ATTESTATION PAPER.

No. 7246 05

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

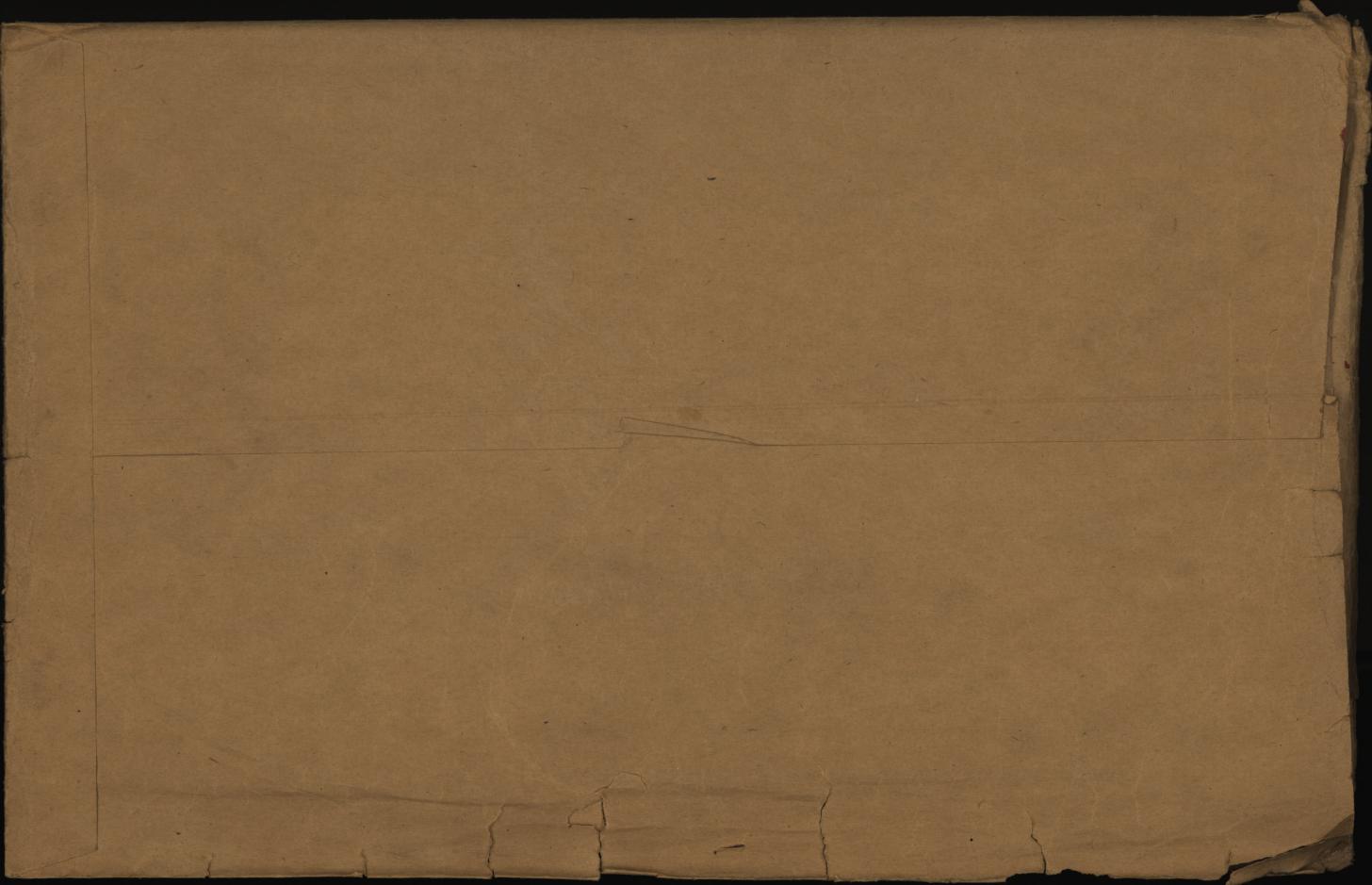
Folio.

QUESTIONS TO BE PUT	BEFORE ATTESTATION.
The state of the s	(ANSWERS). ORIGIN
1. What is your surname? In 95 borou	gh,
1a. What are your Christian names?	Willingham
1b. What is your present address? D. D. V. f. or	d Orlano
2. In what Town, Township or Parish, and in what Country were you born?	Brulam Township Co Victoria
3. What is the name of your next-of-kin?	as Knigsboodigh
4. What is the address of your next-of-kin?	of Don Stord, Ohlario
4a. What is the relationship of your next-of-kin?	
5. What is the date of your birth?	
6. What is your Trade or Calling?	mr.
8. Are you willing to be vaccinated or revaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	Na,
10. Have you ever served in any Military Force?	No.
11. Do you understand the nature and terms of your engagement?	yes nowow
2. Are you willing to be attested to serve in the	Yes and lander on the sound
Canadian Over-Seas Expeditionary Force?	
existing between Great Britain and Germany should the fiter the termination of that war provided His Majes discharged. Date 1915	
OATH TO BE TAKEN BY I, Robert Collington Dear true Allegiance to His Majesty King George the native defend his Majority, against all enemies, and will observe and obeyond of all the Generals and Officers set over me. So hate. Date. To ref. 1915 - Low 1	e Fifth, His Heirs and Successors, and that I will as esty, His Heirs and Successors, in Person, Crown and vall orders of His Majesty, His Heirs and Successors, elp me God.
CERTIFICATE OI	MAGISTRATE.
The Recruit above-named was cautioned by me questions he would be liable to be punished as provide. The above questions were then read to the Recruit have taken care that he understands each que duly entered as replied to, and the said Recruit has a	that if he made any false answer to any of the above d in the Army Act. uit in my presence. stion, and that his answer to each question has been
M. F. W. 23 200 M—9-15 H. Q. 1772-39-841	Date: DFC 9701 1915

Description of Robert Cottingham Kingsborough.

Apparent Age	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
211111516 2 dozene (c)	(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	Doar on right knee cap
Girth when fully expanded	Dear on right knee cap n n left thumb n n Tonehead
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Baptist or Congregationalist	
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Other Denominations	indication of internal in a common with the
rejection specified in the Regulations for Army Medic He can see at the required distance with either use of his joints and limbs, and declares that he is not so I consider him*. J. for the Cans Date 2.2. J	reye; his heart and lungs are healthy; he has the free subject to fits of any description. adian Over-Seas Expeditionary Force. Medical Officer. 109th Overseas Battalion have Early will fill in the foregoing Certificate only in the case of those who have Early
certificate of offic	ER COMMANDING UNIT.
Robert bottinghow	Lingshow washing been finally approved and
inspected by me this day, and his Name, Age, Date of been recorded, I certify that I am satisfied with the co	of Attestation, and every prescribed particular having
tendent le antiongie	Lt. Col (Signature of Officer)
0. C. 109	th Overseas Battalion, C. E. F.
Date. DEC 29 1915	

	NAME TINGSborongh,	Robert Cottinghe	REGIMENTAL DOCUMENTS IPPER FEGT. NO. 724605	4 10th Can &	ngish. c. FILE NO.	
	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
6	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
7	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
0	TRAINING HISTORY SHEET (M.F.W. 113)				Tre	ated for mould contamination
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					ité contre la moisissure
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				Dat	e:09/05/2014 GKK
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)		/ 19			Demobilization
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		/ p-/			Nimorce Faces
	MEDICAL EXAMINATION (M.F.W. 129)		1/1/8/		00	
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	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)	/			×	DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)		00.			
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)		P /			
	PARTICULARS OF CHARACTER (A.F.W. 3226)	1/N)	P			
-4	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)	1/ ()	1			
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MILITIA AND DEFENCE ASSIGNED PAY

M. F. W. 12. 50m.—4-16. H. Q. 1772-39-819.

OVERSEAS CONTINGENTS

To Whom Thomas Kingsboro
Address Dunsford.

Regtl. No. 724605.

Rank Pte.

Corps 109 th 13:n. '9

5 99 AUG 1 1911

PAYMENTS

	Month	Year	Cheque No.	Amt.	REMARKS
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ASSIGNED PAY

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MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

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	Month.	Year.	Cheque No.	Amt.	Remarks.	
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	Sept.					
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4	Nov.					
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Fill Oonly.—Unit, Number, Rank and Name.

Casualty Form—Active Service.

M. F. W. 54. (A. F. B. 10 250M.—1-16. H. O. 1772-30.090

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		promotion to sent rank.	Date of appointme to lance rank		Numer rol	ical position on l of N. C. Os.
	Extende	ed	Re-engaged	Qualification (b		Larmer.
		Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks
	Date	From whom received	ported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	taken from Army Form B. 213. Army Form A. 36, or other official documents.
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A.C. Rank KINGSBOROUGHRobert Cottingham. Name If in perm. Corps, 109th. Bn. Married or Single Single. / Unit What Unit? Lindsay, 29th. Nov. 1915. Place of Birth Verulam Tp. Place and Date of Enlistment Co. Victoria. Ont. Thomas Kingsboro. / Name and Address, Next-of-Kin Donsford, Ontario. / Father. Relationship Assigned Pay Monthly \$ Payable to Relationship Separation Allowance \$ Relationship Discharge, Date and Place Reason Character H. W. & V., Ld .- 7165-16. Report. Record of promotions, reductions, transfers, REMARKS. casualties, etc., during active service. Place. Date. From whom Taken from Official Documents. Date. The authority to be quoted in each case. received. Arrived in England per H. M. T. 2810 8.12.16 86109 Br. So Son tofu. to 124 Bm 9-3-17 124Bn Emb for France 14.12.1), 126 of Ck. So I fan Oull and - Desch & Duty Now known as 124th Par

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(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps	10 Bn. C.E.	Regimental Number 724605
*Substantative Rank	, Surname Kingsborong	
*Acting Rank		Carrie Ca

(* To be entered in pencil to facilitate alteration.)

Nothing to be written in this margin.

To be folded on

G.W.P.Co (3490)

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	(A) eport	(B)	Record of promotions, appointments, reductions.	(D)	(E) Date of	(F)
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Group 24

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.

724605 Rank 8 apper	Given name in full) **ROBERT COTTING HAN
nit or Corps 10th CF Baff	Birthplace Dunsford Unt
(Examination of Officer or Other Rank (strip	oped) to be made by one Medical Officer.)
GENERAL DESCRIPTION: Physique Weight / Local lbs.	Height
Nutrition	Identification marks, scars, or deformities. (Give cause and date of origin).
Condition of arteries M. Left M. Left	Vaca left in CSA. Scar on truled news
Hearing (conversational voice) Rt. Wft.	real or french from the
Left	(67)
(Answer "Yes" or "No") (Subjective evidence	as he now, any affection of the following systems? e may be sufficient in certain cases.)
Nervous System	System
Special Senses	
Disturbance of Mentality	L Digestive System
Osseous and Joint System Any other genera	al condition ho

EXAMINATIONS

1	HIS SECTION FOR USE OVERSEAS—
	Date 21/5/4 G. (Overseas) Signed W. W. Markay Captro.
	Date A/S/19 Signed NUTURULA ay appro.
	I hereby certify that I have read, or have leard 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 M.C. implications
	(If not satisfied, M.F.B. 227 will be completed by Medical Board.)
T	HIS SECTION FOR USE IN CANADA—
	Examined at(Canada)
1	Examined at
	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 concern-

Christian Name Surname Approved by ExaminedCapt. Medical Officer M.Q. City or Town Birthplace County Date Fit or Unfit EXAMINED FOR RE-ENG. Apparent age. M.O. Trade or occupation. M.O. Height... M.O. Weight. M.O. (Minimum. Chest measurement M.O. Maximum expansion... M.O. Physical development. Small-Pox Marks... M.O. Result Vaccination Marks

M.O. (a) Marks indicating congenital peculiarities or previous M.O. disease .. ANTI-TYPHOID INCCULATIONS, ETC. Result Date (b) Slight defects but not sufficient to cause rejection M.O. M.O. M.O. DATE. REGT'L NUMBER. HABITS. 724605 Joined on enlistment 124th OVERSEAS BATTALION C.E.F.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

MAR 1917

STATION.	DATE.	DISEASE.	RESULT.			
		The state of the s				

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.

Transferred to

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. DATES OF Number of days in Hospital. Date of Arrival Signature Discharge from Hospital. Admission into Hospital. DISEASE. STATION. at the of Medical Officer. Station. Day Month Year Day Month Year Christian Name Surname.

Group 24

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS
- 2. EXTRACTIONS
- 3. CROWNS
- 4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

20

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

Caph

in the second

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
	109th OVERSEAS DATTALION, G. E. F.
(2)	Regimental Number 7.2460.5.
(3)	Full Name of Soldier Robert Coddingham Kingshorough.
	the manufacture of the land to be a strong transfer to the land to be a strong and the second of the second of
(4)	Place of Birth Dunsford. Ontario. Canada.
(5)	Are you married, or not?
(6)	If married, state, (a) Full name of your wife
	(a) I difficult wife
	(b) Present Postal Address.
	(b) Present Postal Address
(7)	Are you a widower?
(0)	Have you any children?
(0)	Trave you any Children
	If so, give number of boys and girls
	Also their names and ages

(9) Is your	r Father alive? Yes. Thomas Kingsborough.
If	so, state name and address Duns ford. O.nt.
(10) Is you	r Mother alive? Yes. Letitia Kingsborough.
If	so, state name and address. Duns.ford. Ont.
	r Mother is a widow
Aı	re you her sole support, or not?
yo	e support of widowed mother, state what amount you have given her per month prior to our enlistment, also reason she has no other support than yourself.
	No.
co	have no wife, father, mother or children, state the name and relationship with full postal ddress of your next of kin, to whom you would desire any communication to be sent oncerning you.
	· · · · · · · · · · · · · · · · · · ·
ha m	u have a wife, or children, or a widowed mother who depends on you as her sole support, ave you applied to the Paymaster of your unit for Separation Allowance? If not, this just be done.
	No.
(15) Are y	ou insured?
If	so, in what Company?
Н	lave you made arrangements for payment of your Insurance premium
If as	not, and it is a monthly premium, you can assign the amount in addition to any other ssignment you wish to make.
	- Affiles In Col
Date Tra	O. C. 109th Overseas Battalion, C. E. F.

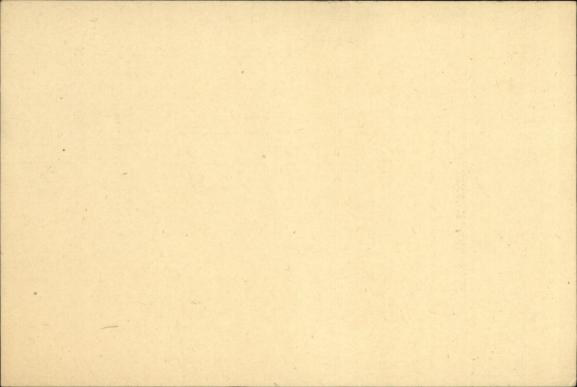
Laster	Total Control		FORM	D.M.S. 1300
SURNAME	CHRISTIAN	NAME OR NAMES		REG. No.
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EPITOME OF HOSPITAL TREATMENT

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5.	
5.	
	·/

NAME Lingbord. P. No. 724 Gos. RANK PLe T.O.S. 29-11-15. UNIT 109th. Battalion D.O. 8. 29-11-15. M. D. 3 PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PAID SIG. PAID OR FROM TO REC'T PARTICULARS AUTHORITY UNIT SAILED JUL 23 1916



Number 724605 Rank Spr. Surname KINGS BOROUGH Christian Name Robert Collingsam. Theatre of War France Date of Service 9.3./7 Remarks Latest Address P.O. Dunsford Roll No. 200m.-2-21

		٠	Date		Diagnosis	Previous occupation	Transportation issued	Address on discharge.	Address on leave
			Remarks		Date of Medice Boards	Date a	Yes Character on No Date discharge		
F	F9	A	AU		26	193	2		
1	REC	7	. 70	٥.	GA	34	26	4	
F									

Next of kin_

^{*-}Name will be given in full; surname first.

NAME Lingsboro Robert Cottingham 2000.

CORPS 109 th. FORMER CORPS Til COUNTRY OF BIRTH Canada Victoria, Ont.

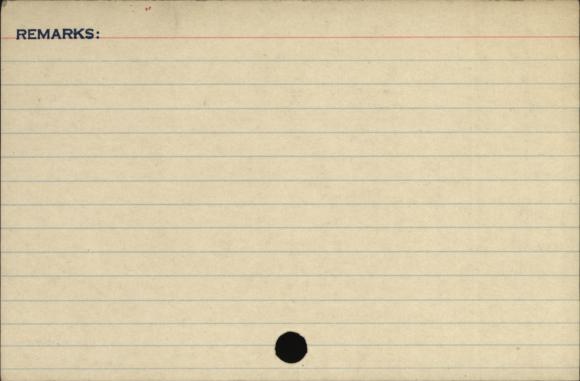
NEXT OF KIN Kingsbors Thomas (Frather)

ADDRESS OF NEXT OF KIN Hunsford, Ont. DATE DISCHARGE, PLACE Sailed from Halifat 23-7-16 ple SS Oly mple

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6 Ottingham 5 Reg. No. 72460 8 FORM R. 149. 7106-250m-7/2/17. Name KINGSBOROUGH Rank Phe Unit 124 th Batt. anada Next of Kin Notified I)ate Movement Place Casualty W.O. List N/KO.

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RANK AND	CORPS	Pte. 124th Bn.	Follows
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LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS		
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CASUALTIES, PROMOTIONS, &c REG'L NO. 724605 RANK Pte NAME Kingsborn Kolit Con EFFECTIVE DATE MARRIED OR SINGLE UNIT 109 th STRANSFERRED TO 124 On. DATE 21.1-17 AUTHORITY PLACE OF BIRTH Verulam Dup Ont IF IN PERMT. CORPS NAME AND ADDRESS OF NEXT OF KIN Thos Kengsbord PERMANENT FORCE ALLOWANCES TRANSFERRED TO Diameford Ont Can PLACE OF ATTESTATION Links any Cont TRANSFERRED TO AUTHORITY DATE OF ATTESTATION FOR 29 1/9/5 TRANSFERRED TO RELATIONSHIP OF NEXT OF KIN AUTHORITY NAME AND ADDRESS OF NEXT OF KIN ASSIGNED PAY MONTHLY \$ 15-00 DATE EFFECTIVE Queg 1 1916 PAYABLE TO Thos Kingsboro Dunsford Ont RELATIONSHIP OF NEXT OF KIN ADMISSIONS TO HOSPITAL, &c. SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE) ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE NAME OF HOSPITAL PAYABLE TO . . PAYABLE TO STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) RELATIONSHIP OF DEPENDANT DISCHARGE DATE AND PLACE REASON AND AUTHORITY ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 60 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) FIELD ALLOWANCE ACQUITTANCE ROLLS CASH PAYMENTS SPECIAL PAY PAY PAY
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OR FOR
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NO. OF DAYS

RATE

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WAR SERVICE BADGE. CLASS "A" No 141 468 PROCEEDINGS ON DISCHARGE. (Demobilization.) OLYN PIO Sthmotons 2 4605. sailed Hallaxb Rank Unit. Date of Discharge Reason for Discharge....... No.2, D.D., Part II, D.O.No... 7. Authority. 8. Proposed Residence after Discharge CERTIFICATE TO BE SIGNED BY SOLDIER. 9. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.2 CONFIRMATION. 10. The discharge of the above named man is hereby confirmed. No. 2 DISTRICT DEPOT Date JUN 5 1919 TORONTO

300м.-11-18—1772-39-113.

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#### LIST OF DISCHARGE DOCUMENTS.

1	Attestation Paper, Triplicate	Militie 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

Triplicate Attestation Paper (M F W. 23), or Particulars of Recruit (M.F.W. 133), or

Particulars of Recruit (M.F.W. 133).

Casualty Form (A.F.B. 103).

Medical History Sheet (M.F.B. 313 or A.F.B. 179).

Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)

Dental Certificate (C.A.D.C. 5009a).

Field Conduct Sheet (A.F.B. 122)

Proceedings on Discharge (M.F.B. 218a)

Discharge Certificate (M.F.W. 39)

(Enclosed in special envelope (260M)).

Copy of Discharge Certificate (M.F.W. 39a).

Dispersal Certificate (C.D. 3).

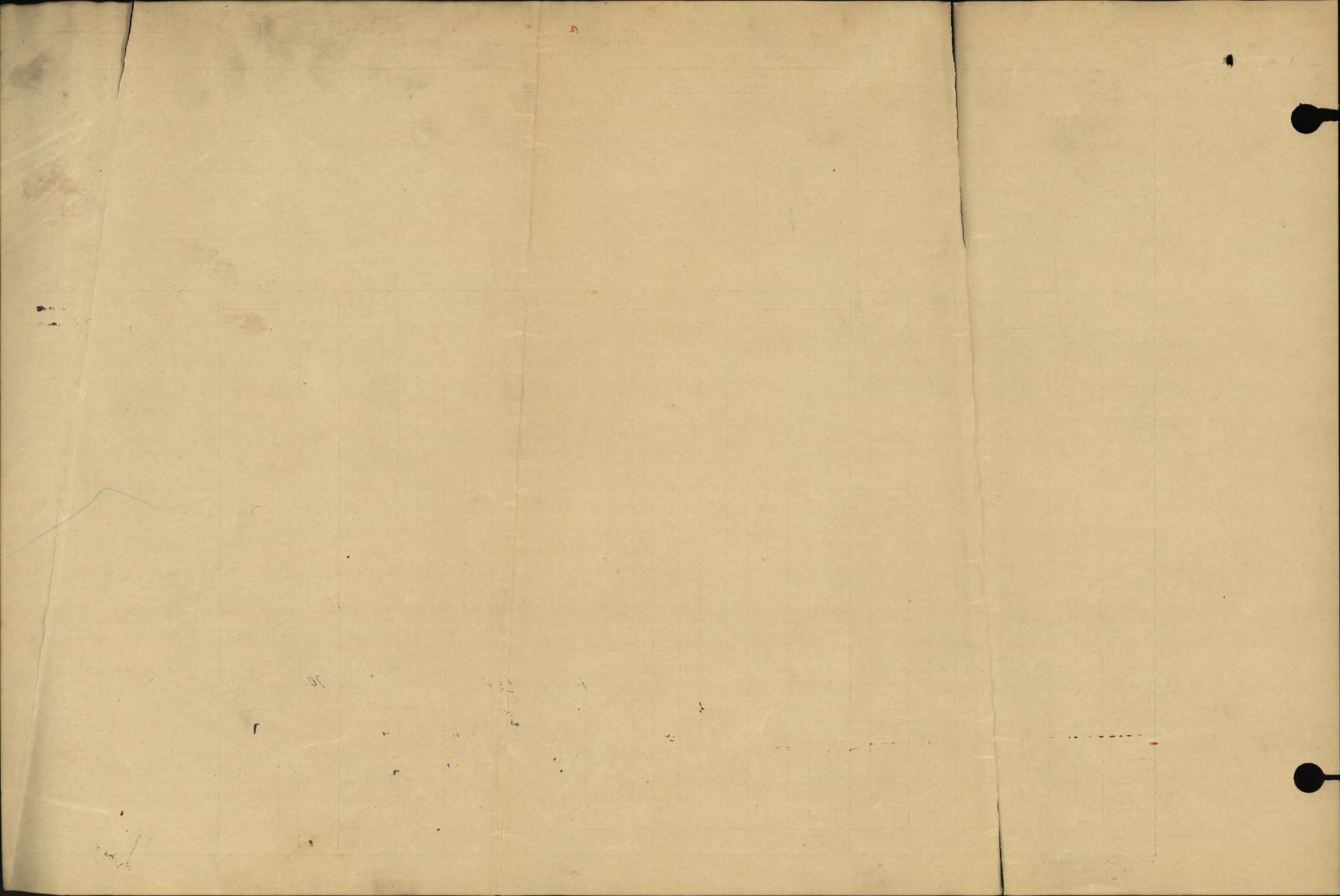
Copy of Discharge Certificate (M.F.W. 39a).

11. Equipment and Clothing Statement Q.M.G. Form (D.O.S, 2).

12. Last Pay Certificate (P.851). Def.
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).

15, Sundry Documents.

M. F. W. 2596.



MILITIA AND DEFENCE

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

M

Date of Assignment

aug 1-16

RATE OF ASSIGNMENT

15'

RATE OF SEPARATION ALLOWANCE

PARTICULARS OF SEPARATION ALLOWANCE

No. 724605

Rank Pte, Promoted Reverted Discharge Address

Soldier's Name R. lo. Kingsbow

Battalion 109 th. Batter. Aboy

1

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Thomas Kingsbow

Change of Address

3

Address

	Address						4	
	<b>Date</b> 1917	Cheque No.	Amount S/A	Amount A/P	Total		10098-R-30 REMARI	cs
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### Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE	OF	SEPARATION	ALLOWANCE
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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

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	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS	
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#### CANADIAN EXPEDITIONARY FORCE

# DISCHARGE CERTIFICATE GLASS "A" No.

WAR SERVICE BADGE

Name (in full the 109 CANADIAN EXP	Pobert Cotts  Battalion  EDITIONARY FORCE at Live  rember 1015	dsay on the 29th						
HE served	1 in 124 2	nd 10th C. E. Br Hrance						
and is now di	scharged from the service b	Demobilization.  by reason of  Medical Unfitness.						
THE DESCRIPT	ION OF THIS SOLDIED on t	he Date below is as follows:						
1 15								
Age 23		Marks or Scars						
	63	Jear Hight Rnee						
A-	Fair.	left thumb and						
Eyes B	lue.	Fore head						
Hair D	ik Brown							
P.P.	Kingsbowugh							
Signa	ature of Soldier.	2 Amel						
D. C.D.		Issuing Officer.						
	No. 2 DISTRICT DEPOT	O.C. No. 2 District Depots						
	JUN 1 5 1919	O.C. No. 2 Dispirite Box						
	0 0,41 0 1919							
	TORONTO	Date JUN 1 5 1919						
NB- AS NO DUPL	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 SECRET ARY, MILITIA COUNCIL OTTAWA, CANADA, M.F.B. 39A.

