

MAR 4 1916

ATTESTATION PAPER.



CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	Y indone
1. What is your surname?	Smaray
1a. What are your Christian names?	algrea.
1b. What is your present address?	Halibunon
2. In what Town, Township or Parish, and in what Country were you born?	Tweed Hastings County
3. What is the name of your next-of kin?	dichard Lendray
4. What is the address of your next-of-kin?	Tweed ont
4a. What is the relationship of your next-of-kin?.	Jalker
5. What is the date of your birth?	36 March 1881
6. What is your Trade or Calling?	Labourer
7. Are you married?	SVO
8. Are you willing to be vaccinated or re-	1100
vaccinated and inoculated?	1903
9. Do you now belong to the Active Militia?	0/16
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
If so, state particulars of former Service. 11. Do you understand the nature and terms of	Y
your engagement?	Les
12. Are you willing to be attested to serve in the \	Oyel
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	
Date March 4th 1916. OATH TO BE TAKEN BY I, She will be at true Allegance to His Majesty King George in duty bound honestly and faithfully defend His M	(Signature of Recruit) MAN ON ATTESTATION. Man Go make Oath, that I will be faithful and the Fifth, His Heirs and Successors, and that I will as tajesty, His Heirs and Successors, in Person, Crown and bey all orders of His Majesty, His Heirs and Successors, on help me God
and of all the denerals and officers set over me.	19,1
Date March 4th 1916 fr	20 Leskey Leus gnature of Witness)
CERTIFICATE	OF MAGISTRATE.
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	me that if he made any false answer to any of the above ided in the Army Act. ecruit in my presence. question, and that his answer to each question has been as made and signed the declaration and taken the oath day of 1916 Signature of Justice)
	(a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
M. F. W. 23. 200 M.—11-15.	John reace in and to the follow
H. Q. 1772–39–841.	- au un

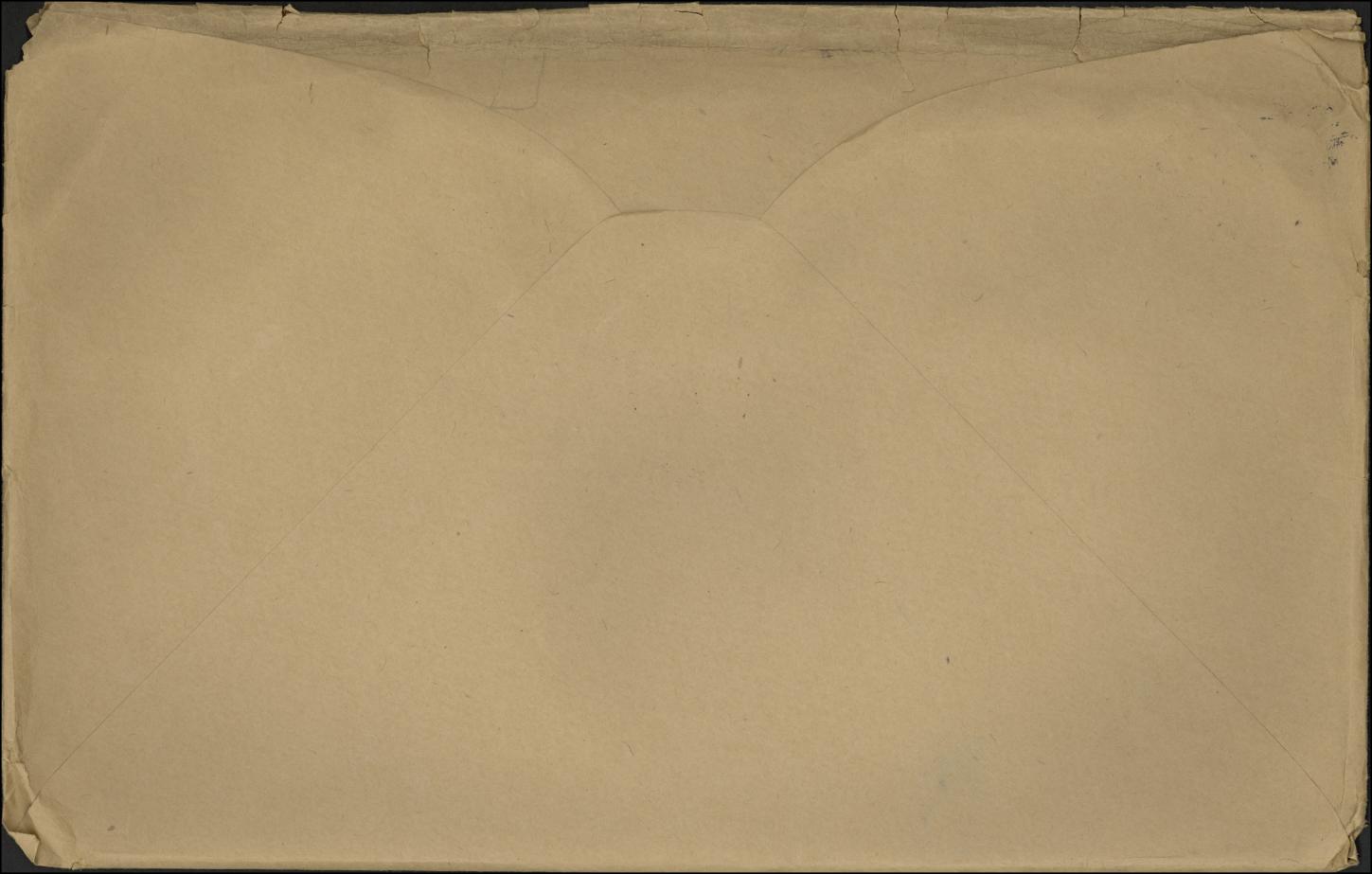
Descrip	tion of	alked	Linds	ay on Enli	stment.
Apparent Age		months.	Distinctive mark peculiarities or p (Should the Medical O before, he will, u	as, and marks indicatorevious disease. fficer be of opinion that the new the man acknowled, slip to that effect, for the	ting congenital
Height	5 tt 6	Zins.			
panded	en fully ex- 2 /2 ins expansion 2 /2 ins South				
Presbyter	f Englandiant				
Roman C Jewish Other der	Catholic				
	CERTIFICAT	E OF MEDI	CAL EXAMI	NATION.	
He can serve use of his I consider the man serve use of his man s	R / 1916	for Army Medic ince with either declares that he for the Cana 191	al Services. eye; his heart a is not subject to dian Over-Sea	and lungs are health fits of any descript s Expeditionary F Medical Office of the Country of th	orce. Capt.
	CERTIFICATE (OF OFFICER	COMMANI	DING UNIT.	

Milled Lindsay 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.

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

			REGIMENTAL DOCUMENTS			
	NAME Sauf C	alfred	REGT. NO. 724065	JNIT Gan Ger	Regth. Q. FILE NO.	
10	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
(0)	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	3	M			DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)	21		,		Category
	TRAINING HISTORY SHEET (M.F.W. 113)		.5			
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		100			
-	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)		1 4000			The state of the s
- 2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
6	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
7	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
1	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)			1	2647	
1	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)			The state of the s	-47	DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					Weserter
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)			TT		
	PARTICULARS OF CHARACTER (A.F.W. 3226)			11/1		
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)			//		
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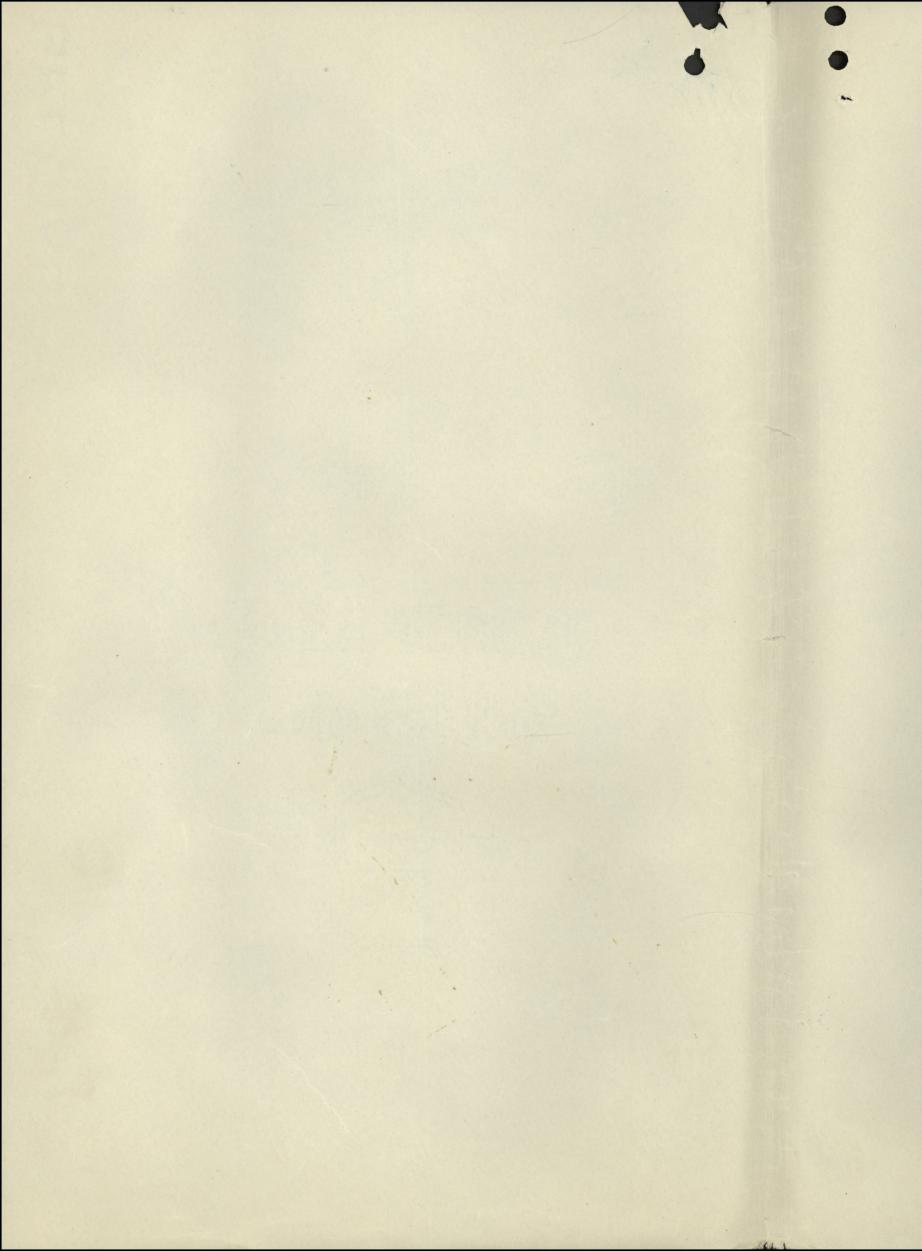
724065 Lindsay a. Oversea

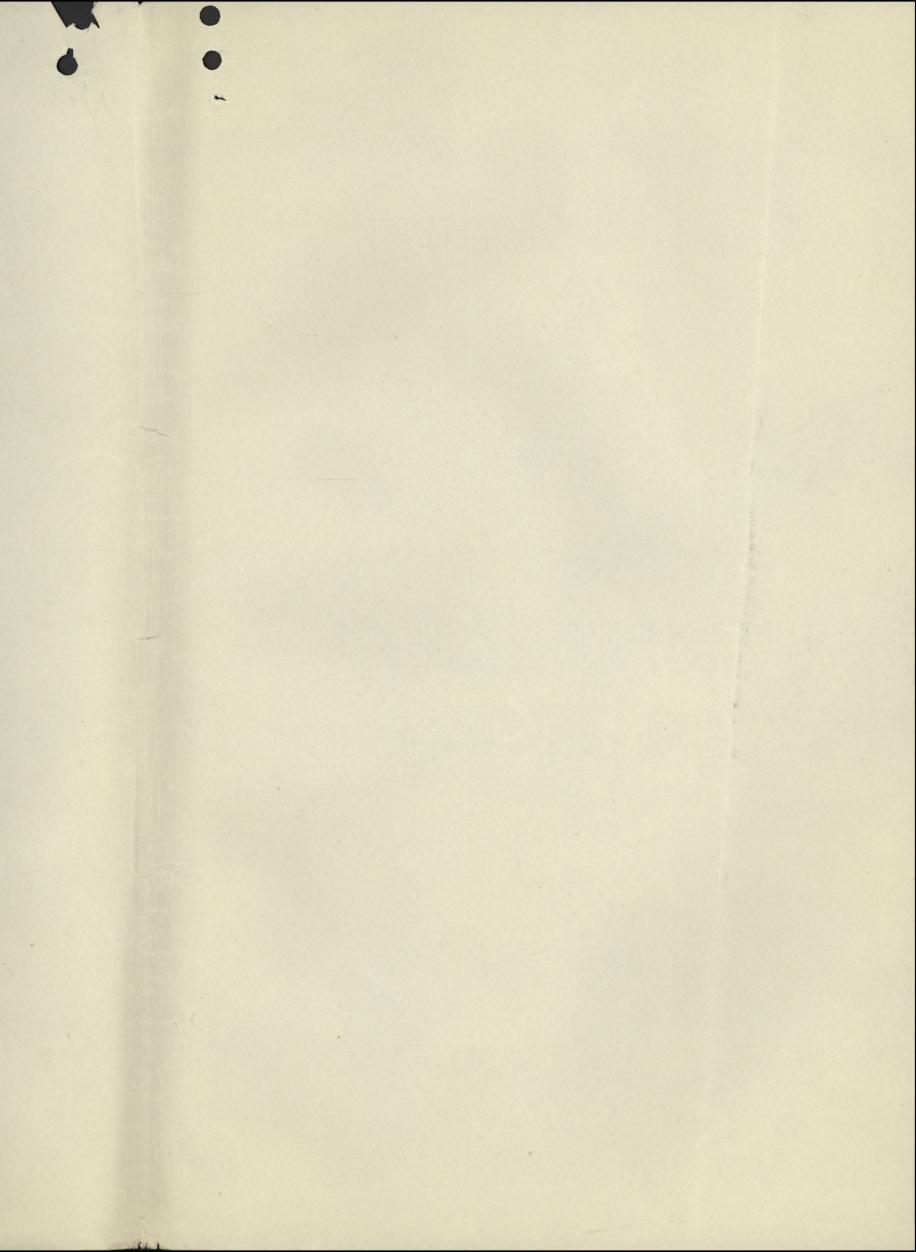
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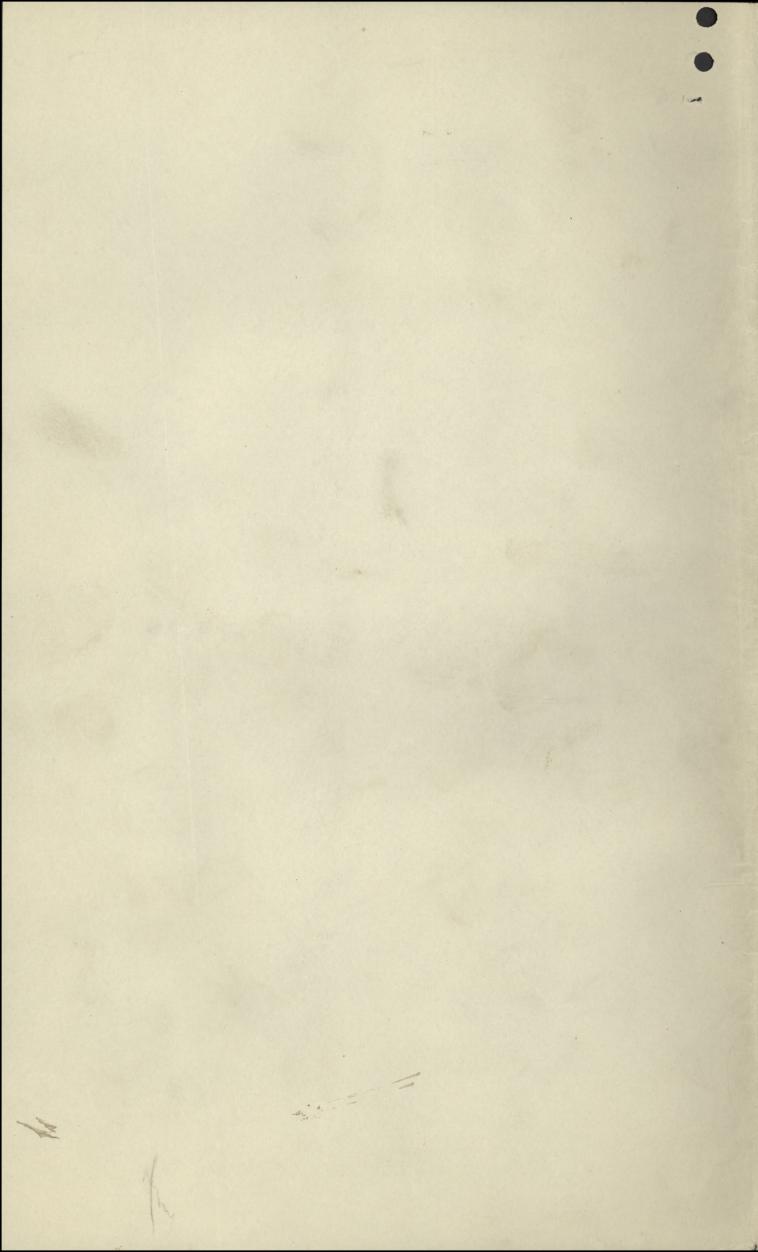
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1 Proceedings on Rischarge
2 altestation Papers
2 Coavally Forms
1 Field Conduct Sheet
5 Medical Reports on on Involved
4 Parceedings on Rischarge
5 Confidential information
1 Medical History Sheet
2 Rental Calificals
2 Statements on Rischarge







MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF ASSIGNMENT

RATE OF SEPARATION ALLOWANCE

Cheque No.

PARTICU	LARS OF SEPARATION ALLOWA	ANCE		PARTICULARS OF ASSI
No. 724 065			Name MAA	. Delia a.
Rank Pto Promoted	Reverted	Discharge		Tweed O

Soldier's Name Alf Luidsay
Battalion 109th Battul

Amount S/A

Amount A/P

Beneficiary

Relationship

Date

Address

Ivallic	////	s. Neua C	1 Lundsa
Address		Tweed.	
		Change of Address	

REMARKS

a Ladata a Labo		A/P	S/A	No.	1914
	\$ 195.	\$ 195.			Dec. 31
(Red per Ths. Missanabie) 18-10-14 Fr. 2. 5-11-14.					
18-10-14 F.Q. 5-11-14.					
a/c closed 31-10-14.					

Total

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE	OF	SEPARAT	TION AL	LOWANCE	

RATE	OF AS	SSIGNMENT	
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1000			

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

	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
88-1141 39-1141						
M. F. W. 128 400M.—6-17-1772-39-141 L. L. 22320—M. & D. 7893.						
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D.M.S. 1312. Army Form B. 179. Canada.

Medical Report on an Invalid.
Station Date Feb. 9/17
1. Unit. Gars Sluty Br. 2. Regimental No. 724065 3. Rank pele 4. Name Lindsay Alfred 5. Age last birthday 29 6. Enlisted on mor. 4/16 at Waliburston On 7. Former Trade or Occupation or Occupation Standard
Statement of Case. Note.—The answers to the following: questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.
9. Date of origin of disability. About 1898
10. Place of origin of disability. Bridgewater Unt. 11. Give concisely the essential facts of the When he was 10 years of age history of the disability, noting entries on the Medical History Sheet bearing he had herere attack of on the case. Rheunotham (Inflan mothy). He was in bed for over 6 months. Two years ago was laid up in Ludleury 14vap. for a week & was moved whi brothers place where he was laid up to make the was laid up to multing thisp their place where he was laid up to multing thisp their place where he was laid up to Meunothan in meets in July 116. Rheunothan meets in July 116. Rheunothan in meets in meets in July 116. Rheunothan in meets
12. (a) Give your opinion as to the causa- Prohophy Experience
tion of the disability. (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

2. no not aggroralis by active Service

13.	What is his present condition? He is a well developed mun.
	it is likely to afford evidence of the progress of the disability.
	Circulalog S slight pre systatio murmur
	Resp S. normal
	nervous omuscula S. normal.
	The initial of the more.
	no joints avollen of present
14.	If the disability is an injury, was
	caused
	(a) In action?
	(b) On field service?
	(c) On duty?
	(d) Off duty?
15	Was a Count of Inning hald on the
15.	Was a Court of Inquiry held on the injury?
	If so—(a) When?
	(b) Where?
	(c) Opinion?
16.	Was an operation performed? If so, what?
) hut o pool
17.	If not, was an operation advised and declined?
18.	In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury
	or disease, directly* attributable to active service?
10	
19.	Do you recommend
	(a) Fit for duty?
	(b) Fit for light duty?
	(c) Invalided to Canada?
	(d) Discharge as permanently unfit?
	AMA BIDA
	T. J Brogden Copp Com
	Officer in medical charge of case.
	I have satisfied myself of the general accuracy of this report, and concur therewith,
exce	
Sta	tion Braushott groupell Capt. Came
	Officer in charge of Hospital.
Da *	
Los	s of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete; this word if no exceptions are to be made.

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26.

Opinion of the Medical Board.

Nores.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- 20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.
 - (b) If due to one of these causes, to what specific condition do the Board attribute it?
- 21. Has the disability been aggravated by
 - (a) Intemperance?
 - (b) Misconduct?
- 22. Is the disability permanent?
- 23. If not permanent, what is its probable minimum duration?

To be stated in months.

- 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
- In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.
- 25. If an operation was advised and declined, was the refusal unreasonable?
- 26. Do the Board recommend
 - (a) Fit for duty?
 - (b) Fit for light duty?
 - (c) Invalided to Canada?
 - (d) Discharge as permanently unfit?

	Signatures:—			President.
Station_	Bramshott.			Members.
Date_	1 5 FEB 1917			
Ap	proved.			
Station_	Bramshott.			
Date	1 5 FEB 1917	For G.O.C. &	Administrative Med	ical Officer.

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PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the day of 191 ?

Members of Board.

Lieut.-Col. Sir H. Montagu Allan, C.V.O., President. Major John L. Todd, C.A.M.C. Lieut.-Col. W. Grant Morden. Major Maurice Alexander, Legal Adviser.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

	President.	
	LtCol.	Major.
- Local Constant	LtCol.	Major.

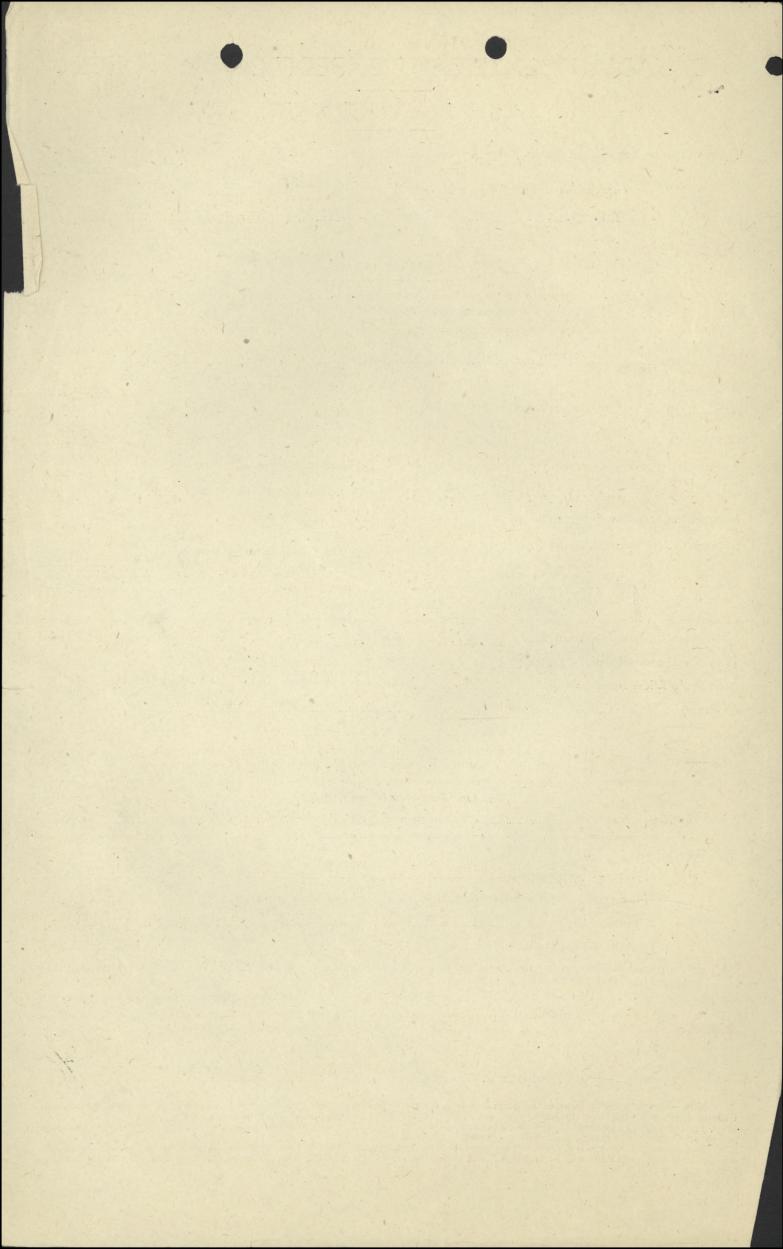
CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Aug.

This form to be used for all Ranks (Vide A	rticles	122, 13	3/4 30 and 141, Financial Instructions, 25715c, C.E.F.,	1916).					
Regimental No724065Rank	Pte.		NameLindsay						
			s*S.O.S. Docester						
On 21/6/18 191	, to								
*Insert	t "discl	harged	l" or "transferred."						
The following is a statement of the account of the above named from									
Dr.	\$	c.	Cr. \$	c.					
Bal. Dr. from prev. month			Bal. Cr. from prev. month	05					
Advances) No			Regt'l Paydays at \$c.						
Cheques No			Field Allowdays at \$c						
Assigned Pay and Sep'n Allce. No			Separation Allowances* (Monthly)						
Mulct 41days pay 21/6/18 Other charges 1031/7/18	45	10	Other Allowances*						
Payment on transfer or discharge No			Other Credits*						
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	05					
Total	45	10	Total 45	10					
	* (Sive pa	articulars.						
(Address)		19	1) (to) AssigneeMrs D.A. Lindsay Tweed Ont.						
(†) Insert amount to (‡) Insert "not" if a	be assumount	signed has n	, whether it has been paid or not. ot been paid for period of account.						
			of an Officer id by Paymaster, Military District No						
REMARKS:-									
			e Card has been submitted						
			authority3MD88-1-354 17/8/						
	ed pay		and Index Card (M.F.W. 71) are to accompa						
of the unit			count and find it to be a correct extract from the l	Pay-list					
Date20/8/19			Ay B.	11					
PlaceKingstonOnt			D. J. Browner Paymaster	le					
District Paymaster; triplicate to accompany the p For purposes of discharge it is to be made out pay-list at the end of the month, and triplicate for ret	pay-list a t in tripli ention as oths' Pos	t the enicate.	quadruplicate. Original copy to paymaster of new unit; dup ad of the month, and quadruplicate for retention as a record. Original copy to accompany discharge papers; duplicate to accompany	licate to company					

M. F. W. 44.



MEDICAL HISTORY SHEET.

	Surname L	indsay	Chri	istian	Name 6	rej	Cally	INAL
1	(on H	The day of Mar	ch 1916	Appro	oved by	State Sugar		
	Examined at	Haliburt	· ·		Rank		illoct ledical Officer	Capt.
	Birthplace { County.	Hasting	rs	Date	Fit or Unfit		process Pattalion, ined for Re-engage	14.4
	Apparent age	Palante	es.					M.O.
	Trade or occupation	Fact 6 2						M.O.
	Height 2 Weight	Feet 6 2	Inches.					M,O.
	~	Minimum 33	inches.					M.O.
	Chest measurement	Maximum expansion	52 inches.					M.O.
	Physical development.	e 1				1		M.O.
	Small-Pox Marks	None						M.O.
	Vaccination Marks {	Arm Right. None	Left. One	Date	Result		Vaccinations.	CHECK 2 PROCESSOR CHECKS TO COMPANY TO CHECK THE CHECK TO CHECK THE CHECK TH
	(Number Mand	45 1916	4/3/16	hood !	Im	clulle	A MO.
	When Vaccinated las				1			M.O.
	disease	g congenital peculiarities	s or previous					M.O.
	and the state of t			Date	Result	T roya A	YPHOID INOCULATION	AND TO ADMITTENESS CONTRACTOR
	(b) Slight defects b	out not sufficient to cau			Tiosuit	0-	- ()	
	Mint	<i>-1-</i>	e are no per are no not not not not not any of the figure part to ancient personal personal new part and not construed	264.16	Joseph	fin	obullerh	M.O.
	serger Ha	12001		6.5.16	Fred.	sme	Culloch.	M.O.
		,		15:5:16	11	moc	alloch	M.O.
	Enlisted on 400	day of Mare	h	191	at 1	tale	burter	2
		Corps.	REGT'L NUMBE	ER.	HABITS.		DATE.	
	Joined on enlistment	109 Em. C.F.7.	724065	-			4.3.16.	
	(
	Transferred to							
								-
		AMINED OR DISC	CHARGED	BY A	MEDIC	CAL B	OARD.	
Bram	shott Camp, Hant	DATE.	. 1	DISEASE.			RESULT.	
1	BBUNFO	3/11/16	To Reco	wat	vina	Joer	un bare	duty
Bramsh	ott Camp, Hants.	A Slewart	MEBI	lity.	CECE		coul	hey Low
	2 Bushowshop	1 /2/12/16	Delu	lity	MI	EDIÇAL	BOARD, BRA	MSHOTT.
API	PROVED.	13. U. Bay 4	app	2905	*************	Coo	Colosper	ate and
· 13	raushott	Vistas - 17	amshot Camp	-	MEDIO	BIL	ARD, BRAMSH	Chan CM
Bran	Service, on the man b	to be disposed of in accoming non-effective;	cordance wit	th instru	ections in t	the Regu	ilations for Arm page.	y Medical
1	15 FEB.1917	for Colonel, Canadian Troops, B	A. D. M. S.				OARD, BRAMS	
Ał	H. Q. 1772-39-439.	Printeren						5 - 4

41		Date of Arrival	1		DATE	S OF				371	Remarks on nature of the disease: how induced: if mild or severe; if com-	
-	STATION.	at the	in	Admissio to Hospi	on tal.	fro	Discharg m Hospi	e ital.	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.
-		Station.	Day	Month	Year	Day	Month	Year		Hospital	appliances supplied. Particulars of prophylactic inoculations.	
												79
9				1000					4	1 2		
	9	12 11					22		1	1/		
	6	1		1					THE THE			
	40 0	9							1	11/		
	Miller 19	12 19 19	100									2
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	11	Mr. Comment						3				
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	7 3 1 1									10		2.50
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												111,
										The I	Init known as the 51st Pattalion will be	1/2
100	*			1		9				Brams	ated "The Garrison Duty Battalion" (Authority: hott Divisional Order No. 755, dated 13-11-16.)	
1	A										1. O CO Contain & All	2
											Gommanding, "The Garrison Duty Battalion."	
	. M											
Jet and	11.00										(Bramshott, Hants.)	
1	A STATE OF THE STA					1084						

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CLINICAL CHART.

Illeth.

(To be pasted into Case Book opposite Patient's Case.)

Corps & S. Att. R. lo. E.

Hospital Station Halifar h. S.

Disease &	No.	72	40	65	R	ank	and .	Nan	ne	1-	Fe.	15 I	nd	SO	LY	*****	NE	A	ge .	31.	D. S	Servic	e 2	15	mo	nt	hs.		E	7.	
Dates of Observation			/		mai	4						8	9	oj D	ischia	lige	///	/	I Vest	111					Case	D00)R		Fo	110	
Days of Disease	27	281	29	30	1	2	3	4	5-	6	/	D	9																		
Temperature Fahrenheit	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME
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106° 64							:																								:
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Pulse per Minute	18	12/80	996	1/100	588	8/88	684	128	1%	10/	80	72/80	60	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	1
Respirations per Minute	1/8	18/18		2/20		20/9	20	1820	18/20	1/18	18	14/20	18/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Motions	/	1	1/	0/	2/	1/1	1	1	1/	1/	1	1/	1/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

M. F. B. 288.

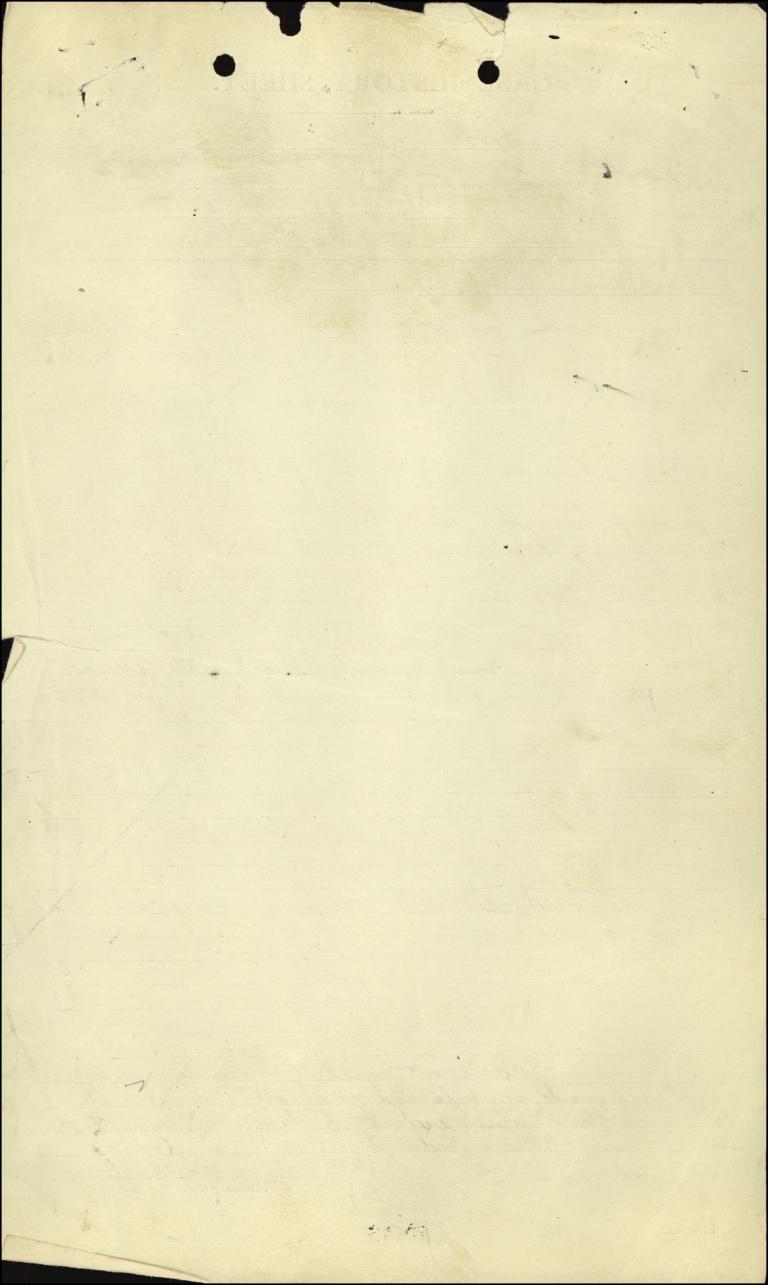
50м—11-16. H. Q. 1772-39-513. Signature Al Solward left ames

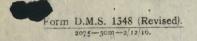
In charge of case.

Date of Admission ... Date of Decharge ... Result ... Case Book

CASE HISTORY SHEET.

No 724065 Rank Spr. Name Lindsugalf. Age 31
Unit RCE Completed years of service how long / Callada
Date of admission 27-42 Date of discharge 1075/18
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EXAMINATION BY DICAL BOARD DE CIAL

STANDING MEDICAL BOARD, B	RAMSHOTT.
Fel	15 1917
No.72406 Rank ple Name Ludson	a
Local Unit Games Suly B. Overseas Unit	Age 2 9
Examination held in Bramshott area.	
DISABILITY. None	
Overseas—Local. (scratch one out)	
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Isis heart is sound and he The disability but is a dit	the slow
The analy	
mentally	
Board recommends:	
1. Fit for Duty.	
2. Fit for duty after weeks physical training.	
3. Fit for Base duty weeks.	
4. Fit for Permanent Base Duty.	
5. Discharge.	
Signatures:	a ha
Members D. R. D.	rum Cafr
Approved.	Bu Capp
Bramshott 15 2 1917 Graff	Ensell Capt: Came

for A.D.M.S. and G.O.C., Canadian Troops, Bramshott.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

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Overseas Cinic La

Examination held in Brainshort arga-

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Signatures.

Members &

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EXAMINATION

STANDING MEDICAL BOARD, BRAMSHOT

3///
No. 724065-Rank the Name Kindsay alfred
Local Unit 109 4 Overseas Unit Age 29
Examination held at Bramshott, Hants.
DISABILITY. Recorded to the contract of the co
Overseas—Local. (scratch one out) DEBILITY DEBILITY Second
PRESENT CONDITION.
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old that had attacks every /year
cince. Has had to fall out of
route marches but is able to do
what he is enjaged at now transport
duly.
Board recommends:
I. Fit for Duty.
2. Fit for duty after weeks physical training.
3. Fit for Base duty weeks.
4. Fit for Permanent Base Duty.
5. Discharge.
Signatures:
C. Corp. G. Chu-Pres.
Members H Markanen Cupt
1. mifaction Capt.
Approved.
Bramshott 5 - 1 - 1916.
for A.D.M.S. Canadian Troops, Bramshott.
Canadian Troops, Dramsnott.

EXAMINATION Phase grant pro I man the least and the first what he is easy that at in

Duly. Oit

Director General Medical Service.

Proceedings of Medical Board at Discharge Depot, QUEBEC, Que.

		In deay	of disabled Soldier:	109m/Jn.
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Cause of Disability:—	1			
C14: :- 1-4-111		algia '	full livelihood:	1
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	OPINION O	F THE BOA	ARD.	
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EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

Bramelon Comp 2/A 1916.
No. 724065 Rank Pt Name Lindsay a
0 0 - 0 -
Local Unit John Sulf Sall Oversess Unit Age 29
Examination held at Bramshott, Hants.
DISABILITY. Debility
Overseas—Local. (scratch one out)
PRESENT CONDITION.
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Board recommends:
1. Fit for Duty.
2. Fit for duty after weeks physical training.
3. Fit for Base duty weeks.
4. Fit for Permanent Base Duty. C.(11)
5. Discharge.
Signatures:
C. E. Coope Gle Chie Pres.
Members H. Macharen Capt.
Approved.
Bramshott 2/12/ 1916. B. M. Bayly Copy
for A.D.M.S. y C O Canadian Troops, Bramshott.

EXAMINATION

STANDING MEDICAL BOARD, BRAMSHOTT

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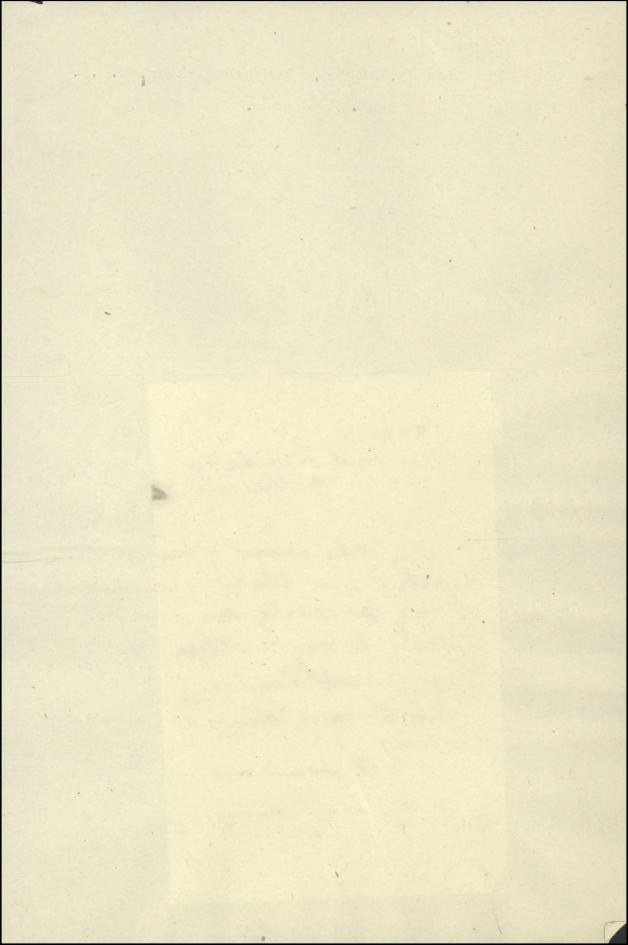
Canadium Theores, Bramshott, s

724065 Pte Lindsay, Alfred, 109th Battalion, C.E.F. Will detached by Regt. Paymaster.

76903

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

Perforated sheet for Will from Pay Book of Reg. No. 724065 Name alfred Lindsay Unit 109 th Battalion Military Will. In the event of my death I give the whole of my property and effects to my mother Mrs. Delia a Lindsay. Tweed Onlario Canada. (guitness) ple R. Sundacock Signature alfred Lindson Rank and Regt. Private 109th Balt. Date October 1/9/6.

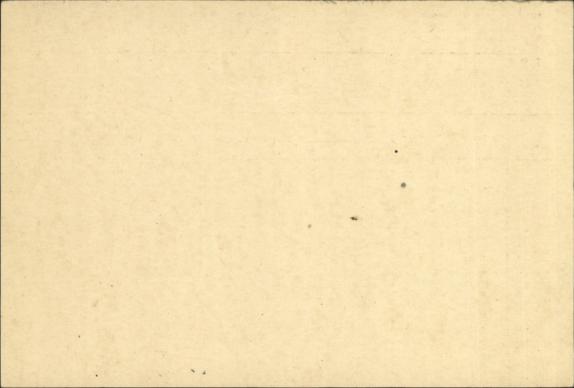


SURNAME. Lindsay.	CARD No.
CHRISTIAN NAMES Ollred	S.O.S. Sa. 20.8.18 3/6.8. R.
REGL. NO. 724065 RANK P.T.	D.W. 118 of 20.8.18 3
UNIT/09th	Bn
FORMER CORPS Nil,	
NEXT OF KIN.	CHANGE OF ADDRESS
NAMES IN FULL Lindsay, Richard	
RELATIONSHIP TO SOLDIER Father	
ADDRESS Tweed, Ont.	
COUNTRY OF BIRTH Canada Tweed, Onto DAT	E Mar. 26th 1887.
PLACE OF ATTESTATION Haliburton DAT	E mar. 4th 1916.
KIN 28 11 11	
NO 5 4 11488	ом.—8-16. Н. Q. 1772-39-339.
2/	

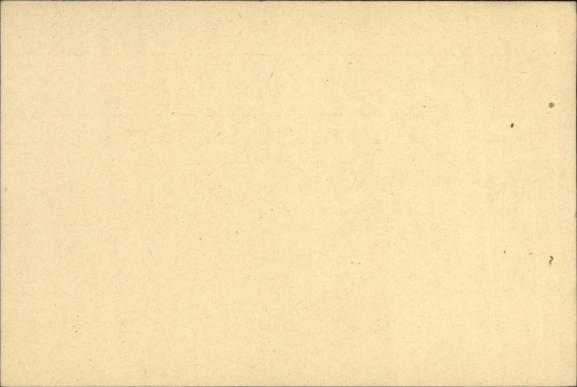
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Present address Haliburton, Ont.

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				JUL 23 1916



Number. 7.24065 Rank ... Pla. Surname. 4 LNDSAY. Unit 10 9th Bin Can Inf. Theatre of wer. Enfance. Date of Service. 31-7-16. Remarks. Campbell ford. Roll No. a Page 678

Casualty Form-Active Service.

Dogimental		Regiment or Corps 109 65 Rank Pla			aefred
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Extended_		Re-engaged	Qualification	(i)	Laborer
	om whom A. 36	ord of promotions, reductions, transfers, alties, etc., during active service, as red on Army Form B. 213, Army Form 6, 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.
) 1917 TA	KEN ON STR	ENGTH C.D.D. BUXTON	Pt. 11 ORDER No.	237	B. Nice
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12.17 75	Peas TAKENO	N STRENGTH NO. 3 SPECIAL SE		Comman 3 m	

Report		Record of promotions, reductions, transfers,			Remarks		
Date Fr	From whom received	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	taken from Army Form B. 213, Army Form A. 36, or other official documents.		
				1			
	1962						

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

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

250м.—1-16. Н. Q. 1772-39-920.

Casualty Form-Active Service.

Unit, Regiment or Corps 109th Regimental No. 124065 Rank I rewale Enlisted (a) 4.3.16. Terms of Service (a) Service reckons from (a) Date of promotion to Date of appointment Numerical position on present rank. to lance rank roll of N. C. Os. Extended Re-engaged. Qualification (b) Report Record of promotions, reductions, transfers. Remarks casualties, etc., during active service, as retaken from Army Form B. 213. ported on Army Form B 213, Army Form Place Date From whom Army Form A. 36. or other A. 36, or in other official documents. The Date received official documents. authority to be quoted in each case. 109th Overseas Battalion, C. E. F. The Unit known as the 51st Battalion will be designated "The Garrison Duty Battalion" (Authority: Bramshott Divisional Order No. 785, dated 13-11-16.) Captain, & Adjt. for Lieut. Cot. Commanding, "The Garrison Duty Battalion." (Bramshott, Hants.) eattached to Hd. The Garrison Duty Battalion, Canadians.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. And These very particulars of such re-engagement or enlistment will be entered.

[P.T.O.]

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	ETT- CAMBEL TO THE	s a strang auto A	ALL THE TOTAL PROPERTY.	THE PERSON	*
Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
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14-6-17	5th Canadian	beases to be attached to S. S. Of 2.5 thanadrain	Stitley	14-6-17	Part II # 164
		Division and is posted to et bential Ontario Rig Dept			Dalus
			Camp 5th ba	leonin nadian	Division
5.5.17	/st COPP	Taken on strength	W. Landling	10.3.17	
					Halling Lleut. & Assist. Adjt,
24-9-17	1260RD	CHTO CO.D.	- dv-	24.9.17	for O. C. 1st C. O. R. D. D.O. 07 11 No. 199
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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 BN., C.E.F.
	Regimental Number 724065 Full Name of Soldier Alfred L.	
	Place of Birth Tweed,	*34.00
	Are you married, or not? If married, state, (a) Full name of your wife.	Estated the visitation of the array of the
	(b) Present Postal Address	
	Are you a widower? Have you any children?	
	If so, give number of boys and girls	
		22 22 22 22 22 22 22 22 22 22 22 22 22

(9) Is your Father alive?
If so, state name and address Richard Lindsay Level Ou
(10) Is your Mother alive?
(10) Is your Mother alive? If so, state name and address Dellia Aun Lindsay Reverel, Out
Tweel, Out
(11) If your Mother is a widow. 9w
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? \(\sqrt{2}\to \)
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.
1 CAFTE
Date. JUL 11 1916 O. C. 109th Overseas Battalion, C. E. F.

Form No. 5c.

CONFIDENTIAL INFORMATION

CONFIDENTIAL INFORMATION Report No. M. H. C. Velle Local Street II. O. Ville 1867 1999 Rank Lank Present Unit / C 22 C Original City I Bay Height fit. Port of actival Religion - Consequence Name and a direct next of kin Condition in detail which prevents the soldier from serning a full livelihood in to m Degree of incapacity (Mease state in fractions) Eng Board Canadian Board Would operation, Special treatment, or use of applyinger atc. Jessen incaparity?... INFORMATION TO BE FURNISHED BY SOLDIER Children) Reat per month If purchasing property amount due and senical payment If Honicatead, when is parent due? --If carrying life or accident insurance, annual premium. Ami per mo. 8 If in receipt of sick benefits or other insurance asme of society.... Transble to follow previous elcupation, some seet enter At what are soldier left school? ... What grade standard, Sec., was ite in?

I declare that the above statement is correct

Recommendation by interviewer as to classes likely to be of use, and general remarks:

Whether given Vocational Training while in Hospital in England. If so, what subjects

Has he taken any Tochnical or Continuation Classes, if so what?,

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT

2/21916.
No. 72406 Rank pt Name Amakay a
Local Unit Age 29
Examination held at Bramshott, Hants.
DISABILITY. Dehility
Overseas—Local. (scratch one out)
PRESENT CONDITION.
Reboard
Roard recommends
Board recommends: 1. Fit for Duty.
2. Fit for duty after weeks physical training.
3. Fit for Base duty weeks.
4. Fit for Permanent Base Duty. C(11)
5. Discharge.
Signatures:
C.S. Cap. Cl. Pres.
Members Members
Approved.
Bramshott 2/12/ 1916. B. M. R. M. C.
for A.D.M.S. Conadian Troops, Bramshott.
Canadian 1100ps, Dianishott.

EXAMINATION

STANDING MEDICAL BOARD, BRAMSHOTT

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Discharge

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P. 697. 724065 Pts Lindsay - affred

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

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3664-2M. PADS. 19/12/16 SUPPLIES. INDENT FOR RATIONS. EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS TINU HEAVY DRAFT HORSES. OFFICERS AND MEN. LIGHT Date of Acq. Roll Remarks Payment. ayment. .. OFFICERS NOT DRAWING * TOTAL NOT DRAWING RATIONS

TOTAL DRAWING RATIONS * These totale must agree with the Dally Parade State accompanying this indent. NUMBER OF DAYS RATIONS INDENTED FOR OFFICERS AND MEN. TEA SALT BACON SUGAR BREAD MEAT FLOUR

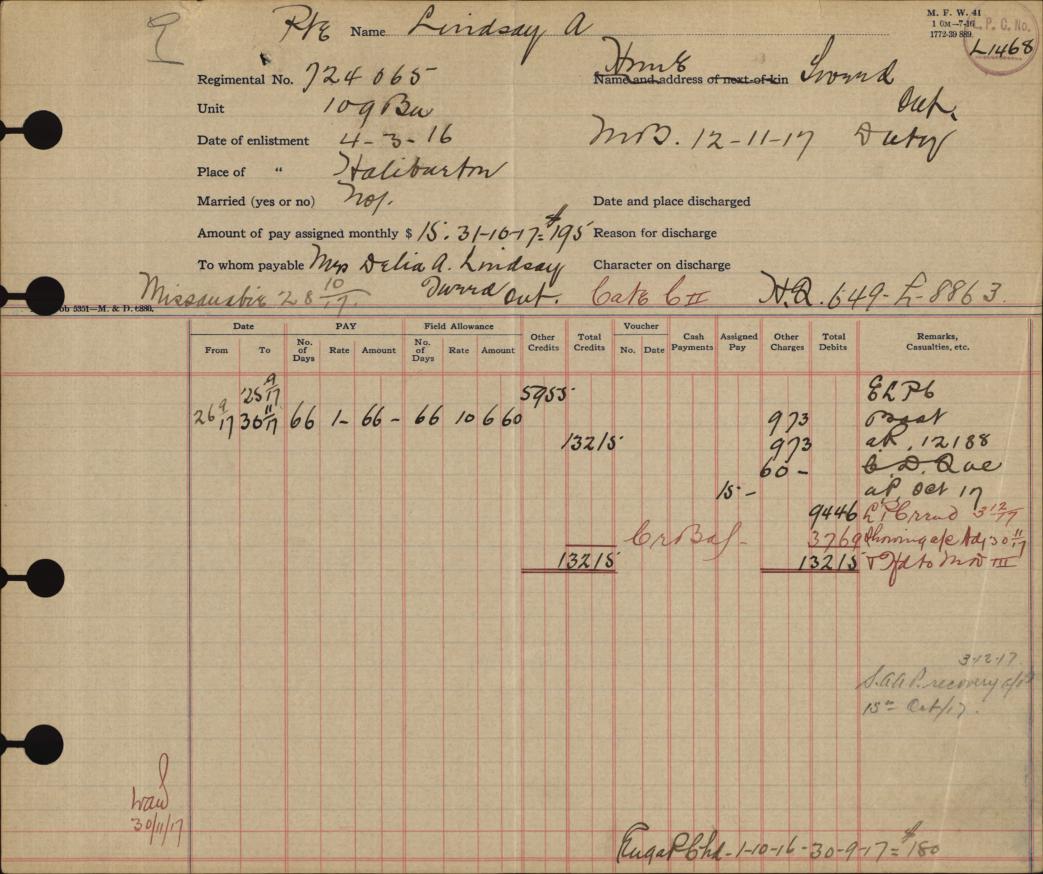
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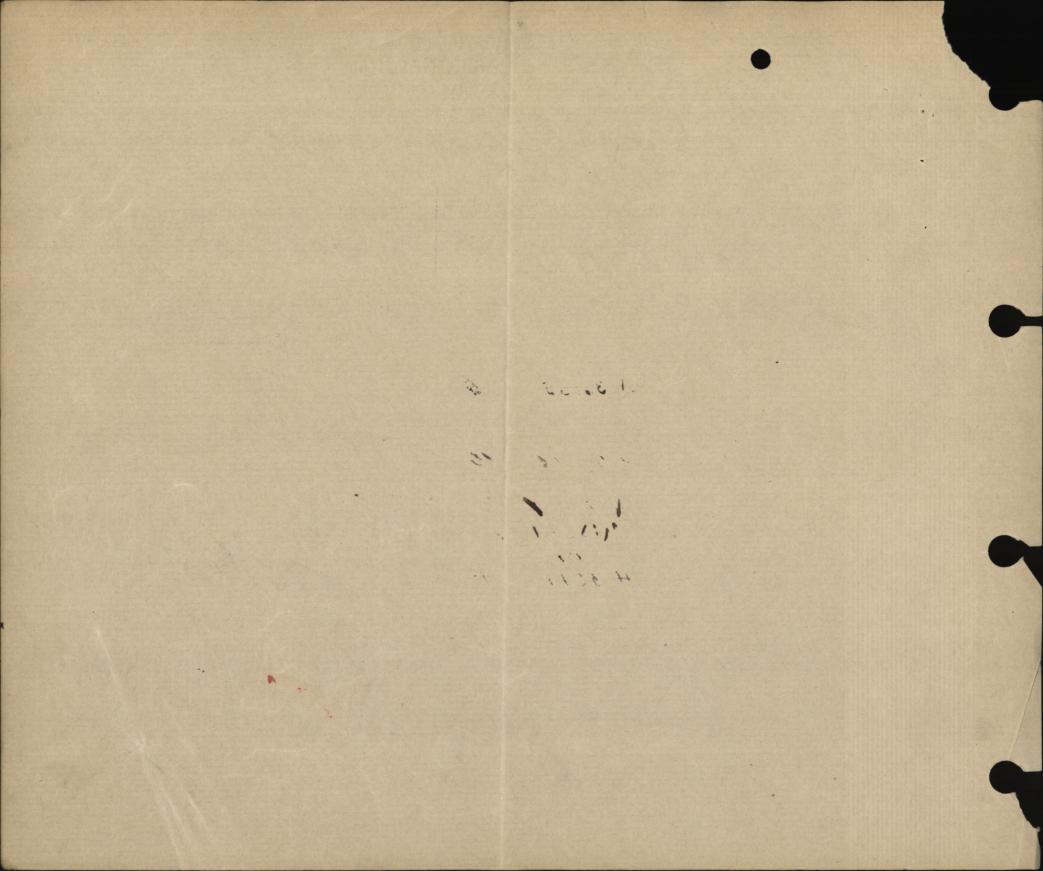
DEBUCT :- NUMBER OF RATIONS ON HAND ...

N/E. R.B. Nº 8834

Character I REMARKS. Taken from Official Documents. 14.11.16 0.e. 1091- 3.0. s. to e.e.a.e. 13.11.16 8-11. 50.319 16-11-16 -6-6a6. J.OS. + attch Gare Duty Bn Thoreham 3-11-16 Pt 40 505-513. 14. 11.16 Gas. D. Bu. att to Gar. D. Bu for BODROGR Boundary 3-11-16 Hgs.CD. Alt for Duty. 23.2, 17 G. DBn. bease att G.DBn and all. 23.2.17 "5 Can Die attached to S. Staff 22.2.17 Pu PIT DO 54 5-5-14 NBORD. TO S from & & a & and att beares art to Haps on reposting to Dep & o 14.6.17 - 98. 20.26d

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MILITIA AND DEFENCE

ASSIGNED PAY

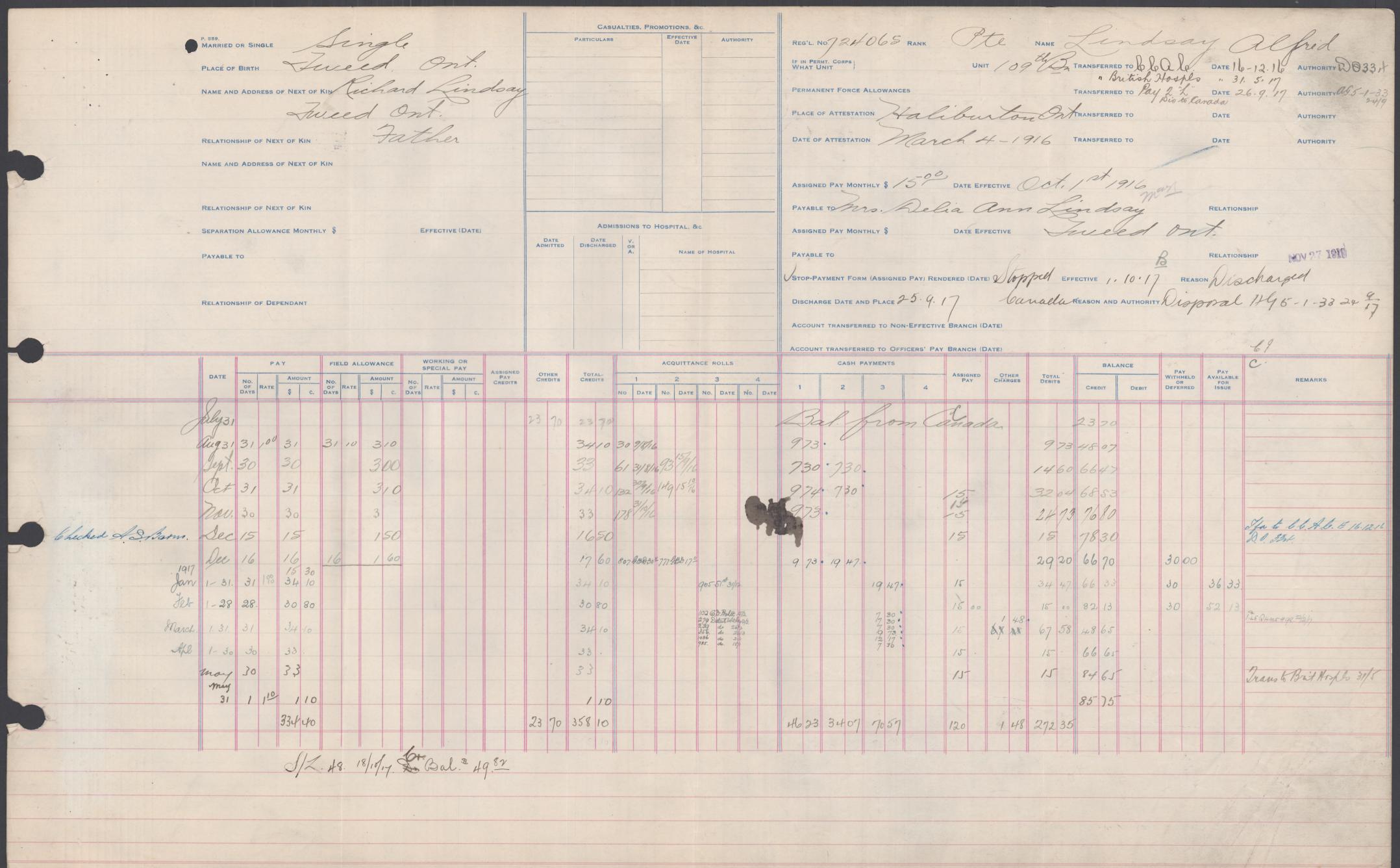
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier____

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