ATTESTATION PAPER.

No. 726049

CANADIAN OVER-SEAS EXPEDITIONARY FOR TERIPLICATE

QUESTIONS TO BE PUT	BEFORE ATTESTATION.					
	(ANSWERS.)					
1. What is your surname?						
1a. What are your Christian names?	Nenry 0					
1b. What is your present address?	Kinmount CM.					
2. In what Town, Township or Parish, and in what Country were you born?	Galygy p					
3. What is the name of your next-of kin?	Kathleen yearst					
4. What is the address of your next-of-kin?	Kinmount Om.					
The first is the restriction of the second o	Mother					
5. What is the date of your birth?	Oct. 6th; 1011.					
6. What is your Trade or Calling?	Laborer.					
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?	J 700.					
10. Have you ever served in any Military Force?	No.					
1. Do you understand the nature and terms of your engagement?	yes					
2. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Jyes,					
DECLARATION TO BE MADE BY MAN ON ATTESTATION. 1. Lenry Pearson, do solemnly declare that the above are answers						
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 Maje discharged.	e true, and that I am willing to fulfil the engagements of serve in the Canadian Over-Seas Expeditionary therein, for the term of one year, or during the war now that war last longer than one year, and for six months sty should so long require my services, or until legally					
Han	(Signature of Recruit)					
0 11/1	Carlo Lieuf (Signature of Witness)					
OATH TO BE TAKEN BY	MAN ON ATTESTATION.					
bear true Allegiance to his Majesty King George to in duty bound honestly and faithfully defend His Ma Dignity, against all enemies, and will observe and ob and of all the Generals and Officers set over me. So						
Date Dec. 2 3 1915. Who	Recruit) Recruit) Recruit) Recruit) Recruit)					
CERTIFICATE O	OF MAGISTRATE.					
questions he would be liable to be punished as provi The above questions were then read to the Re I have taken care that he understands each q duly entered as replied to, and the said Recruit ha	cruit in my presence. uestion, and that his answer to each question has been s made and signed the declaration and taken the oath					
before me, at Minmount this 3	day of farmany 1916.					

Description of Henry	Learson on Enlistment.
Apparent Age 2 4 years months.	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).
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Girth when fully expanded. Range of expansion Range of expansion	none.
Range of expansion	The second secon
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Hair Brown.	The first space of the first spa
Church of England	and the second s
Presbyterian	the programmer of the public from the series
Methodist	A STANDARD CONTRACTOR OF THE C
Methodist Baptist or Congregationalist Roman Catholic Towish	Star White and Down we are less that
Roman Catholic	The second secon
Jewish	
Other denominations (Denomination to be stated.)	
of rejection specified in the Regulations for Army Me	her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description.
Date Jan 5 1916.	hadian Over-Seas Expeditionary Porce.
Date 191°.	Tayel. Medical Officer 108 = 100.
*Insert here * fit' or "unfit." NOTE.—Should the Medical Officer consider the Recruit unfit, been attested, and will briefly state below the cause of unfitness:—	Medical Officer. 109 Than the will fill in the foregoing Certificate only in the case of those who have
THE RESERVE THE PROPERTY OF TH	
CERTIFICATE OF OFFICE	ER COMMANDING UNIT.
Henry Pearson	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)
JAN 17 1916 8.0.)	09th Overseas Battalion, C. E. F.
Date	

and in

ATTESTATION PAPER.

No. 726049
Folio.

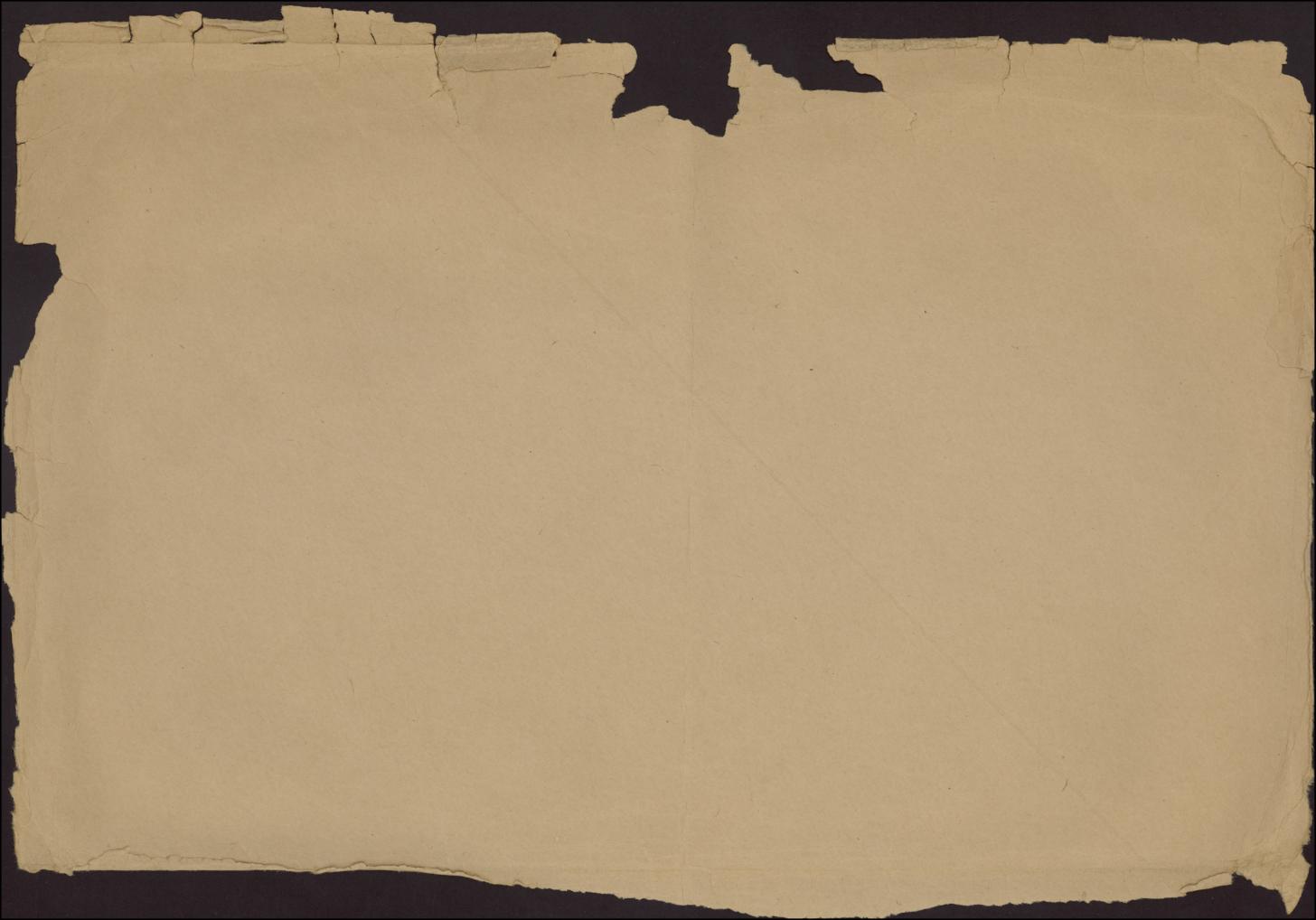
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT	BEFORE ATTESTATION.
1. What is your surname?	Learson.
1a. What are your Christian names?	
1b. What is your present address?	71:
2. In what Town, Township or Parish, and in what Country were you born?	Galway.
	Kathleen Learson,
4. What is the address of your next-of-kin?	Kinmount Ont
4a. What is the relationship of your next-of-kin?.	mother
5. What is the date of your birth?	Oct 6th 1891.
6. What is your Trade or Calling?	Laborer.
7. Are you married?	no.
8. Are you willing to be vaccinated or re-	2.
vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	0 70
If so, state particulars of former Service.	Mo.
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the \	J Mes.
Canadian Over-Seas Expeditionary Force?	
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 Maj	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
Date Dec. 2 3 1915. Mag	(Signature of Recruit) Wask Licial (Signature of Witness)
OATH TO BE TAKEN BY	Y MAN ON ATTESTATION.
bear true Allegiance to His Majesty King George to 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	
Man.	Musik Lient (Signature of Witness)
Date Dec. 23 1915. Was	WWalk Lend (Signature of Witness)
CERTIFICATE (OF MAGISTRATE.
questions he would be liable to be punished as provided above questions were then read to the Real I have taken care that he understands each of	ecruit in my presence. question, and that his answer to each question has been
duly entered as replied to and the said Recruit ha	as made and signed the declaration and taken the oath
before me, atthis	day of January 1916.

Apparent Age 2 4 y	earsmonths.	Distinctive marks, and marks indicating congenital
To be determined according to the lations for Army Medical Service	instructions given in the Regues.)	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).
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Girth when fully expanded	J.J. gins.	none.
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Roman Catholic	12.lo.	The Proposition of the Proposition of the Control o
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I have examined the of rejection specified in the	he above-named Recruit as Regulations for Army Mo	and find that he does not present any of the causes edical Services.
of rejection specified in the He can see at the r free use of his joints and l I consider him* Date	required distance with eigenbers, and he declares that for the Common for the Com	and find that he does not present any of the causes edical Services. There eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. The anadian Over-Seas Expeditionary Force. Medical Officer 109th Overseas Mathibah, Officer F. The will fill in the foregoing Certificate only in the case of those who have
of rejection specified in the He can see at the r free use of his joints and l I consider him* Date	required distance with eigenbers, and he declares that for the Common for the Com	cher eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Medical Officer 109th Overseas Blettineh, Officer.
of rejection specified in the He can see at the r free use of his joints and l I consider him* Date	required distance with eigenbers, and he declares that for the Common for the Com	cher eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Medical Officer 109th Overseas Blettineh, Officer.
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of rejection specified in the He can see at the r free use of his joints and l I consider him* Date *Insert here 'fit' or "un Note.—Should the Medica been attested, and will briefly state CERT	required distance with eit imbs, and he declares that for the Commount of the Commount of the Commount of the Commount of the consider the Recruit unfit below the cause of unfitness:—	cher eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Medical Officer 109th Overseas Extendition, Officer. the will fill in the foregoing Certificate only in the case of those who have
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The can see at the refree use of his joints and leader him* I consider him* Date *Insert here 'fit' or 'un Note.—Should the Medicabeen attested, and will briefly state CERT inspected by me this day,	required distance with eit imbs, and he declares that for the Consider the Recruit unfit. In the cause of unfitness:— IFICATE OF OFFICE and his Name, Age, Date	cher eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Medical Officer 109th Overseas Earthireh, Officer for the will fill in the foregoing Certificate only in the case of those who have having been finally approved and

			CUMENTS	21-61	Bn	549
	NAME PEATSON HA	Pho	6049	INITA	H. Q. FILE NO.	9/
	CONTENTS	DATE RECEIVED	WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ST	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		(* A .)			DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				111111	
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				9997	DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)				1 '	Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					5
1	MEDICAL EXAMINATION (M.F.W. 129)					Nemol
1	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)		19			DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)		,70/			
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)		7	1		Balling Towns
	PARTICULARS OF CHARACTER (A.F.W. 3226)		1	///		1997
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726049

I.D. number
No. d'identification

PEARSON

Surname Nom de famille Henry

Given names Prénoms

Deceased- 6-7-1958

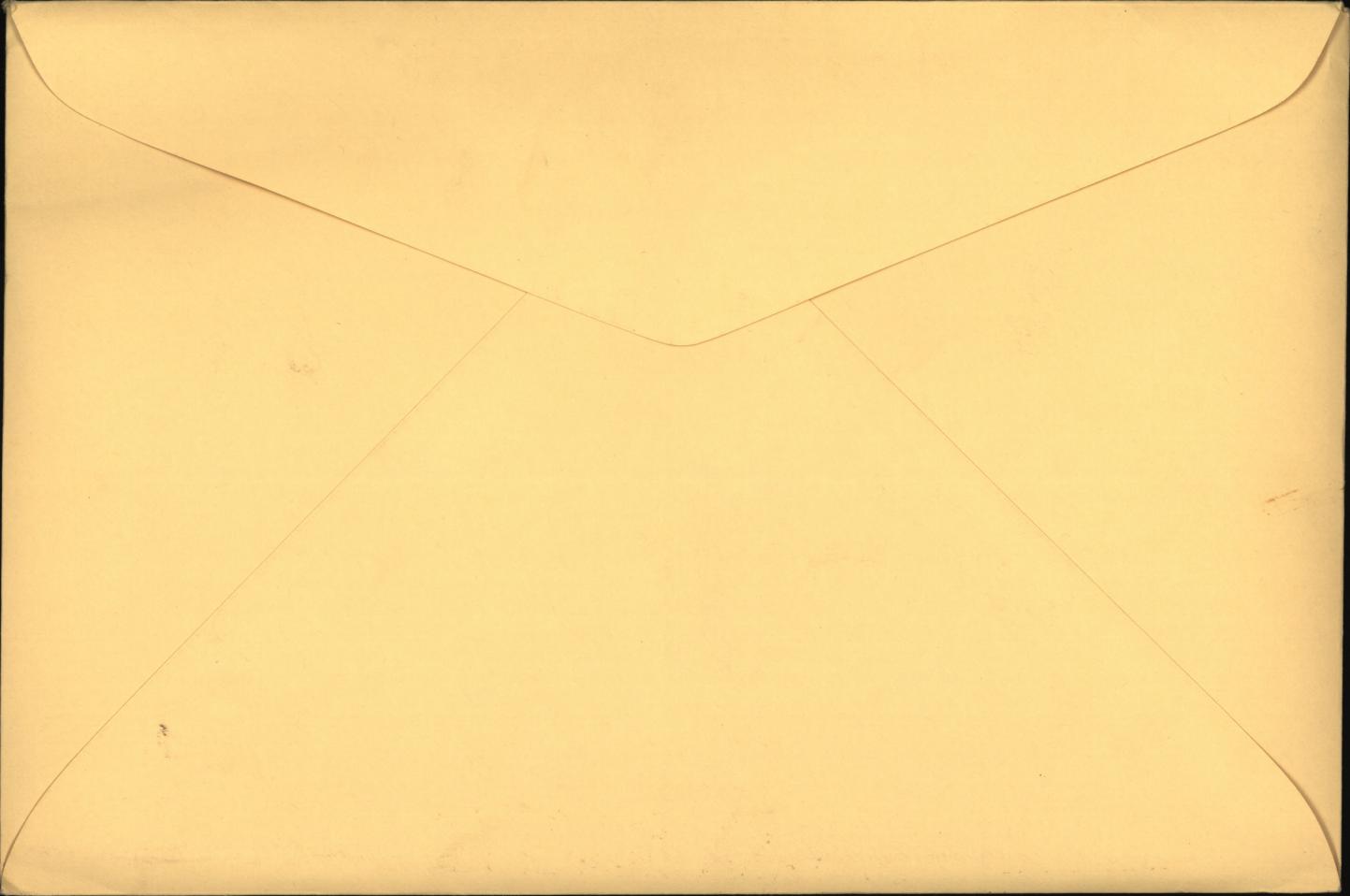
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"CONTENTS CONFIDENTIAL"
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Surname Christian Name or Names Reg. No. Pearson Rank Unit Troop Batty. 21st Battn. 6.0 Pte Hospital Date of Admission 23 Cas. Clg. Stat. Posp Camiers Hosp. 10-8-17. 9-8-17. Lucen Alexandra . Millbank Hosp. 16-8-1 Can Conv. Bromley Hosp. 4.9.1 Connaught. alders how. Hosp. 22.10.17. GSW Lt. Hand . His Later Diagnosis (if changed) V. W. F NO Lac: wound Check acc (2)(3) Additional Diagnosis: if more than one state present Dis. 25.9.19 DISPOSITION CL. 15-8-17 A583. Dia 15.8.18 " 18-8-17. 0.586 91:8-1915429 6. 9.17833 27.9.17. 1321. 3 30.10.17.048 11.12.19 C83 27.7.18 @ 276 31- 7- 18 W 279 20.8.18 4 251 A.M.D. 2 Dept.

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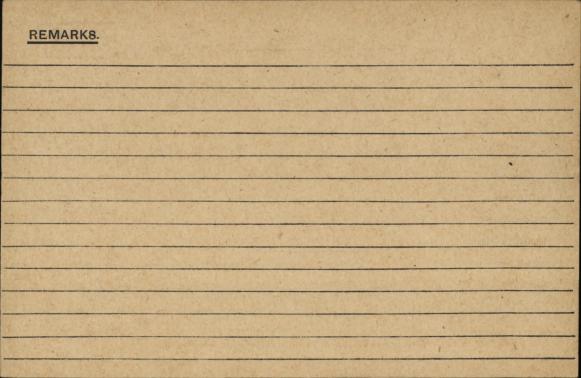
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EPITOME OF HOSPITAL TREATMENT.

	Hospital		Adm.
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RANK 19TE. 726049UNIT 2124Bn a boywounder
NAME Learson N. AGE 25 RELIGION R.C.
PLACE IN HOSPITAL
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ADMITTED 3-9-19 FROM Queen alex
DISCHARGED 25-9-14 TO 3660
TRANSFERRED
SERVICE AT HOME // mouth in FIELD to mouth
RESULTS
(See Document Card for M.H. Sheet and other Documents.)

7. 8.17 (P.T.O.)



FORM R. 1-7106-250m-7	19. A	enry				
	ne Yearson	Rank Phe	1	Reg. 1	Vo. 72	6049.
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(Moth	and Kings Kath Con	nada Pears	on, Kinmo	unl-	ont	ario.
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FORM R. 149. Name PEARSON Henry Rank Reg. No. 726049 21st Battn Unit Next of Kin Canada Notified Date Movement Place Casualty N/K O.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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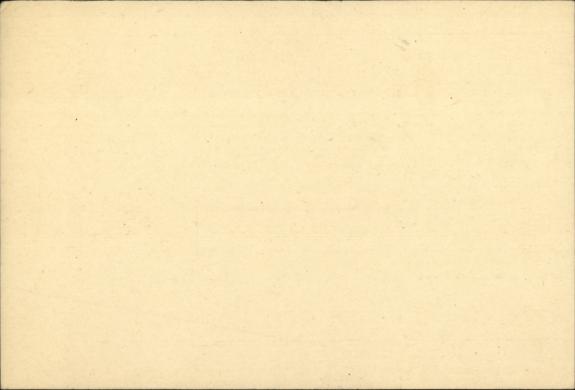
Deceased 6 Feb 58 Christian Name . Henry.

Next of kin	
Address on leave	
Address on discharge	
4	Yes Character on
Transportation issued	
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Previous occupation	Pare and place of enlistment
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Date Date	Remarks
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The state of	
* Nama will be given it	6 H. C

2 of c, ship, and date of arrival

⁻Name will be given in full; surname first.

NAME Vearson. 28. No. 726 0 49, RANK · Ples T.O.S. 23-13-15. UNIT 109sh. Bastalion. D.D. 43. 11-1-16 M. D. 3 PAID PAID SIG. PROMOTIONS, TRANSFERS, DISCHARGES, ETC. OR FROM TO REC'T PARTICULARS AUTHORITY u. UNIT SAILED JUL 23 1916



"H"3 CARD NO. SURNAME. Pearson CHRISTIAN NAMES HENRY RANK (Pte). REGL. NO. 726049/ UNIT /09 FORMER CORPS Will NEXT OF KIN. CHANGE OF ADDRESS NAMES IN FULL Pearson, mrs Kathleen RELATIONSHIP TO SOLDIER Mother ADDRESS Kinmount, Ont COUNTRY OF BIRTH Canada, Galway M. BDATE Oct 6th 1891 PLACE OF ATTESTATION Kunnofunt DATE Jani. Sailed from Halifar

MARRIED TRADE OR CALLING Laboured RELIGION Roman Catholic DESCRIPTION. 24 YEARS APPARENT AGE MONTHS CHEST MEASUREMENT 35 / ZINCHES EXPANSION
COMPLEXION Fair EYES Slue HAN 1 7 INCHES DISTINGUISHING MARKS Pull

MEDICAL EXAMINATION. PLACE Kinmount

DATE Jan 5. 16 1916

RANK AND CORPS adm 23. Cas, ele. Stat hleen Pearson (mote ldm. 14. Fld amb. July 22nd M. F. W. 42-50M.-5-17. L. L. 20497-M. & D. 7908 H. Q. 1772-39-893.

East. Out Rgt LIST No. a 686 H Gen Camero 10-8-17 G. S. W. Lt 74 and 13 429 Queen alex mil melbank 16-8-17 11 11 11 11 125-9-17 B.3. Can Conol Bromley Kent 49-17 Abel Hand Chast ont Regt)
B21 Discharged 25 911 SSW & Hand Brown
C 49 Commanglet aldershot 22-10-17 V. D. 9.
6.83. Discharged " 24-11-17 V. D. G. 6279 2 Can Fld amb. 22-7-18 Lac. Nd. Check acc. 0285 14 " 31-4-18 " 31-4-18 av. Ind. L. Check ac.

20m.—11-15. H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Pearson Kathleen Kimmount

1-3-16

Relation to Soldier

wife, child or mother

Name of Soldier Earson Henry

Regtl. No. 726049

To what Corps belonging

when called out

PAYMENTS

	Month	Year	Cheque No.	Amt.	REMARKS
	Aug.	1914			
	Sept.				
	Oct.				
	Nov.				GOLIDAA
	Dec.				(8 (3) 6)
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	May				
	June				
	July				
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	Dec.				
	Jan.	1916			
	Feb.	1	7112	6	20
124	March	12	86 2 6	8 20	20 4

60,00

M. F. W. 11a. 60m.—12-15. 1772-39-818.

July

SEPARATION ALLOWANCE

Sheet No. 2. Pearson Kathleur

Payments.

Name of Soldier Pearson Henry

Ple. 726049.

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	Month.	Year.	Cheque No.	- Amt.		Remarks.
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	Sept.	Z3	17078	20		20
	Oct.	I	19001	20		20
	Nov.	R	2-3618	20		20
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	Jan.	1918				
	Feb.					
	March					
1	April					
	May					
	June					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier

	Sheet No. 2	z (Conta.)		PAYMENTS.	Name of Soldier	•
Month.	Year.	Cheque No.	Amt.	Remarks.		
Aug.	1918					
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Nov.						
Dec.						
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Jan.	1920					
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May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.				No. of the second secon		
						阿尔里里

MILITIA AND DEFENCE ASSIGNED PAY

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

OVERSEAS CONTINGENTS

To Whom Cathleen Bearson By Whom Assis

Address Regtl. No. 72

Rank Pte

Corps 109

Rate 15 00 AUG 1 1916

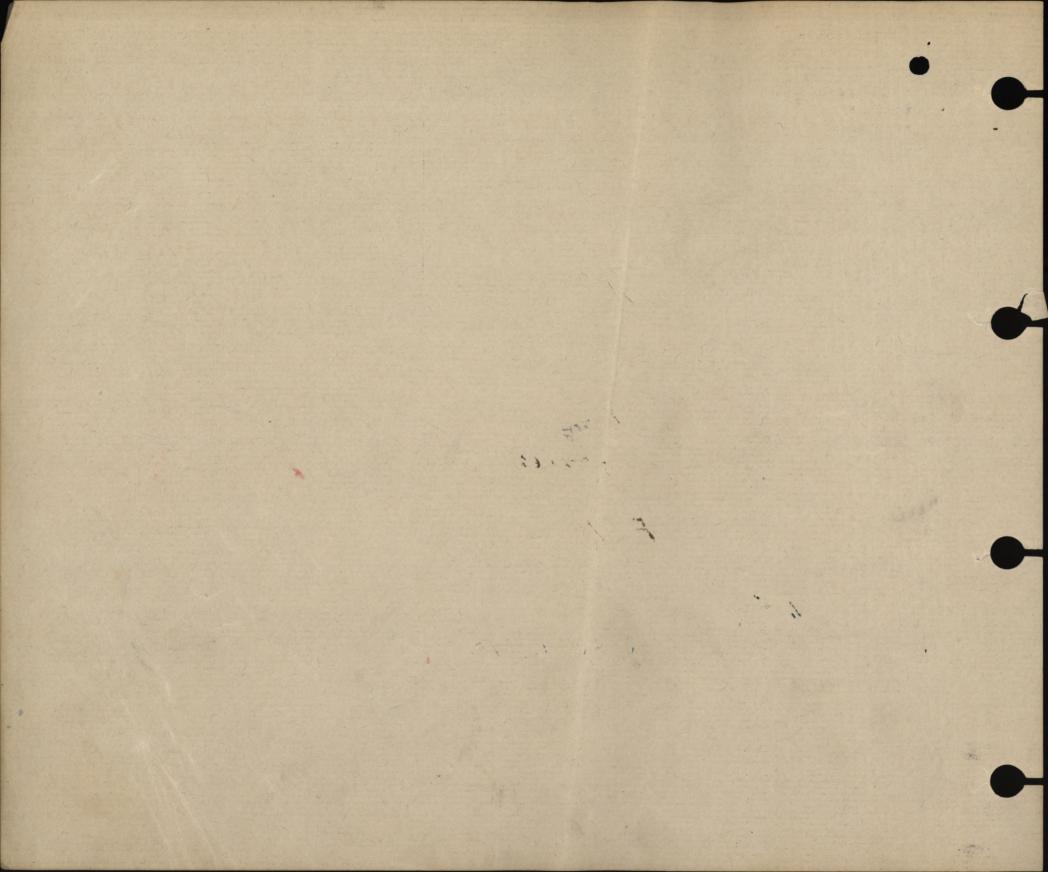
Regtl. No.726849

Rank Pte

Corps 109 Bn 20" 60

PAYMENTS

	Month	Year	Cheque No.	Amt.	REMARKS
	Aug.	1914			
	Sept.				
	Oct.				
•	Nov.				
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	Jan.	1915			ALIDAX
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M. F. W. 12a. 50m.—4-16. 1772-39-819.

ASSIGNED PAY

Sheet No. 2 Gathleen Pearson OVERSEAS CONTINGENTS

PAYMENTS.

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MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

Month.	Year.	Cheque No.	Amt.	Remarks.	
Aug.	1918				
Sept.					The state of the s
Oct.					
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the Signaller, Shooing Smath, &c.

Army Form	Regin	Sheet No. 2 Casualty Form—Active Senent or Corps	stian Name	Hen	ber 7.2.60.49
Religion		Age on Enlist	Service reckore	from (a)	
Enlisted (a	")	Terms of Service (a)	atment to lance	rank	
Date of pro	omotion to present	t rank Date of appoin	ualification (b)		
Extended		Pa anusured	Corps Trade ar		
Occupation	` 1,			Signa	iture 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.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.218, Army Form A.36, or other official
Date	From whom received	The authority to be quoted in each case.			documents.
	Salar Andrews	Embarked	5 X 1 X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Disembarked			4/4/18
	20030	Arrived & Taken on Strength 21st Genedian Battalion.	209BD	29-318	Part II Ord 23
	2 C. I. B. D.	Left for C.C. Reso,C.	Field	3-4-18	NR
	C. C. Rein, C	Arrived. Can. Corps R	Porit	3-4-18	N.R
20/4	21st BATTALION	JOINED UNIT	BATTALION	12-4-18	B-213.
	14C7.A	Lacerated Wd. Chest, acc - adm	14 C.7 A	22-7-18	W. 3391-6.3821
	D.	France to			
	2C7.A.	adm	2 C.7.A.	23-17-18	3
a Charles	14C.7.A.	· adm.	14C7A.	31-7-18	Do 6.6470.
	207.A.	Trans to	Do	31-7-19	8 D. G. 6946.
1 1 1 1 1 1 1 1	1407A	Still at	CERS (14C7A)	12.8 18	letter (K217.54)
	D.	Discharge to	Duty	15-87	6 17. 947
(a) In the ca	ase of a man who has re-engage	ed for, or emissed into Section D, Army Reserve, particulars of s. W. 8835 - M2. 3 2000m	9/17 (35611; C. P. & S., L	td., Form B./1	03 E/1807. P.T.O.

726049 Yearson, 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. Remarks Date of Casualty Taken from Army Form B.213, Army Form A.36, of other official documents. Place of Casualty From whom received of BN. Oregoned Zout Field 20-8-18 13-213 Denam 14-2-10 Tield Part II Ord. 19 12-10-14 Belgium H. O. No. 14 dr. 19-3 CAPT. & ADJUTANTA FOR OC "P" WING C.C.C. * Sailing 60 * S.S. CARONIA Sailed L'pool 14-5-19 14-5-19. T. O. S. 3. 00 . Discharged . 4 - 5-19. Kingston Greb. Pt. 2 Order. 1.48. O. C. Dispersal Area Station & The time to the second of the

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.

	be used, but the case will be referred to a Medical Board for completion of M.F.B. 221.
	No. 126049 Rank # to A Coll. Surname / FARSON (Given name in full)
	Unit or Corps 201 Jann Birthplace mounting Int.
	(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)
	1. GENERAL DESCRIPTION:
	Physique
	Nutrition
	Condition of arteries Vacc marts 2 lt arm,
	Vision Rt. J. Left Je Con It eye ace w 2 2 - 7 - 10
	Hearing (conversational voice) Rt ft.
	Left .7ft.
	Opinion as to general health and physical condition.
	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 Genito Urinary System
	Special Senses . M.D Integumentary System ? Respiratory System P
	Disturbance of mentality. C. Muscular System
	Osseous and Joint System 2 Any other general condition.
,	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.
	22-7-12 acg welt ene (monted cheelan C.F)
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12-11-	7 9 20. 9
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	as muys A.D.M.S. HEADQUAN PROPERTY OF THE ADQUANT PROP
000.00	6 APRO REY
	Mewered & Mario
	Revered MITLEY, SU'REY

EXAMINATIONS.

Date	G19 Signed Mille Miller M.O.
condition; that	certify that I have read, or have heard read, the above description of my present t I find it correctly stated; and that I have not withheld any information concernaffections from which I suffered, either prior to or during service.
	(If not satisfied, M.F.B. 227 will be completed by Medical Board.)
HIS SECTI	ION FOR USE IN CANADA— Survive for (Canada) Signed A Maryon M.O.

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

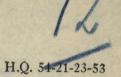
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

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	(at	Town Galwa	and the same of th	6.	// Pau		Medical Officer verseas Battalion,	0.00
	Birthplace County	Halibu	ton	Data				THE RESIDENCE OF THE PARTY OF T
	4	24		Date	Fit or Unfit	EXAM	INED FOR RE-ENGAGEM	1017
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	(Maximum expansion 3	inches.					M.O.
	Physical development.							M.O.
	Small-Pox Marks							M.O.
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		Number D	nt 1911	24.1.16	Good.	1.2	necui	lach
		g congenital peculiarities			1	1	**	M.O.
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		7	TAB	12/5/16	Jone	HO	Boy d	M.O.
	Enlisted on 23	day of Dee	mber	1915	at /	(182	wound	
		CORPS.	REGT'L NUMBE	ER.	HABITS		DATE.	
	Joined on enlistment	109 Salt	726049.				23.12.15	
	Transferred to	21st Bn						
		3.6.6.D.						
		3 1st Bn					31-1-18	
	EXA	MINED OR DISC	HARGED	BY A	MEDI	CAL B	OARD.	
	STATION.	DATE.		DISEASE.			RESULT.	
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						THE REAL PROPERTY.		

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.

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

3.	:1	Date of Arrival		Admission Discharge from Hospital.					me.	Number		Remarks on nature of the dipletely recovered from; wheth	isease: how induced; if mild or severe; if com- ner any particular treatment was adopted. In	: how induced: if mild or severe: if com- y particular treatment was adopted. In y disease, and whether measure he had		
		STATION. at the Station.			Month	1	THE REAL PROPERTY.	I CONTRACTOR OF	1	DISEASE.	Number of days in Hospital.	given. If an accident, state who of inquiry was held. Date of isappliances supplied. Particular	sease: how induced: if mild or severe: if com- ner any particular treatment was adopted. In primary disease, and whether mercury has been ether it occurred on duty and whether a Court me and particulars of artificial teeth or surgical rs of prophylactic inoculations.		of Medical Officer.	
3	ST.	HOSPITAL OF JOHN & ST. ELIZABE GROVE END ROAD, N.	TH,	16	8	n		8 . S1	19	7 951 C. bard	28	Monded 9 / helace	ergal legt.	M	Lepant mount	
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Surname.								,	1/4		1	7				



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 j 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.	
(1) Traine of Overseas One which Soldier Johns	
(a) D.:	
(2) Regimental Number 7.26.049	
(3) Full Name of Soldier Harry Plans	
(4) Place of Birth Galway Twb Ont.	
(5) Are you married, or not?	- C. T.
(6) If married, state,	
(a) Full name of your wife	
(b) Present Postal Address	
(7) Are you a widower?	
	1000
(8) Have you any children?	
If so, give number of boys and girls	
Also their names and ages	
And the second s	
	1

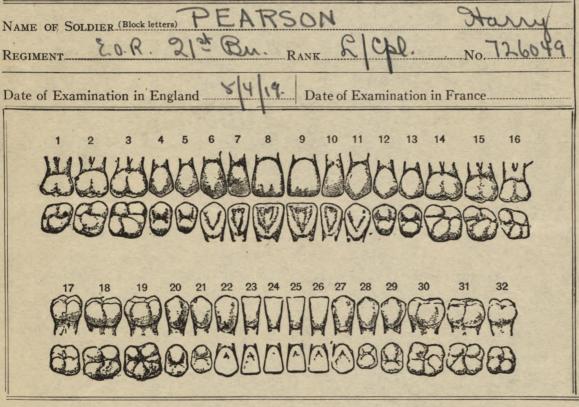
(9) Is your Father alive?
If so, state name and address
(10) Is your Mother alive?
If so, state name and address Kathlun Pearson
Firmount Ont
(11) If your Mother is a widow.
Are you her sole support, or not?
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
Thuty Dollars Res month
(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.
Palarent Series
(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.
Yes
(15) Are you insured?
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. Stoffee
Date JUL 11 1916 O. O. 109th Overseas Battalion, C. E. F.

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

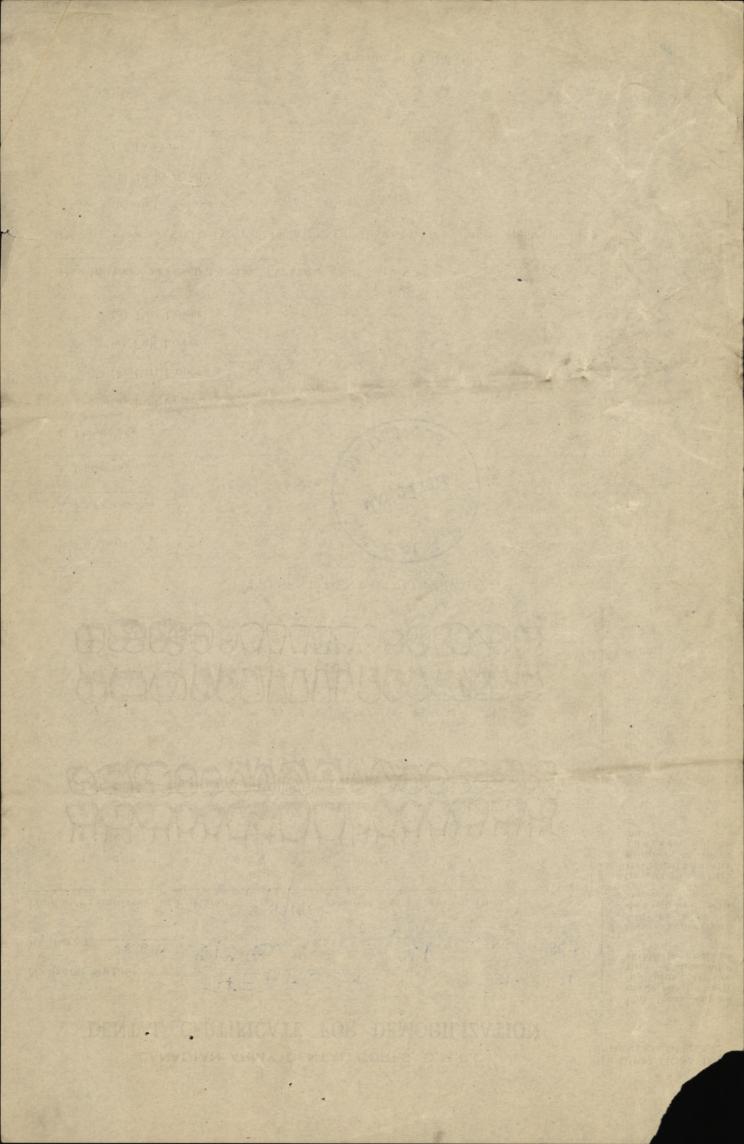
HAS HE EVER REFUSED DENTAL TREATMENT?

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 Elmillettage



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE WAR SERVICE BADGE. OLASS "A" No 229 80 6

THIS IS TO CERTIFY that No. 22	6049 (Rank) L/Corporal
Name (in full) Harry Fear	
the 109 th Partalio.	
CANADIAN EXPEDITIONARY FORCE at King	
day of December 1915	
	and France
8 and a second s	Demobilization.
and is now discharged from the service by	
	medical distributions.
THE DESCRIPTION OF THIS SOLDIER on the	ne Date below is as follows:
Age 2/	Marks or Scars
Height Sf8 3 m	X cas ou lefx
Complexion day	hand free shar
Eyes Slue	wound 9/8/1911.
Hair Prows.	dear left lys.
A Signature of Soldier.	To Dany L
Date of Discharge	for O. C. Dilssuing AOLL Beation H
KINGSTON	
MAY 24 1914 F	Rank
70.00	Date 19 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. M.F.B. 39A.

1000346 resummer England and many - your party

Rank

Report.

Name

PEARSON. Henry.

Reg'l No. 726049

109th Bn.

If in perm. Corps, What Unit?

Married or Single Siangle.

Place and Date of Enlistment Kinmount, 23rd Dec 1915.

Place of Birth Galway.

Name and Address, Next-of-Kin Kathleen Pearson.

Kinmount, Ont, Canada.

Relationship

Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Character

Discharge, Date and Place H. W. & V., Ld. -7165-16.

Reason

REMARKS. Taken from Official Documents

Record of promotions, reductions, transfers, Rank Place. Date. From whom The authority to be quoted in each case. Date. received. Arrived in England per H. M. T. 2810 31-7-16 5.10.16 1091-Bn 5.0.5. Lu 21st Balla Braushall 5-10-16 P-II. DU. 279 9-10-16 21 13'n Jaken on strength 7 teld 6-10-16 .. 1 58. N-23 Cas. Cleaning Str. 9-8-14 CZ, A583 95W. Lt hand Nº 4 Gen Leap. Comeis 10.8.14 24-8-14 " SOSTO COR Depot (W) Pti Freld 16-8-17 Pro 80 80 28.8.17 CORDUL T. O.S. Ote. Seoford 16.8-14 07200169 21 Pm. Queen alexandra Mil Hap. In iestrant London 16-8-14 CIB 429 95W. It hand 5.9.17 EOR. Bans. Can. Conv. Hosp. 26.9-14

Repo Date.	rt. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.		Placer Peace	Date.	REMARKS Taken from Official Documents.	
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P 820 12474-378m-13-2-18. ASSIGNED ENGLAND ENGLAND OR NAME PEARSON. PAY CANADA CANADA. DATE:- 18/16. NUMBER: - 726049 DATE:-PARTICULARS OF RANK OR APPOINTMENT AMOUNT :-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 RANK OR APPOINTMENT DATE mrs Kathleen Gearson UNIT AND TRANSFERS ORIGINAL UNIT:- 109.Bn DATE ACCOUNT FIRST OPENED 1/8/16 DATE DATE LEDGER UNIT TRANSFERRED TO AUTHORITY EDRD. Bo. 93 1/4/18. 95/4/18. EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF YOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK 1-6-15 Gan UNIT PAID BY AMOUNT DATE OF NUMBER UNIT PAID BY DAILY RATES OF PAY AND ALLOWANCES AUTHORITY 39 80 9 . PARTICULARS OF RENDERING NON-EFFECTIVE: Disti Can 3 of 4/19 MAG 431 Brain 9/4/19 Brainshott MB3 SHCI CR 1 CR 2. PARTICULARS DR. 1 DR 2. DR. 3. DR 4. BALANCE DEFERRED mar. 31. Bal. Prot Ford ax 64 5-418 66RB 449 15 May 8 03 aR.73- 3-5-18. 21 Bm 9/70 2/20 19-5-18 V 15 4 46 3410 15 3476 3 57 aR 941 123 81 21 aR 1106 3/9 21 Bm 1243 24/9/18 19 V COMPTLED BY awful 15/10 14631 2120 CHECKED BY Mor NEUT 933 5-80 141/18

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CASUALTIES, PROMOTIONS, &c REG'L NO. 7260 HGRANK OFTE NAME GEARSON THENNY P. 559
MARRIED OR SINGLE

MARRIED OR SINGLE EFFECTIVE DATE Galway Int UNIT 109 DARANSFERRED TO 21 St Date 5/10/16 AUTHORITY SO NAME AND ADDRESS OF NEXT OF KIN Kathleen Cearson TRANSFERRED TO E. O. P. DATE 1/11/19 AUTHORITY 7.70 PERMANENT FORCE ALLOWANCES Kinmount Ont Can PLACE OF ATTESTATION Kennount Intransferred to AUTHORITY mother DATE OF ATTESTATION Sec 2319/5 TRANSFERRED TO AUTHORITY NAME AND ADDRESS OF NEXT OF KIN Assigned Pay Monthly \$15 100 Date Effective Queq 1 st 1916 PAYABLE TO MIS Kathleen Craison Kimmountelationship mother RELATIONSHIP OF NEXT OF KIN ADMISSIONS TO HOSPITAL, &c. ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE) NAME OF HOSPITAL PAYABLE TO RELATIONSHIP PAYABLE TO STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON DISCHARGE DATE AND PLACE REASON AND AUTHORITY RELATIONSHIP OF DEPENDANT ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Restricted Pay for (3) three months off 4/12/5 I Bo nev. 4/1/13 CCD ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) WORKING OR SPECIAL PAY FIELD ALLOWANCE CASH PAYMENTS PAY PAY
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OTHER
CREDITS REMARKS AMOUNT NO. OF RATE AMOUNT NO. OF RATE NO. DATE NO. DATE NO. DATE NO. DATE 270, 3110 2473/207 973 730 730 29601547 15 597 15 260 487 2970 133 30/9 109 Km 7469 26-10 C. D.R 20 15 Nov. 30 189 28 21 3449 . Q4002/113.4/10/16. 3410 1801 21/11 31 23 72 44 87 1530 34 10 1924 29/12 262 2024 58 /3 15 Jon 31 10 34 10 262 261 30 80 207028/1 Feb 28 - 3080 2043 6930 260 2.62 Mar 31 - 34 10 34 10 2089 9/2 2170 5/3 262 523 ayor 30 - 33 261 May 31 34 10 341070 261 1761 10981 2 40 337 10 33440 44 06 14 44 13 59 150 187 227 29 109 81

726049 Pte Pearson H. \$ 15 FIELD ALLOWANCE CASH PAYMENTS BALANCE PAY PAY
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7544 2280 7066, 212 Rest Pay. UI Wa

Groupin

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

D. A. H.

WAR SERVICE BADGE.

O.G. 23

1. No. 726049						
2 Rank. Alcorporal						
3. Name. PEARSON. Sarry						
4. Unit. 21 SX Barbalion						
5 Date of Discharge 24-5-19 Place Kungston.						
6 Reason for Discharge						
7. Authority. R D 1420						
8. Proposed Residence after Discharge						
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.? 3						
Departure of Soldier.						
10. CONFIRMATION.						
The discharge of the above named man is hereby confirmed.						
Place KINGSTON ONT. Date MAY 24 1919 STRICT SERVED SAME CONTRACTOR OF STRICT SERVED SAME CONTRACTOR OF SAM						
Signature (O. C. Discharging Unit.)						

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	
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	
Company Conduct Sheet	

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

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

8. Discharge Certificate (M.F.W. 39).

(Enclosed in special anyelope (260M).

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

10. Dispersal Certificate (C.D.3).

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

12. Last Phy Certificate (P. 851). A duep

13. Pay Book (A.B.64).

14. War Service Gratuity (Form M.F.W. 2595).

1-3-16

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

RATE OF SEPARATION ALLOWANCE

P.O 3257

PARTICULARS OF SEPARATION ALLOWANCE

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Change of Address

Rank / Promoted

Address

Battalion

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Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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RATE OF ASSIGNMENT							
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

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

	Date		Cheque No.	P	Amount S/A	Amount A/P	Tot	al		REMARKS
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MEDICAL CASE SHEET.*

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