FEB 24 1916

Sunt 18 minus

ATTESTATION PAPER.

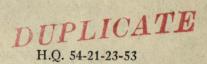
No. 724028.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT	BEFORE ATTESTATION. (ANSWERS.)
1. What is your surname?	Sall
2. In what Town, Township or Parish, and in	
what Country were you born?	The state of the state of the state of
3. What is the name of your next-of kin?	The state of the s
4. What is the address of your next-of-kin?	PU. Come and Wall
4a. What is the relationship of your next-of-kin?.	Canan
5. What is the date of your birth?	May 1321880
6. What is your Trade or Calling?	The same
7. Are you married?	- Ca
8. Are you willing to be vaccinated or re-	
vaccinated and inoculated?	- Alexander - Alex
9. Do you now belong to the Active Militia?	Ola
10. Have you ever served in any Military Force? It so, state particulars of former Service.	- Jua
11. Do you understand the nature and terms of	
	A STATE OF THE STA
12. Are you willing to be attested to serve in the	O Africa
CANADIAN OVER-SEAS EXPEDITIONARY FORCE:)	
made by me to the above questions and that they are by me now made, and I hereby engage and agree to Force, and to be attached to any arm of the service existing between Great Britain and Germany should after the termination of that war provided His Majdischarged. Date FFB 24 1916 191 OATH TO BE TAKEN BY	there in the Canadian Over-Seas Expeditionary therein, for the term of one year, or during the war now I that war last longer than one year, and for six months esty should so long require my services, or until legally (Signature of Recruit) MAN ON ATTESTATION. (Signature of Witness)
in duty bound honestly and faithfully defend His M Dignity, against all enemies, and will observe and o and of all the Generals and Officers set over me. So	Lajesty, His Heirs and Successors, in Person, Crown and bey all orders of His Majesty, His Heirs and Successors, o help me God.
Date FEB 24 1916 191	(Signature of Witness)
- Committee of the comm	OF MACICED ATE
questions he would be liable to be punished as prov. The above questions were then read to the R I have taken care that he understands each	is your surname?
before me, at this this	FEB day of 191 .
	(Signature of Justice)
	ORDERLY ROOM
M. F. W. 23. 200 M.—11-15. H. Q. 1772-39-841.	MAR 4 1916

Description of facus	Gael on Enlistment.
Apparent Age3 5 years	Distinctive marks, and marks indicating congenital
(To be determined according to the instructions given in the Regulations for Army Medical Services.)	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	Exhemy hairy body.
Girth when fully expanded. Range of expansion. Response of the second	
Complexion Aurk	
Eyes hown	
Hair dark brown	
(Church of England	
Presbyterian 4 Ro	
Methodist	
Methodist	The same of the sa
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	
He can see at the required distance with eifree use of his joints and limbs, and he declares that I consider him* for the Consider him* 191 . Place FEB 24 1916 191 .	ther eye; his heart and lungs are healthy; he has the
James Dal	CER COMMANDING UNIT. having been finally approved and of Attestation, and every prescribed particular having
been recorded, I certify that I am satisfied with the	correctness of this Attestation.
	Lt. Col(Signature of Officer) 109th Overseas Battalion, C.E.F.
Date FFB 24 1916 191 .0.0.	TOOLI OVOISOUS BUTTON



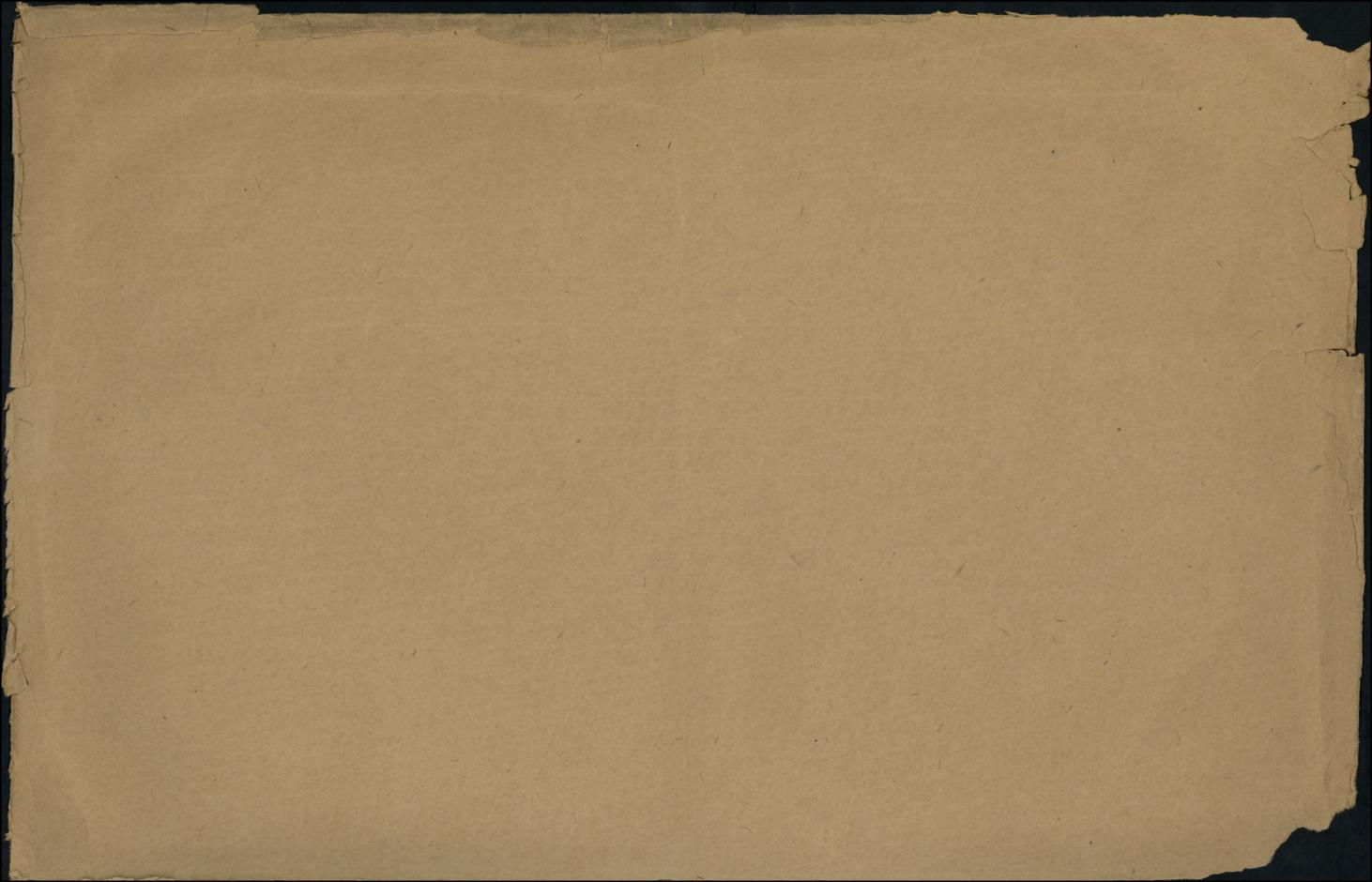
PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

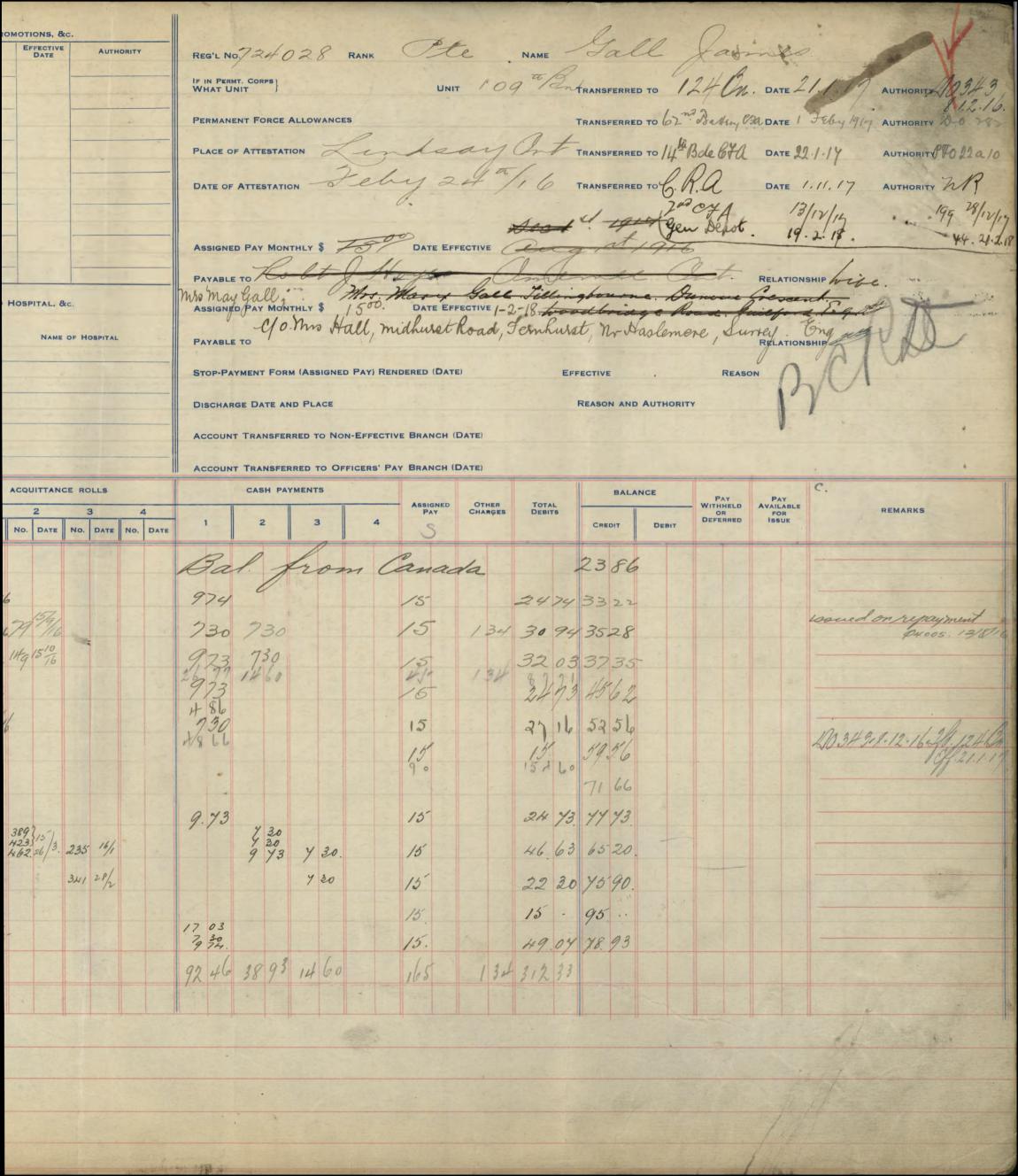
Instructions.

- (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.

	Send as the Decountered Senate operate Epicole drop on treat or the Southern the condition of the second se
(1)	Name of Overseas Unit which Soldier joins.
	109th OVERSEAS BATTALION, C. E. F.
(2)	Regimental Number 725028
(3)	Full Name of Soldier James H. Gall
	racial etter des conductos en alta retion bearries and conductor en eller a vollege dans
(4)	Place of Birth Emly Tonp. Victoria Con. Ontario
(5)	Are you married, or not?
(6)	If married, state, (a) Full name of your wife
	(b) Present Postal Address.
(7)	Are you a widower?
(8)	Have you any children?
(0)	If so, give number of boys and girls
	Also their names and ages.

(9) Is your Father alive?	
If so, state name and address	
(10) Is your Mother alive?	
If so, state name and address.	
Whitemary is then this payers sighted at the same games a marger benings, but a function of the	
Are you her sole support, or not?	
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.	
napolitica de la composição de la compos	
(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.	
Rebert John Hayes	
address of your next of kin, to whom you would desire any communication to be sconcerning you.	
the state of the s	
The state of the s	
(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.	
The Protect of the Company of the Co	
(15) Are you insured?	
If so, in what Company?	
The state of the s	
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.	
(b) Ft and Parish with as	
1. 114/	
Officer Community. O. S. 109th Overseas Battalion, C. E. F.	
Date JUL 1 1 1916 O. O. 109th Overseas Battalion, C. E. F.	





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ASSIGNED * CANADA. ENGLAND OR SEPARATION PAY. NAME:-ALLOWANCE 'EFFECTIVE EFFECTIVE DATE :-NUMBER DATE:-AMOUNT :-AMOUNT: NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYER OF A.P. IS THE SAME AS PAYER OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. AU ORIGINA DATE A Mopper. 1-5-19. AUT EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK AMOUNT DATE OF NUMBER NUMBER OF A.R UNIT PAID BY UNIT PAID BY 80% 3385 PARTICULARS OF RENDERING NON-EFFECTIVE - /4/19 Dis in ENGLAND. #2 60.D. 23/4 PARTICULARS CR. 1 | CR. 2 PARTICULARS 33 a 479021 4R-30-11-4-18-2.Bde.CFA 33 8410 apr 80 2nd Bdo 630 21/4/18 34 33. B38454 £3-1-8. Dn. 191 ~ Bde 679. 16/5/18 1/4/18. 1 247 1 313 33 B19454 £3.1.8. 3410 D/N 353. 167.9. 3/2. VBde 674. 13/7/18 34 10 3410 688782 33 2 CF.A. 18.9 33 £3.1.8 Det. 34 10 D 415.49 2630 813 3410

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

Casualty Form-Active Service.

M. F. W. 54. (A. F. B. 103.) 250m.—1-16, H. Q. 1772-39-920.

Regimental No. 24.2. C Terms of Service (a)			LION, C. E. F.	ERSEAS BATTA	Unit, Regiment or Corps 109th OV		
Date of promotion to present rank. Date of appointment to lance rank Re-engaged. Re-engaged. 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. Discembarked Canada Analysis of the ported on Army Form A 36, or other official documents. Discembarked Canada Analysis of the ported on Army Form A 36, or other official documents. Discembarked Canada Analysis of the ported on Army Form A 36, or other official documents. Discembarked Canada Analysis of the ported on Army Form A 36, or other official documents. Discembarked Canada Analysis of the ported of the ported on Army Form A 36, or other official documents. Discembarked Canada Analysis of the ported of the ported on Army Form A 36, or other official documents. Discembarked Canada Analysis of the ported of the ported on Army Form A 36, or other official documents. Discembarked Canada Analysis of the ported of the ported of the ported of the ported on Army Form B 213, Army Form A 36, or other official documents. Discembarked Canada Analysis of the ported of the		3.	James	ne Gall.	029 Rank Sawale Nan	ntal No. 124	Regimen
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	DJUTANT,	194th BATTALION C.E.F.	1007	7	suvery v. s.ov.		

(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.

[P.T.O.

				· Long	
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, os other official documents.
3/1/23/12/16	194 Btn.	Jaken on strength of 62 nd Battery, 2.7.4.	Wittey bamp	23/12/16	R. H. Sabbaja sch
11.2.1	7 OC.,14 BDE,CF	th. Absorbed by 58th.Batt A. 14th.Brigade, C.F.A.	ery, Wilfor	22.1.	17 Pt. 2. #42,11.2.17.
	OC 14th Bde, CFA	service	Witley Camp.		Part 2 order No.
No folia	06.1x#. Bde, C.F.A.	S.O.S. on transfer to A. J. In Bys, 5 &C.DA.	Milford.	17.8.17	Adjutant Prigade C.F.A.
16 1	A. Jms.	H. S. Leavy J. M. B. Ly.	hilford	7.8.7	Augh. C. R. a. R. 6. 15.33 1. J. March cent 896
10 3.9.17	O. C. H. T. M. B.	S.O.S. on posting to Can. Art'y Regimental Depot	Milford Camp	3.9.17	5CD/54-1-6-355/DA 9-0-1-6-355/DA C. F. A. O.C. Heavy Trench Mortar Bty
309377	O.C.C.A.R.D.	T.O.S Shown On Com 2 de.C. D.	Showelife	2001	PT. II D.O. 194. 184
		adm C.M. Hos. B'shott	Shornaliffe	3-9-17	P4: II O.O. 187.
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					FOR O.O. CAN. ART REGIMENTAL DEPO

Name

GALL, ames.

Reg'l No. 724028.

109th.Bn. Unit

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Lindsay, Feb. 24th.1916.

N/E. R.B. (78.

Place of Birth Wiet. County.

Name and Address, Next-of-Kin

Robert John Hayes. MRSMAY GALL

Payable to

5/0 MRS HALL

P.O. Omomoo. Ontario. Canada

Relationship MIDHURST ROAD.

Payable to

Relationship

Separation Allowance \$

Assigned Pay Monthly \$

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.-7165-16.

	Repo	rt.	Record of promotions, reductions, transfers,			REMARKS.
	Date.	From whom received.	casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	Taken from Official Documents.
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County		ma	Date	Fit or Unfit		AMINED FOR RE-ENGAG	EME
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Chest measurement	Maximum expansion				*	***************************************	
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EX	AMINED OR DISC	CHARGED	BY A	MED	ICAL 1	BOARD.	
STATION.	DATE.	Dis	SEASE.			RESULT.	
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J.Mo 1

M. F. B. 313. 150M.-8-15. H. Q. 1772-39-439.

	STATION.	Date of Arrival at the	in	Admissio to Hospi	n tal.	fro	Discharg m Hosp	ge oital.	DISEASE.	Number of days in	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.		
1		Station.	-	Month		THE REAL PROPERTY.	Month	1	· 10 10 10 10 10 10 10 10 10 10 10 10 10	Hospital.		of medical onder.		
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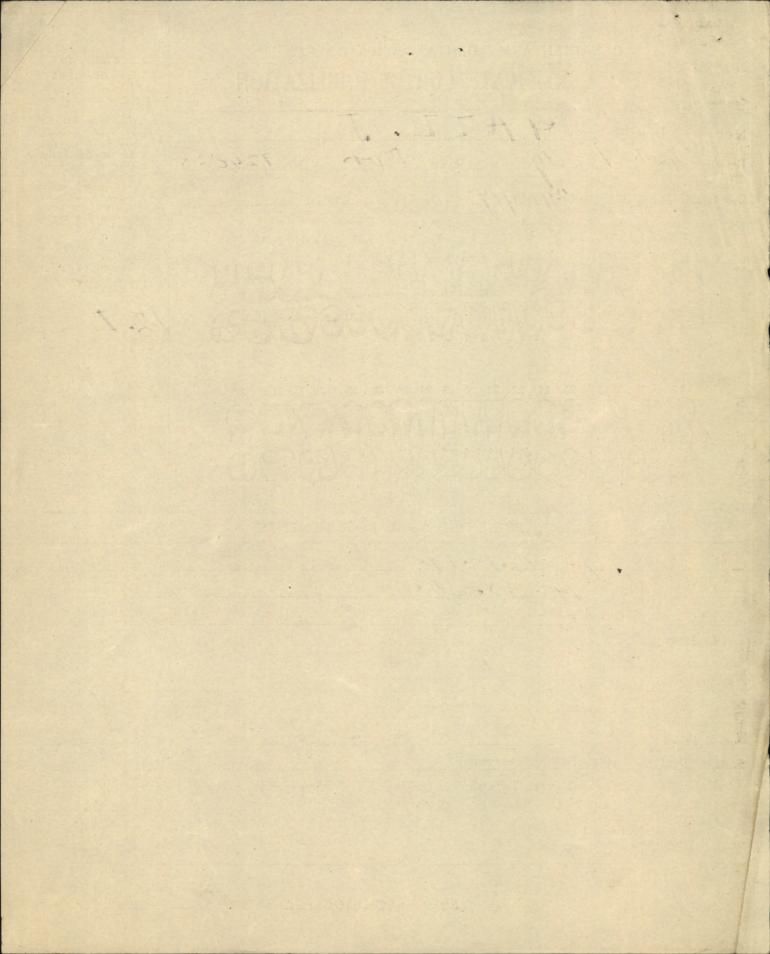
CANADIAN ARMY DENTAL CORPS. O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

DENTAL OFFICERS Canadian Printing and Stationery Services, London 1. This form will be NAME OF SOLDIER (Block Letters) made out for each Individual at the time of Demobili-No. 724028 zation in England or France. Figures as per chart will be used Date of Examination in England Date of Examination in France to uus grate teeth concerned. 10 11 12 13 14 3. In reference to Partial Dentures the numbers of teeth thereon wil be stated 22 23 24 25 26 27 28 29 32 PRESENT DENTAL REQUIREMENTS FILLINGS 14.20.30. 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

Signature of Dental Officer.

DIRECTIONS TO



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. 724028 Rank D.VR	Surname GALL
	(Given name in full)
TH - = 1/	JAMES
Unit or Corps 48 BT 4.	. Birthplace GLASGOW SCOTLAN
(Examination of Officer or Other Rank (s	stripped) to be made by one Medical Officer.)
1. GENERAL DESCRIPTION:	ten elect
Physique . Jos. J Weight. 1.7.5 . lbs.	Identification marks, scars, or deformities. (Give cause and date of origin.)
Nutrition good	
Pulse Y b. regular.	(Give cause and date of origin.)
Condition of arteries.	V. m. legt arm
Vision Rt. 6/12 Left. 6/12	The second second
Hearing (conversational voice) Rt 2 ft.	
Left 70ft.	
Opinion as to general health and physical condition	n
2. Has Officer or Other Rank ever suffered from, (Answer "Yes" or "No"). (Subjective evidence	or has he now, any affection of the following systems? ce may be sufficient in certain cases.)
Nervous System Genito Urinary	SystemCardio-Vascular System
Special Senses	System Respiratory System
Disturbance of mentality Muscular System	nDigestive System
Osseous and Joint System Any other general	al condition 210
3. If the answer to any part of Section 2 above is of origin; and also a description of the present of	"Yes," here give full particulars, with cause and date condition.

Que

EXAMINATIONS.

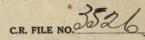
(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

M.F.W. 129. 1033 (D.P.) 500M-11-18. 1772-39-1142. [OVER]

MEDICAL CASE SHEET.*

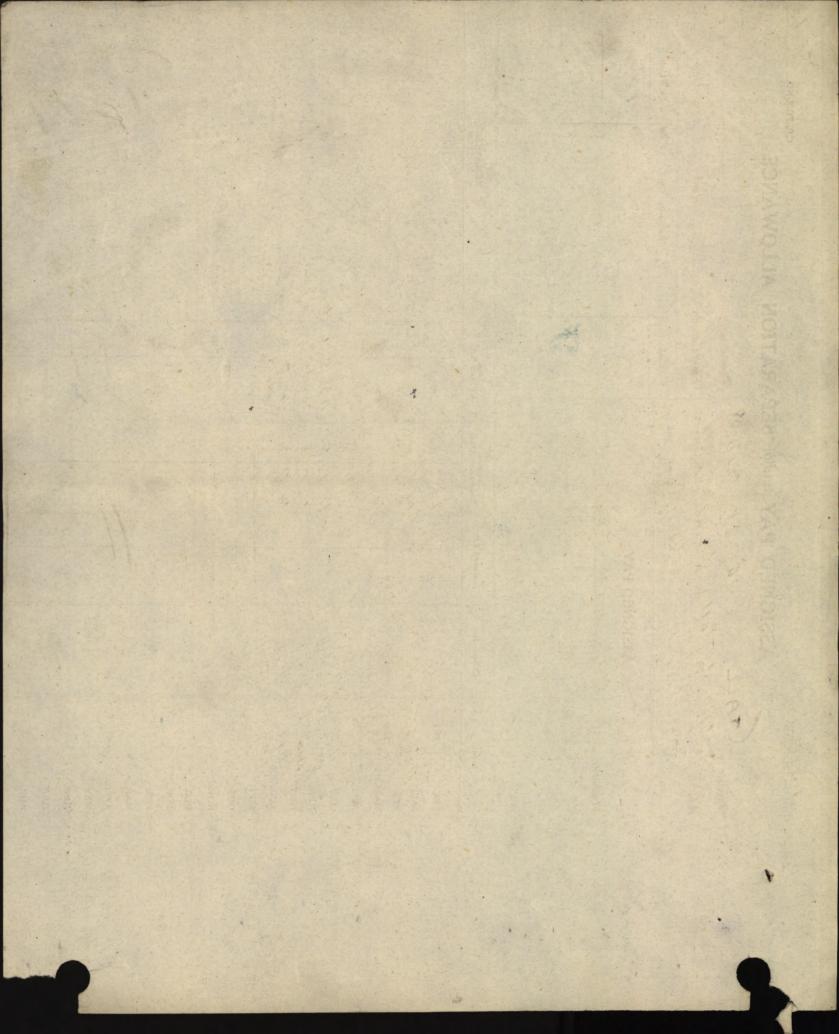
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ASSIGNED PAY

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MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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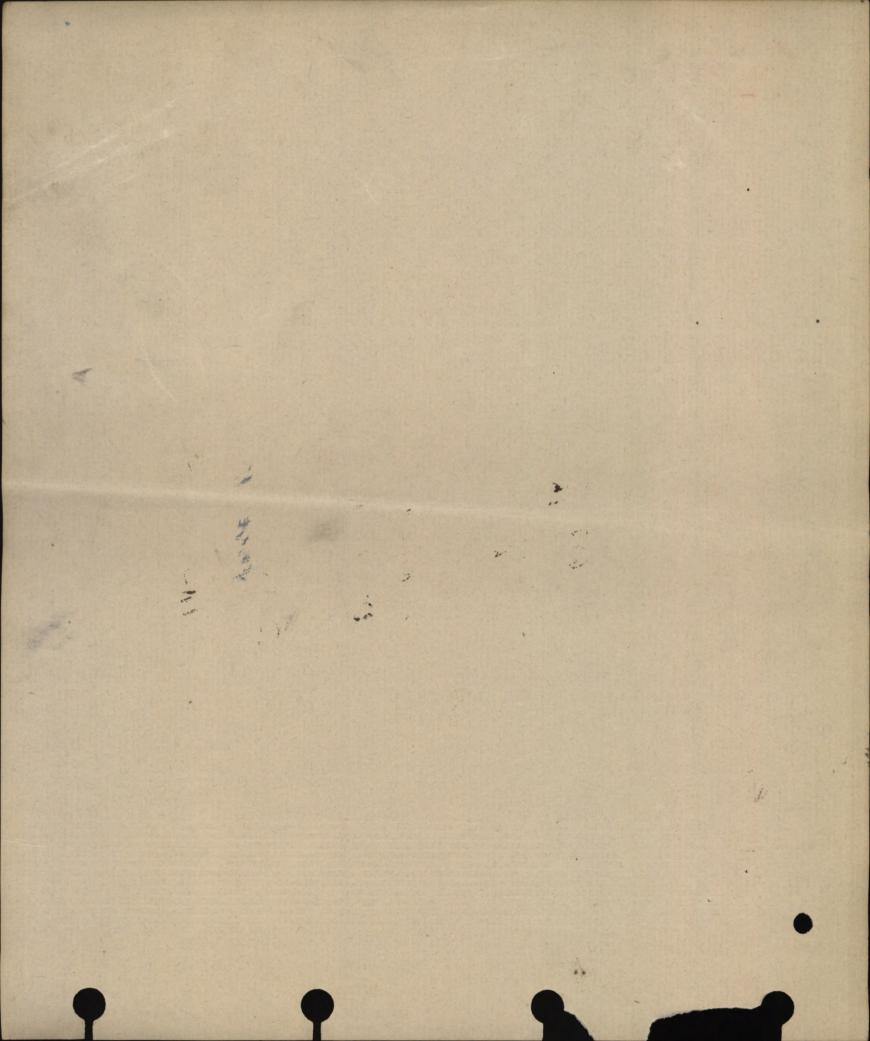
OVERSEAS CONTINGENTS

By Whom Assigned Las. 94. Lall
Regtl. No. 724028

Rank Pte Corps 109 th Over seas 13 tu. C. E.F.

PAYMENTS

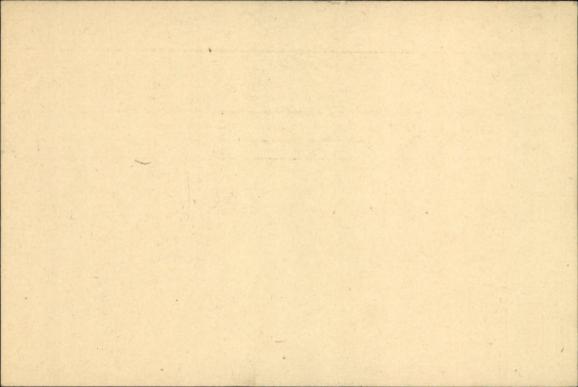
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Number 72 4028 Christian Name. Units 6.79, Theatre of War France Date of Service 22-11-17 Remarks The Guasurer, Can Legion, B. E. S. E., Branch 78, Sioux Lookout, Man.
Latest Address. 23 3/31



NAME Gael James. No. 724028 RANK P/ D. O. 70. 4. 3-16. UNIT 109th Battalian M. D. PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PAID SIG. PAID OR TO REC'T FROM PARTICULARS AUTHORITY 7916 24 Mar. 31 UNIT SAILED JUL 23 1916



Brok Gen Ha cirtilley Name Gal Reg. No. 424 028 Unit Next of Kin Movement W.O. List Casualty

FORM R. 140

Date	Movement	Place	Casualty		Notified N/K O.	W.O. Lis
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No.	DATE		NATURE OF CAS	DALII		FOLLOWS
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			D D SERVE			

M. F. W. 42—50M.—5-17. H. Q. 1772-39-893.

L. L. 20497-M. & D. 7908

DATE OF LIST No. pan Mil, Branslott no 2 lan Fold and 17-2-18 Constitution Form R. 149. Reg. No.424018 Movement

Date	Movement	Place	Casualty	List No.	Notified N/K O	

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NAME C	ell	James		REGT'L. No. 7240 H. Q. FILE NO 649	28
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No.	DATE		E OF CASUALTY		FOLLOWS
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L. L. 31493	M. & D. 8476.		ALC: U	M. F. W. 42—100m.—28 H. Q. 1772-39-893.	-11-17.

DATE OF LIST NO HOSPITAL REMARKS # 2 Can Fld and. . a 177 Disch .. " 20-2-18 Constipation A. & D. No. 1401.

Bear Wood, Wokingham, Berks HOSPITAL.

A. & D. No. 15888

PL. OF ACTION 724028

RANK Galt.

UNIT le fa. 58MB hy Wounded

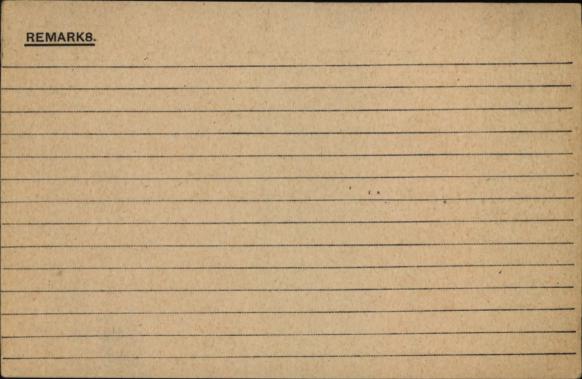
NAME Pall f. Age 37 Religion

PLACE IN HOSPITAL Multiple for Surpel Bare Left for

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

IN FIELD



505 25 4 19. OB and 52 13-6-19. NAME Gall James CORPS 10 9 th 724028 Batt. FORMER CORPS hil DATE Feb. 24 th. 1916. COUNTRY OF BIRTH Canada Emily Victoria Out.

NEXT OF HIM Hayes Robert John (R.G.S.)

ADDRESS OF NEXT OF KIN Omemel Out. nestykin Mrs. May Saff DISCHARGE, PLACE 90 Mrs. Hael, Midhursbatted Fernhurst, Mr. Haelmere, Survey (Quil 54-21-38-1) 21/2/18. Sailed From Falifax Ver SS. Olympie 23/4/16/4 M. F. W. 22. 100 m.-0-15. H. Q. 1772-39-839. L. L. 85779-M. & D.-6011.

TRADE OR CALLING Farmer RELIGION Creshyterian DESCRIPTION. 3 SYEARS CHEST MEASUREMENT 39/2 INCHES EXPANSION of stated inches

COMPLEXION fash EYES Brown HAIR fh. Brown

DISTINGUISHING MARKS Extremely hairy body APPARENT AGE MONTHS MEDICAL EXAMINATION. PLACE Lindsay DATE Feb 24th 1916. REMARKS:

Reg. No. 724 28.

Rank	Ome				2	1100þ		Datty.
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13 2 €. 8.	amb.	•				Hosp.	17-	2- 18
				. 0		Hosp.		
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(2)						-		
(3)								
Additional Diagno	sis: if more	than one	state pre	sent				
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Christian Name or Names

J.

Surname Gall.

EPITOME OF HOSPITAL TREATMENT.

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3.	
4.	
5.	
6.	

724028

GALL

JAMES

I.D. number
No. d'identification

Surname Nom de famille

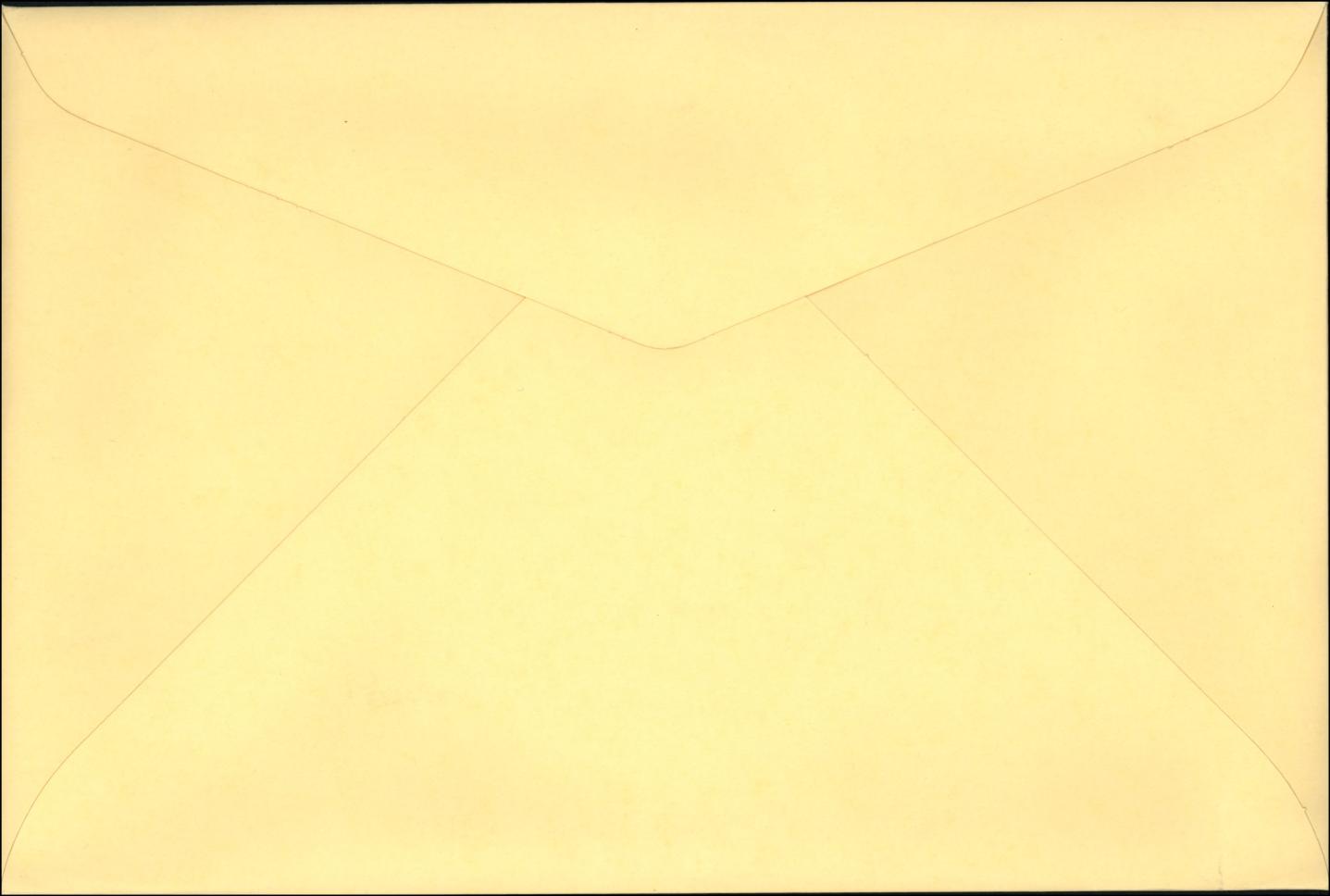
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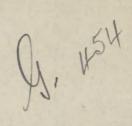
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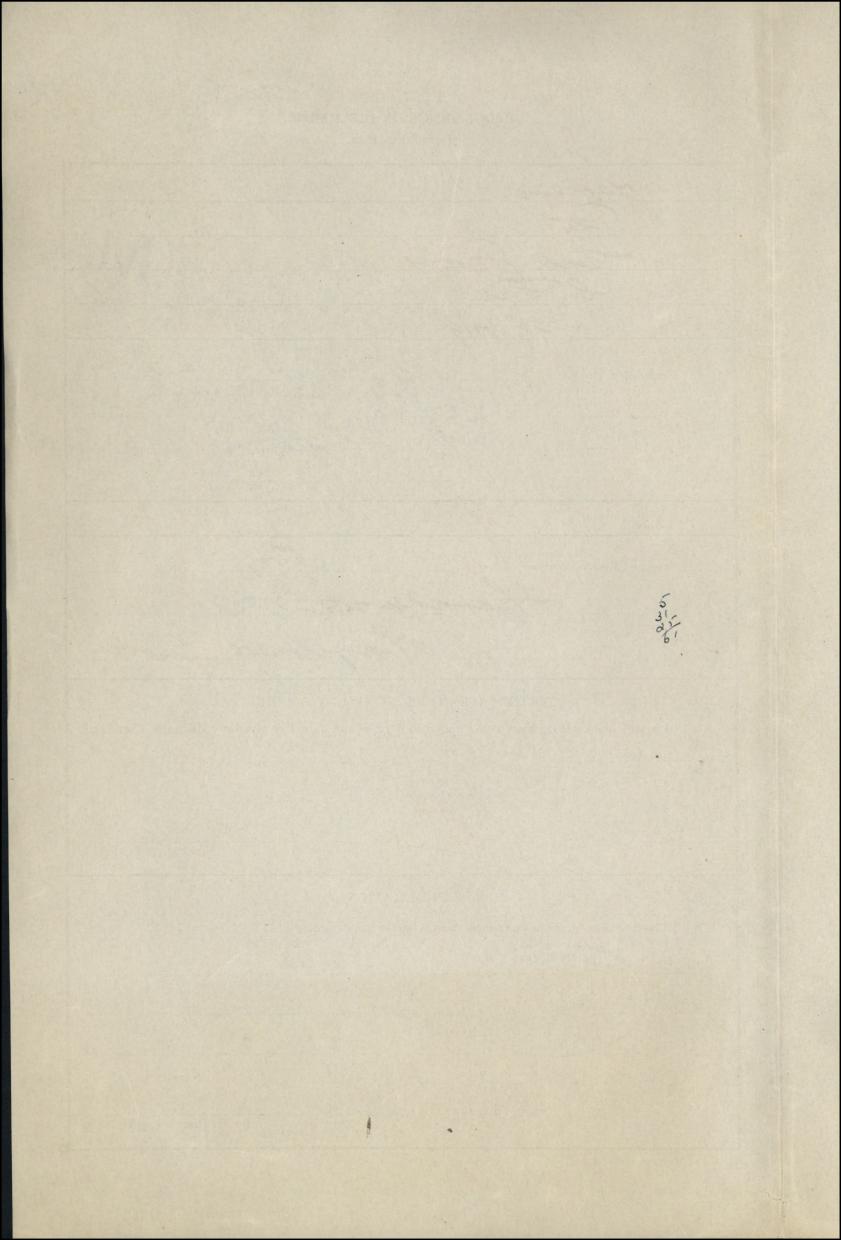
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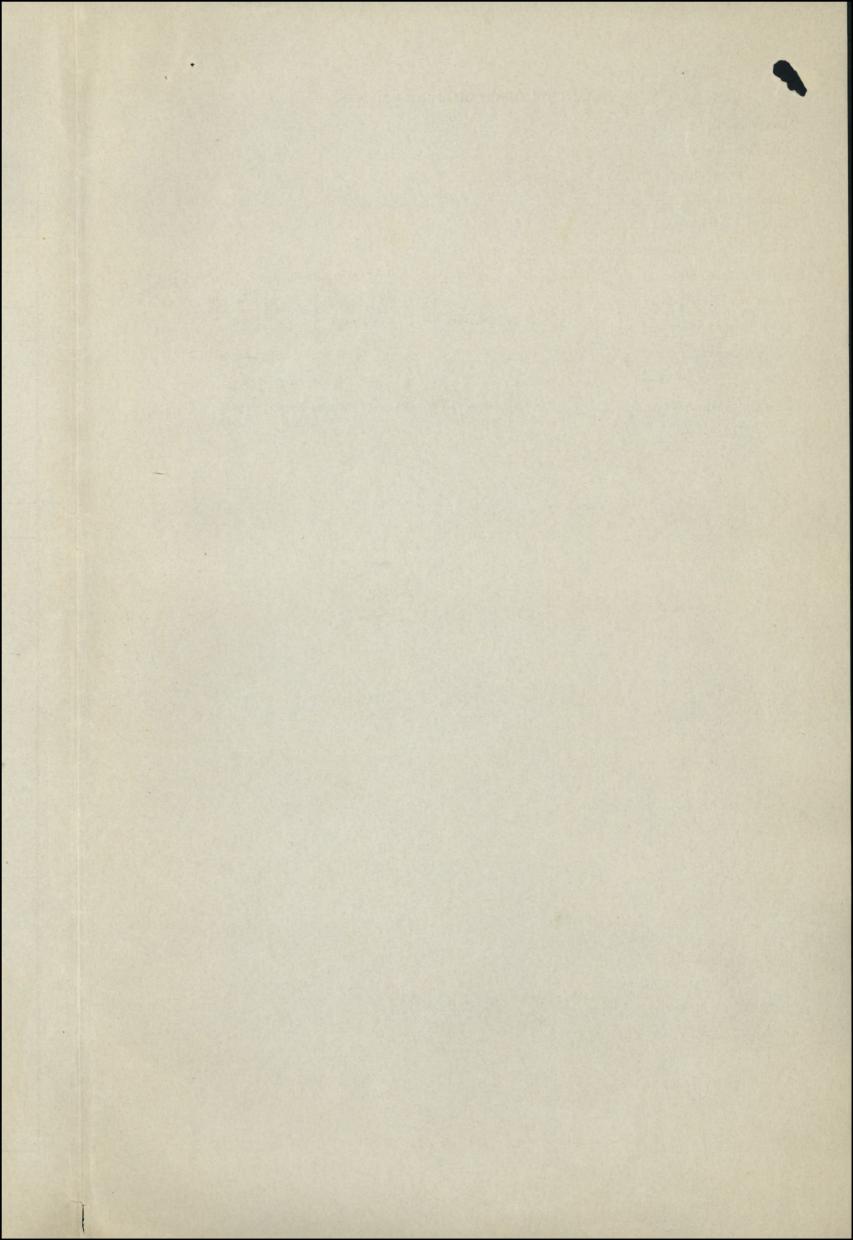


SHORT FORM. PROCEEDINGS ON DISCHARGE. (Demobilization.)



1. No. 724028.
2. Rank Ple-
3. Name Gall Fames
4. Unit 6.7-a.
5. Date of Discharge 25/4/19 Place Q. C. hopo
6. Reason for Discharge
K. R. & O. Para. 392 Sec. XXV (Being Demobilized in England C.R.O. 5222)
8-43-671(-0.0222)
251.0
7. Authority 1975 25-4-19
8. Proposed Residence after Discharge
-Fernhurst-
Havelner Survey
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.? A 4 3 2079
M. F. W. 7
and the same of th
Signature of Soldier.
10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place
Date 25/4-19
FONDER
Olith
Signature (O. C. Discharging Unit.)
and the same of th





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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	

Regimental Number 724028

	NEW York	. Casualty Form	-Active	gervice.	-	, toB
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Religion			Age on Enl	istment	years	months
Enlisted (a)) 24/1/H, Y. T	erms of Service (a)	of WY lamo	Service recko	ns from (a	1) 24/2/16
Date of pro	motion to present ra	ank	. Date of app	ointment to land	e rank	
Extended		-engaged		on (b)	-120	The state of the s
Occupation					Sig. Sig	gnature of Officer.
	Report	Record of promotions, reductions, &c., during active service, as repo B.213, Army Form A.36, or in oth The authority to be quoted in each	transfers, casualties, rted on Army Form	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36,
Date	From whom received	The authority to be quoted in each	Case.		Casualty	or other official documents
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19					T. Marie	

⁽s). 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) Signailer, Shoeing-Smith, &c.

					-
Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
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000					S Westerva Brigade, C.F.A.
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			U Too	LTICOLI	TO RECORDS C. D.M.F.
24.11.17	CABÓ	and Reinf Tond Co	, Artylod	24 19	11R [385] 116 a/27 17
26.11.14	CORC	and at de	Juld	26 ty	NR 19601
7.11.19	aal.	Losled to make bya	"	13.12.17	Cesto MR 13. 12. 17 (125) HR 206 PH Ord 135 PH Ord 199
23-12-17	Unit	Jos. Indøje 6 fa.	"	14.12.17	B213
18-2-18.	2 b. J. amb.	Constitution 17/18. 15	2 Bont. auf.	20-2-18	Az. A. 8112.
23-2-18-	Unix,	Informa from Stospl.	Diels.	20-2-18.	323.
9-3-18.	do	awarded one Good Bonduer	Ine States	24-2-18	BN3. PIO.26.
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-35 3

Casualty Form Active Service.

Pant &	Regii Surname	ment or Corps	stian Name	Jaire	40
Religion	A CONTRACTOR OF THE PARTY OF TH	Age on Enlist		CAT TO THE PARTY OF THE PARTY O	
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Date of pr	omotion to presen	t rank	ntment to lance	rank	
Extended	{}	Re-engaged or	ralification (b) Corps Trade ar	id rate	
Occupation	o			Signa	ature of Officer
	Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213. Army Form A.36, or other official.
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	A FOR THE STATE OF	214			
	The same of the sa	Gaptain .			
		Officer commanding.			
		. 2 Canadian Discharge Depôt.		2 7 1 1 1	4

⁽⁴⁾ In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, par iculars of such re-engagement or enlistment will be entered

⁽b) Signatter, Shoeing-State, &c.

	Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.		
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20 -

725028 Pte. Gall, J.H. 109th Battalion, C.E.F. Woll detached by Regt. Paymaster.

Paymaster, 109th Overseas Battalion, C.E.F.

Perforated sheet for Will from Pay Book of Reg.

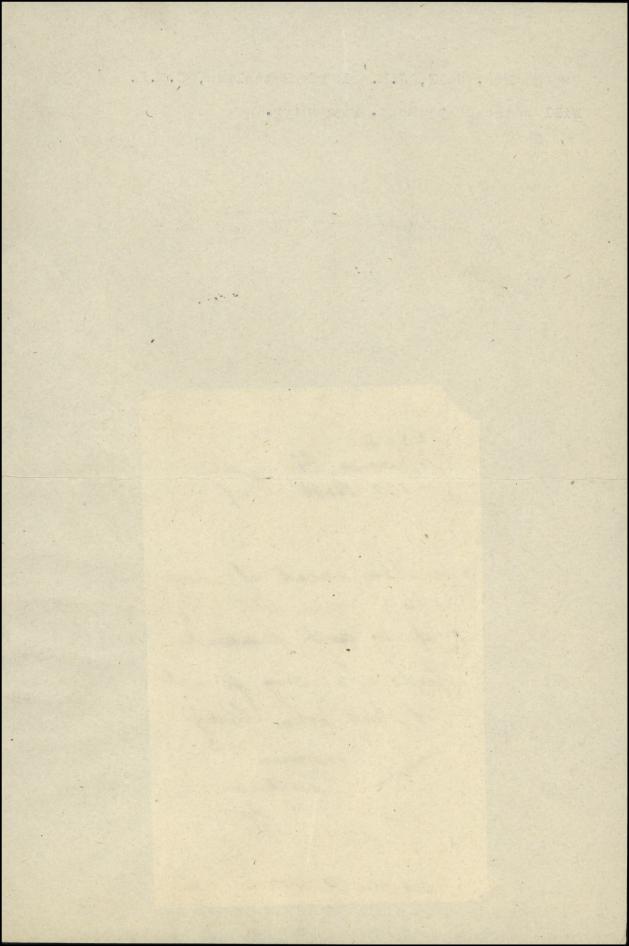
No.725028

Name James H Gall

Unit 109 Ball Drug

Military Will.

In the event of my death of give all any property and personal



	Army Form W. 3212. (In books)
Regtl. No., Rank and Name 724028 22+	Gall & Corps & 4 6
Disease hephritis.	Hospital 2 nd L. C.D
To Officer i/c Laboratory.	Ward
Please carry out an examination of the accompan	ying specimen of Unine
with special regard to micro seopical	+ alleumen
Date Soft P. 1917 LABORATOR	Q. B. Burs Capp. O. i/c Ward.
Sp 92 1025	I REPORT.
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act my	
seegar neg	55
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Date of Examination	2 7 O. i/c Laboratory.
W 12965-6740 200,000 11/15 H W V (M 875) Forms/W. 3212/1 1439-480 200,000 5/16	O. 1/C Haddratory.

Station and Date.

CLINICAL CHART. Army Form B. 181 Corps Ta. (To be attached to Case Sheet.) Military Hospital July 6-17-1 No. 72 4 5 2 8. Rank and Name Gall . Gur.
Disease Broken 3 Pullelan Bate of admission 6 -7 - 17. Age 37. Service Date of discharge 25-7-77 Dates of Observation Days of Disease · Temperature Fahrenheit DO 107° 106° 105° 104° 103° 102° 101° 100° 99° 980 97° Pulse per Minute Respirations per Minute Motions per 24 hours (6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735) In charge of case.

Army Form B. 181 The state of the s Report on Wounds or other Injuries, received otherwise than in Action.

114 Gen. No. 4269.

†Here insert "trivial" or "serious." Certificate of Medical Officer.

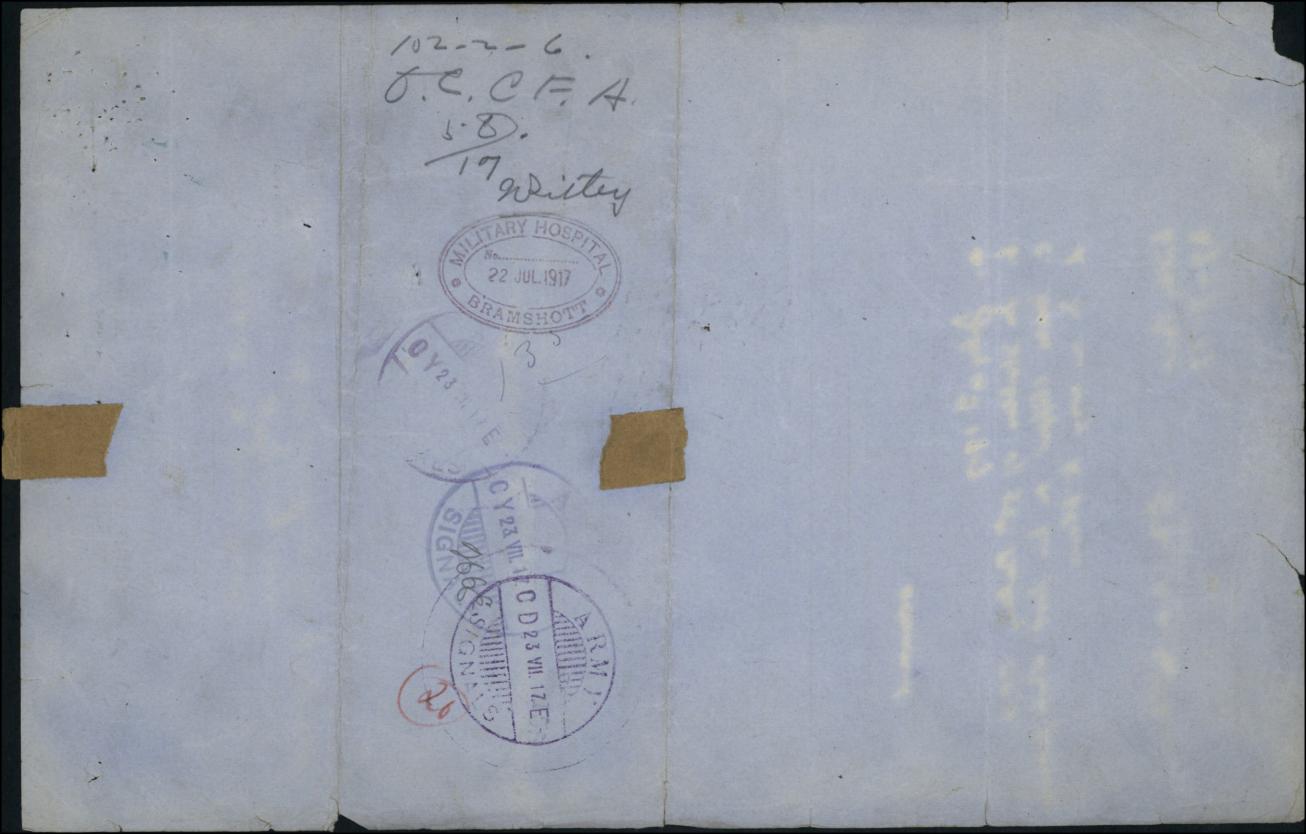
No. 724028 Dr.	James Gall	C.4.a.
was admitted to hospital on the	of July 1917	suffering
from fraction of third	Wetalanse bou	of left for
The disability is of a + true		d in all probability
well hol interfere with his futu		a in an probability
*He Colains		
duty at the time of the accident.	_that he was in the perfo	rmance of military
(If the soldier makes no claim that he was	on duty at the time, the cert	ificate below should be
Station Braushott mil. Ho	6 - 0 . 0	
	Lecto and o	
Date July 20117	Medica	il Officer in Charge.
Certificate to I	e signed by soldier.	
I,	here	by declare that the
injury sustained by me on the		did not occur
while I was in the performance of mili	ary duty.	
		Soldier's
		Signature.
Station		Signature of Medical
Date		(Officer.
Ooutificate of	amanadina Office	
	Commanding Officer.	
(This certificate will be completed only in been injured while on duty.)	eases of trivial injury where the	soldier claims to have
I certify that the injury to the a	bove-named soldier + 00	curred
while he was in the performance of mi		
ta. Jely 14 5	912	
	The second secon	0.50
6. In Stables		
C. Horse Slip	ed on his too	+ While for
di da no wa	to blame.	
X		TO THE SE
The soldier has been so informe		
Station littley Carp.	tous h	alte he

Date 27.7.17	Commanding C. 58th	Howitzer Battery

This Army Form will be attached to the Medical History Sheet, on which it will be recorded

(92261) W 3725—1772 300,000 6/15 J J K & Co. Form/B. 117

whether the soldier was on duty, and whether he was to blame.



Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE	OF	SEPAR	RATION	ALLOW.	ANCE
			1000		

RATE (RATE OF ASSIGNMENT						

PARTICULARS OF SEPARATION ALLOWANCE

No.		Name	
Rank Promoted	Reverted Discharge	Address	
Soldier's Name		Change of A	ddress
Battalion		1	
Beneficiary		2	
Relationship		3	
Address		4	

							2
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Separation and Assigned Pay Branch

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RATE OF SEPARATION ALLOWANCE			RATE OF ASSIGNMENT
			15
			Mrs Mary Gall O PARTICULARS OF ASSIGNMENT
PARTICULARS OF SEPA	RATION ALLOWANCE		PARTICULARS OF ASSIGNMENT
No. 724028			Name Roll John Hoges
Rank Pte Promoted	Reverted	Discharge	Address Amethee Ont
Soldier's Name Jas. H. Gal Battalion 109th O.S. 19	1.		Change of Address
Battalion 110 9th 0. 8. 15	Battn		1 Tillingbourne, Dunnam Crescent, Woodbridg
Eeneficiary			1 Tillingbourne, Dunnam Crescent, Woodbridg 2 Road Guilford Eng.
Relationship			3
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Duplicate sent to England.

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				Name	
Rank	Promoted	Reverted	Discharge	Address	
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