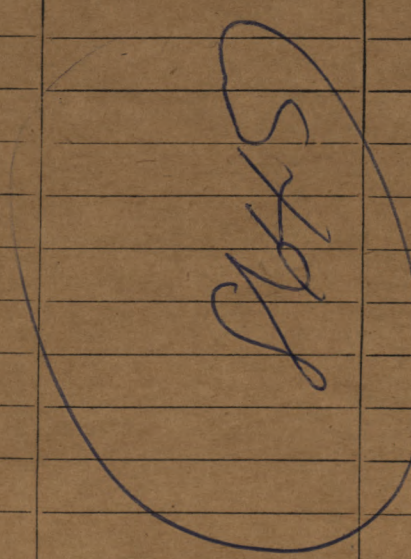
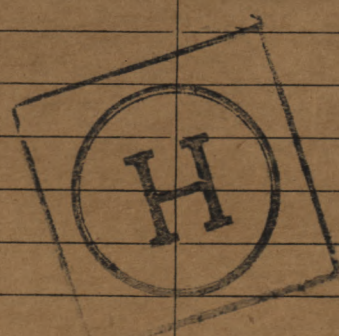
DISCHARGE

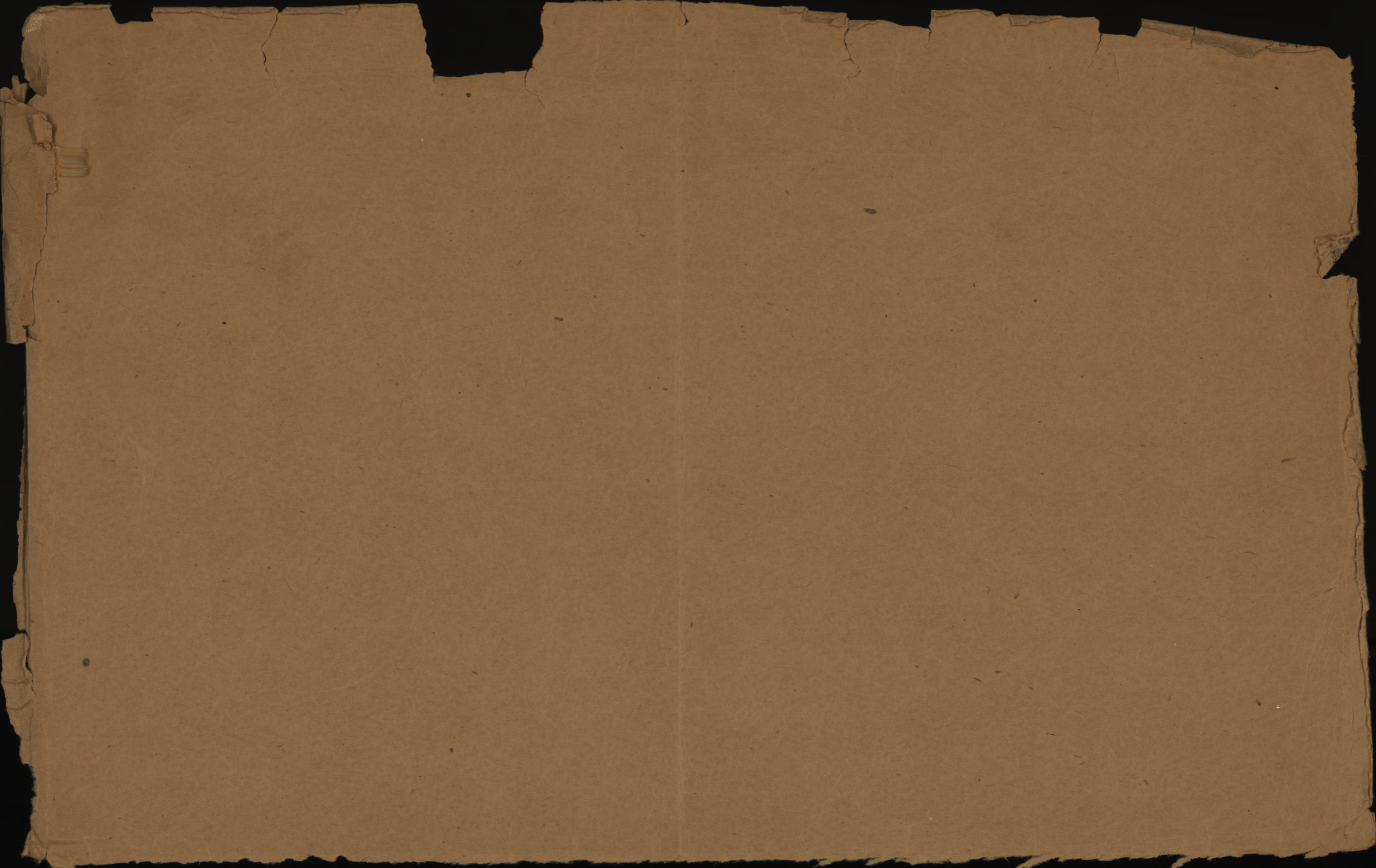
Category

Demob

DESERTION

03869





892193

I.D. number
No. d'identification

SANSON

Surname
Nom de famille

RALPH

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location

Lieu

8645

« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »

No. 892193 RANK

Pte

NAME

Sanson Ralph.


T. O. S. 4-5-16

UNIT

190th Battalion C.E.F.

BoS's. May pay list.

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.			
			PARTICULARS	AUTHORITY		
1916 May 4	1916 May 31	✓				
June		✓				
July		✓				
Aug		✓				
Sept		✓				
Oct		✓				
Nov		✓				
Dec		✓				
1917	1917	✓			<p>John J. Cpl. 23-11-16</p>	<p>W.D. 230-23-10-16.</p>
Jan		✓				
Feb		✓				
Mar		✓				
		✓				



SURNAME.

Sanson.

Docy Area m 10
CARD NO.

CHRISTIAN NAMES

Ralph.

505 219 7.5.19
Demob FOLL.
DD. 1309 10.5.19 #1052

REGL. No.

892193.

RANK

Ste. Lt. Cpl.

UNIT

190th.

Bw.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Sanson. Alfred.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

*186 Mavity St West
Toronto Ont.*



COUNTRY OF BIRTH

Canada Toronto Ont.

DATE

Sept. 20th 1888.

PLACE OF ATTESTATION

Stirripesq Man.

DATE

May 3rd. 1916

*O/S. 3-6-17. 827
15*

*R/B 4.5.19 313
80 A.*

~~From Kalipar per~~ SS "Justicia" 3/5/17

MARRIED

SINGLE ^{Yes}

WIDOWER

TRADE OR CALLING

Cook & Baker

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

27.

YEARS

7.

MONTHS

HEIGHT

5.

FEET

5 1/2.

INCHES

CHEST MEASUREMENT

37.

INCHES

EXPANSION

3.

INCHES

COMPLEXION

H. Ruddy.

EYES

Gray.

HAIR

H. Brown.

DISTINGUISHING MARKS

Nil.



MEDICAL EXAMINATION.

PLACE

Stinnipeg Man.

DATE

May 3rd. 1916.

Present Address

159 James St

Stinnipeg Man.

a.2-E

Emp

Number 892193

Rank A/L/cpl.

B

Surname SANSON

Christian Name Ralph

Units 8th Bn Com by Theatre of War France

V

Date of Service 1-9-17

Remarks

Latest Address G.P.O Winnipeg
Man

Roll No B Page 11827

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

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

167746
 War Service Badge
 Class "A" No.

THIS IS TO CERTIFY that No. 892193 (Rank) Private


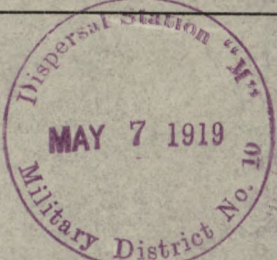
Name (in full) Ralph Sanson enlisted in
 the 190th Battalion

CANADIAN EXPEDITIONARY FORCE at _____ on the 3rd
 day of May 1916

HE served in 8th Battalion in France

and is now discharged from the service by reason of Demobilization.
Medical Unfitness. *Demobilization R.O. 1420 (f)*

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

Age <u>30</u>	Marks or Scars <u>Five</u>
Height <u>5" 5 1/2"</u>	<u>Moles on back</u>
Complexion <u>Dark Ruddy</u>	
Eyes <u>Grey</u>	
Hair <u>Dark Brown</u>	
<u>Ralph Sanson</u> Signature of Soldier	 <u>[Signature]</u> Issuing Officer
Date of Discharge	<u>[Signature]</u> Rank
	Date <u>7/5/19</u> 19

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.

LTR Rank *a left* Name **SANSON, Ralph** Reg'l No. **892193**
 Unit **190th Bn to Manitoba Regt.** *What Unit?* Married or Single **Single.**
 Place and Date of Enlistment **Winnipeg, May 3rd, 1916.** Place of Birth **Toronto, Ontario**
 Name and Address, Next-of-Kin **Sanson Alfred**
186 Mavity Street, West Toronto, Ontario. Relationship **Father.**



Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

21509
 N/E. R. *21510*
 File No. *OR Can*
 Category

Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		ARRIVED IN ENGLAND 14 5 17. S/S. JUSTICIA.			
22 5 17	18th Res	Taken on Strength	Shorncliffe	14.5.17	Pt II 128
21 5 17	"	Reverts to ranks surplus list	"	4 5 17	128
28-8-17	"	S.O.S. to 8th Bn of Sea	"	28-8-17	225 8th Bn of 2/1/17
16.5.18	8th Bn	Awarded G. S. Badge	Pt Frint	3.5.18	51
20 3	10th Bn	PROC TO ENGLAND		27 3 19	D 30 30
1-4-19	<i>N. wing ccc</i>	10th Bn	Witley	28.3.19	Re 18
29.4.19	H*wing. ccc	SOS To Canada		26.4.19	D O 35

To Can 26.4.19 56-17-86

7 SEP 1917
 13

To be made out in duplicate.

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.....190th Overseas Battalion, C.E.F.

(2) Regimental Number892193.....

(3) Full Name of Soldier.....Sansons, Ralph.....

(4) Place of Birth.....Toronto, 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 Alfred Sanson, 186 Mavity St., West Toronto, Ont.

(10) Is your Mother alive? No.
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.


Lieut. Colonel,
Officer Commanding,
190th Overseas Battalion, C.E.F.

Date May 3, 1916.

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. 892193 Rank Pte. Surname Sanson
(Given name in full) Ralph
Unit or Corps 8th C.I. Bn. Birthplace Toronto Ont.

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

1. GENERAL DESCRIPTION:

Physique good Weight 140 lbs. Height 5 ft. 5 1/2 in. Colour of Eyes blue
Nutrition good
Pulse 78 regular
Condition of arteries soft
Vision Rt. 6/12 Left 6/12
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
Two moles on back

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 Sytem 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.

nil

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Hong Kong (Overseas)

Date 31/12/19

Signed J. McDonnell, Lieut. 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 Ralph Samson

(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] Samson

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) SANSON RALPH

REGIMENT 8th C.I.B. RANK Pte No. 892193

Date of Examination in England 30/3/19 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 6.7.15.
2. EXTRACTIONS
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 yes
- (c) In France

Signature of Dental Officer W. H. Shepherd Capt.

NEW YORK DISTRICT COURT

IN SENATE

IN SENATE

IN SENATE

IN SENATE

IN SENATE

IN SENATE

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IN SENATE

IN SENATE

IN SENATE

IN SENATE

Handwritten signature or text at the bottom left of the page.

ORIGINAL

190th. OVERSEAS BATTALION C.E.F.

War Service Badge

Class "A" No.

MEDICAL HISTORY SHEET.

Surname **Sanson**

Christian Name **Ralph**

Examined { on **3rd.** day of **May** 19**16**
at **Winnipeg, Man.**

Approved by

J. H. Jackson

Birthplace { City or Town **Toronto,**
County **Ontario.**

Rank **Capt.** M.O.

Apparent age **27 years, 7 months**

Trade or occupation **Cook and Baker**

Height **5** Feet **5 1/2** Inches.

Weight **140** Lbs.

Chest measurement { Minimum **34** inches.

Maximum expansion **3** inches.

Physical development **Good**

Small-Pox Marks **None**

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

When Vaccinated last **Child Hood**

(a) Marks indicating congenital peculiarities or previous disease **None**

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

Date.	Ft or Unft.	EXAMINED FOR RE-ENGAGEMENT.	M.O.
		MOBILIZATION MEDICAL BOARD APPROVED FIT	
		<i>J. H. Jackson</i> PRESIDENT	
		<i>J. H. Jackson</i> MEMBER	
		<i>J. H. Jackson</i> MEMBER	

Date.	Result.	VACCINATIONS.	M.O.
5/2/17	Pos.	<i>J. H. Jackson</i>	

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
12/1/17	Pos.	<i>J. H. Jackson</i>	
19/1/17	Pos.	<i>J. H. Jackson</i>	
26/1/17	Pos.	<i>J. H. Jackson</i>	

Enlisted on **3rd** day of **May** 19**16** at **Winnipeg, Man.**

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	190TH OVERSEAS BATTALION C.E.F.	892193		May 3. 1916
Transferred to	18TH. CAN. RES. BN 8th Batt.	892193		MAY 14 1917 AUG 28 1917

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.

J. M. O.

Sanson

FORM OF WILL.

I, Ralph Sanson (Name in full)

Regimental Number 892193 serving in 190th. O/S. Batta.

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

I bequeath all my real estate unto

~~.....
.....
.....~~

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

absolutely, and my personal estate I bequeath to

Alfred Sanson
186 Mavety Street W
West Toronto, Ont.

Name and Address of person or persons to receive personal estate* (See note).

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 27 day of March A. D. 1917

Ralph Sanson Signature of Soldier.

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

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

Signature of First Witness [Signature]

Address of Witness Winnipeg

Occupation of Witness Salesman

Signature of Second Witness [Signature]

Address of Witness Broadway Barracks Winnipeg

Occupation of Witness Accountant

THE TWO WITNESSES MUST SIGN HERE

FOR NEW YORK

1872

NEW YORK

NEW YORK

THE NEW YORK
LIBRARY
ASTOR LENOX TILDEN FOUNDATION
455 N. 5TH ST.
NEW YORK

NEW YORK
LIBRARY
ASTOR LENOX TILDEN FOUNDATION
455 N. 5TH ST.
NEW YORK

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

Bank of Montreal.

Credit
PAYMENTS.

Name of Soldier

Lansons, P.
Lt/Cpl. *892193.* *1903m.*

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

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>45⁰⁰ May 1 - 1917.</i> MAY 1¹ 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>214506</i>	<i>15'</i>	
June		<i>T. 18387</i>	<i>15</i>	<i>B.</i>
July		<i>T. 25446</i>	<i>15</i>	<i>b</i>
Aug.		<i>K 91997</i>	<i>15'</i>	
Sept.		<i>Q 38777</i>	<i>15</i>	<i>ln</i>
Oct.		<i>D 48159</i>	<i>15'</i>	
Nov.		<i>M 52324</i>	<i>15'</i>	
Dec.		<i>R 61638</i>	<i>15'</i>	
Jan.	1918			
Feb.			<i>120</i>	
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 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.				

ASSIGNED

MILITIA AND DEFENCE

ASSIGNED PAY.

M. F. W. 11.

50m.—6-16.

H. Q. 177-39-818.

SEPARATION ALLOWANCE

Name *Bank of Montreal,*Name of Soldier *Sanson, P.*Address *Main St.,*Regtl. No. *892193.*Rank *Lt./Cpl.*Corps *190 Bn.*

Relation to Soldier

wife, child or mother

*\$15.00*MAY 1st 1917

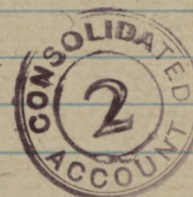
To what Corps belonging

when called out

Man.
May 1-1917.

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.				
Dec.				
Jan.	1916			
Feb.				
March				



* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- SANSON Ralph			
EFFECTIVE DATE:- 1. 5. 17		EFFECTIVE DATE:-		NUMBER:- 892193			
AMOUNT:- \$ 15 00		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		AUTHORITY			
Bank of Montreal c/o H. 261 Main St. Winnipeg, Canada. Stopped off 1.5.17				DATE EFFECTIVE			
				RANK OR APPOINTMENT			
				UNIT AND TRANSFERS			
				ORIGINAL UNIT:- 190th Bn.			
				DATE ACCOUNT FIRST OPENED - 15. 5. 17.			
		AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T.S.F.D.			
				UNIT TRANSFERRED TO			
				8th Bn.			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
20.3.19	2565	S. O.	9 33				
2.4.19	25	H. B. B. B.	58 40				
			6773				
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY		PAY	F.A.	P.F.A.	SUBSCE ALLICE		
		1-	- 10	- -	- -		

PARTICULARS OF RENDERING NON-EFFECTIVE:-
L.O. Grand 4.4.19. Sub Canada 30.4.19. 66102 Bpshatt 2.4.19. Bpshatt M. Div. Ledger Bal 18979 L.O.C. Bal 122 06

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918											
Feb 31	Bal. forward								2573		
April	P. Pay	33		B. A. P.				15			
				AR 27 8 Bn 4.4.18	148						
				" 96 " 22.4.18	625						
				AR 425 12 B.D. 2.9.17	447				31 23		
		33			1250			15			
May	do	34 10		B. A. P.				15			
				AR 132 8 Bn. 5.5.18.	3 57						
				AR 179 " 16.5.18.	4 46				42 30		
		34 10		B. A. P.	8 03			15			
June	P. Pay	33		AR 265 10th Bn 2.6.18	3 57						
				" 352 " 15.6.18	4 46				52 27		
		33			8 03			15			
July	do	34 10		B. A. P.				15			
				AR 76 8 Bn 1.7.18	3 57						
				" 167 " 13.7.18	4 46						
				" 366 " 30.7.18	3 57				59 77		
		34 10			11 60			15			
Aug	do	34 10		B. A. P.				15			
				AR 258 8 Bn. 19.8.18	3 57				75 30		
		34 10			3 57			15			
Sept	do	33		B. A. P.				15			
		33						15	93 30		act up to 30/9/18
OCT	"	34 10		"				15	112 40		
		34 10						15			
NOV	"			"				15			
				" 822 11/11/18 8 Bn	3 73						
				" 1025 16/11/18 "	13 06						
					16 79				15		Balance Forward

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

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

250M.—1-16,

H. Q. 1772-39-920.

Casualty Form—Active Service.

War Service Badge "A" No. 193

Regimental No. 892193 Unit, Regiment or Corps 190th OVERSEAS BATTALION C.E.F.
 Rank Private Name Sampson
 Date of enlistment 3/5/16 Date of promotion to present rank 3/5/16
 Date of appointment to lance rank 3/5/16 Numerical position on roll of N. C. Os. 225

Enlisted (a) 3/5/16 Terms of Service (a) Duration War Service reckons from (a) 3/5/16
 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) cook & baker

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				

<u>17/5/17</u>	<u>190th Bn</u>	<u>Embarked</u>	<u>Salisbury</u>	<u>1917</u>	<u>H.M.I. F628</u>
		<u>Disembarked</u>	<u>Liverpool</u>	<u>14</u>	<u>H.M.I.</u>
		<u>Transferred to 18th Res. Bn.</u>	<u>Dibgate</u>	<u>17/5/17</u>	<u>PT 2 D.O. 116.</u>
					<u>R. H. Worthington, Maj.</u>
					<u>for G.C. 190th OVERSEAS BATTALION, C. E. F.</u>

CERTIFIED CORRECT.
 17 SEP 1917
 G.A. RECORDS LONDON.


22-5-17 18 RES BN T.O.S. FROM 190TH BN DIBGATE 14/5/17 PT.2 DO128

<u>8 1917</u>	<u>18th Res. Bn</u>	<u>Drafted to 8th Bn.</u>	<u>Dibgate</u>	<u>AUG 28 1917</u>	<u>Part II D.O. 225</u>	<u>Asst. Adjutant 18th Res. Bn.</u>
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(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

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				
	C. B. D.	ARRIVED C. B. D.	FRANCE	1-9-17	N. R. D. <u>2-9-17</u> PART II ORDERS No. <u>127 D 21-9-17</u>
	C. B. D.	LEFT C. B. D. FOR	<i>McDon</i>	15-9-17	N. R. D. <u>15-9-17</u>
	O. C. 10 BN	ARRIVED 1 st Inf BN.	FIELD	17-9-17	E. 213 D <u>17-9-17</u>
16/2/18	<i>McDon</i>	Joined Unit	Field	2/12/17	B 213
16.3.18.	"	14 days leave to Annemasse		12.3.18.	B. 213. Pt. II. 0.26 29/3/18.
30.3.18	"	Rejoined from leave	Field	30.3.18	B 213.
10.5.18	"	Awarded 1 M.S.B.	"	3.5.18	18/1124. Pt II 51.
	Emb. Camp.	Proceeded to England.			N.R. Pt. 2 O.No. 
28 MAR 1919	<i>W.M.</i>	T.O.S. H. Weng Witley			LIEUT. FOR LI-COL. A. A. G.
26 APR 1919	<i>S.O.S.</i>	EMPERESS OF RUSSIA Governor General LIEUTENANT GENERAL 26-4-19		26 APR 1919	<i>Chen Lt</i> S.O. 130 Pa 2
				26.4.19	T.O.S. Dispersal Station M
				4.5.19	and Dispersed Lieut. for O. C. 10 District Depot.

Date of Enlistment

MILITIA AND DEFENCE

00697

Date of Assignment

Separation and Assigned Pay Branch

May 1-17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15.			
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Bank Account for Credit

PARTICULARS OF SEPARATION ALLOWANCE

No. 892193
 Rank L/cpl Promoted Reverted Discharge
 Soldier's Name P. Lanson,
 Battalion 190 Batta
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Bank of Montreal,
 Address Main St. Winnipeg, Man.
 acct H. 261 Change of Address
 1
 2
 3
 4

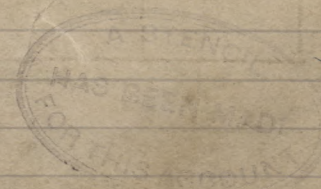
8L1353 B.

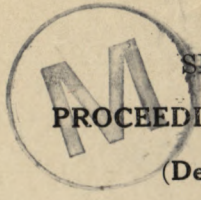
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					15988-R-1
Dec 31		✓ 120	120		
Jan	L 70089	✓ 15	15	180	
Feb	J 74076	✓ 15	15		
Mar	S 91552	✓ 15	15		
Apr	S 10261	✓ 15	15		
May	V 18173	✓ 15	15		
June	U 24104	✓ 15	15		
July	E 23506	✓ 15	15		
August	M 36046	✓ 15	15		
Sept	X 45889	✓ 15	15		
Oct	L 50366	15	15		
NOV	X 58173	15	15		
Dec	L 69634	15	15		
Jan	G 71367	15	15		
Feb	H 80206	15	15		SL
Mar	C 87269	15	15		SL
Apr	S 3893	15	15		SL
MAY	O 5465	15	15		
			375		

M.R.O. Deslooy LP 81353

M. F. W. 128
400M-6-17-1772-88-1141
L. L. 22220-M. & D. 7463.

.....A/c Closed 31-5-19
 Ret'd per. F.M.P. O.F. BTN
 Date 11-5-19 10
Clerk J.P.L. 9-5-19





SHORT FORM.
War Service Badge
PROCEEDINGS ON DISCHARGE
Class "A" No. 167764
(Demobilization.)

Da. M.
9-12
167764

1. No. 892193.

2. Rank. Pte.

3. Name. Sanson. Ralph.

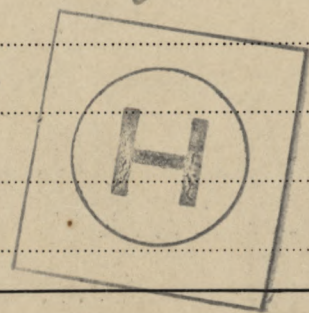
4. Unit. 8th CDN. BATTALION (90th RIFLES).

5. Date of Discharge 7/5/19 Place Winnipeg, Man.

6. Reason for Discharge Demobilization

7. Authority. 20130.

8. Proposed Residence after Discharge. Winnipeg man



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.?

Ralph Sanson

Signature of Soldier.

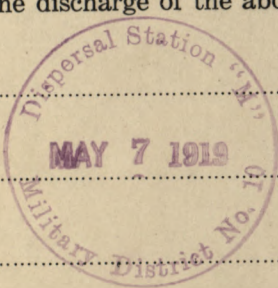
10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date MAY 7 1919

Signature (O. C. Discharging Unit.)



SHORT FORM

PROCEEDINGS ON DISCHARGE

(Demobilization)

1. No.	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	Place
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	
<p style="text-align: center;">CERTIFICATE TO BE SIGNED BY SOLDIER</p> <p>I hereby acknowledge that at the undated place and date I received my discharge Certificate</p> <p>M. K. W.</p> <p>Signature of Soldier</p>	
<p style="text-align: center;">CONFIRMATION</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place</p> <p>Date</p> <p>Signature</p> <p>(O. C. Discharging Unit)</p>	

LIST OF DISCHARGE DOCUMENTS

- Attestation Paper, Triplicate..... Military Form W-28
- or Particulars of Receipt..... Military Form W-10
- Field Conduct Sheet..... Military Form W-178 or A.F.H. 122
- Gazetly Form..... Military Form W-54 or A.F.H. 108
- Last Pay Certificate..... Military Form W-44
- Certificate that missing documents are made up
- Medical History Sheet..... Military Form W-119 or A.F.H. 178
- Proceedings of Medical Board..... M.F.B. Form A.F.H. 179 or A.F.H. 44
- Dental History Sheet..... Military Form W-457
- Medical Report..... M.F.W. Form W-121 or F.H. 121
- Regimental Conduct Sheet..... Military Form W-222
- Company Conduct Sheet..... Military Form W-222

1. The following documents are required to be submitted to the Discharge Office at the time of discharge:

- 1. Attestation Paper, Triplicate (Form W-28)
- 2. Field Conduct Sheet (Form W-178 or A.F.H. 122)
- 3. Last Pay Certificate (Form W-44)
- 4. Medical History Sheet (Form W-119 or A.F.H. 178)
- 5. Dental History Sheet (Form W-457)
- 6. Medical Report (Form W-121 or F.H. 121)
- 7. Regimental Conduct Sheet (Form W-222)
- 8. Company Conduct Sheet (Form W-222)

2. The following documents are required to be submitted to the Discharge Office at the time of discharge:

- 1. Attestation Paper, Triplicate (Form W-28)
- 2. Field Conduct Sheet (Form W-178 or A.F.H. 122)
- 3. Last Pay Certificate (Form W-44)
- 4. Medical History Sheet (Form W-119 or A.F.H. 178)
- 5. Dental History Sheet (Form W-457)
- 6. Medical Report (Form W-121 or F.H. 121)
- 7. Regimental Conduct Sheet (Form W-222)
- 8. Company Conduct Sheet (Form W-222)

3. The following documents are required to be submitted to the Discharge Office at the time of discharge:

- 1. Attestation Paper, Triplicate (Form W-28)
- 2. Field Conduct Sheet (Form W-178 or A.F.H. 122)
- 3. Last Pay Certificate (Form W-44)
- 4. Medical History Sheet (Form W-119 or A.F.H. 178)
- 5. Dental History Sheet (Form W-457)
- 6. Medical Report (Form W-121 or F.H. 121)
- 7. Regimental Conduct Sheet (Form W-222)
- 8. Company Conduct Sheet (Form W-222)

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. 46095).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings of Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Place in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Discharge Certificate (C.D. 3)
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Company
12. Last Pay Certificate (P. 851). *x Dup*
13. Pay Book (104)
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group 13.....

Checked by No. 9.....

Date 24 4 19.....

H