

076 20-1-11

Officers
DISCHARGE DOCUMENTS

R. O. No. 6299

H. Q. No. 9129-1

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *X3*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppage.....
- Casualty Forms..... *1*
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... *1*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....



Name ATKINSON JOSEPH HARRY

Regt. No. _____ Rank Lieut

Corps 9th ~~Regt~~ 3rd Bde. C 70

S.O.S. 22-10-16 (Died)



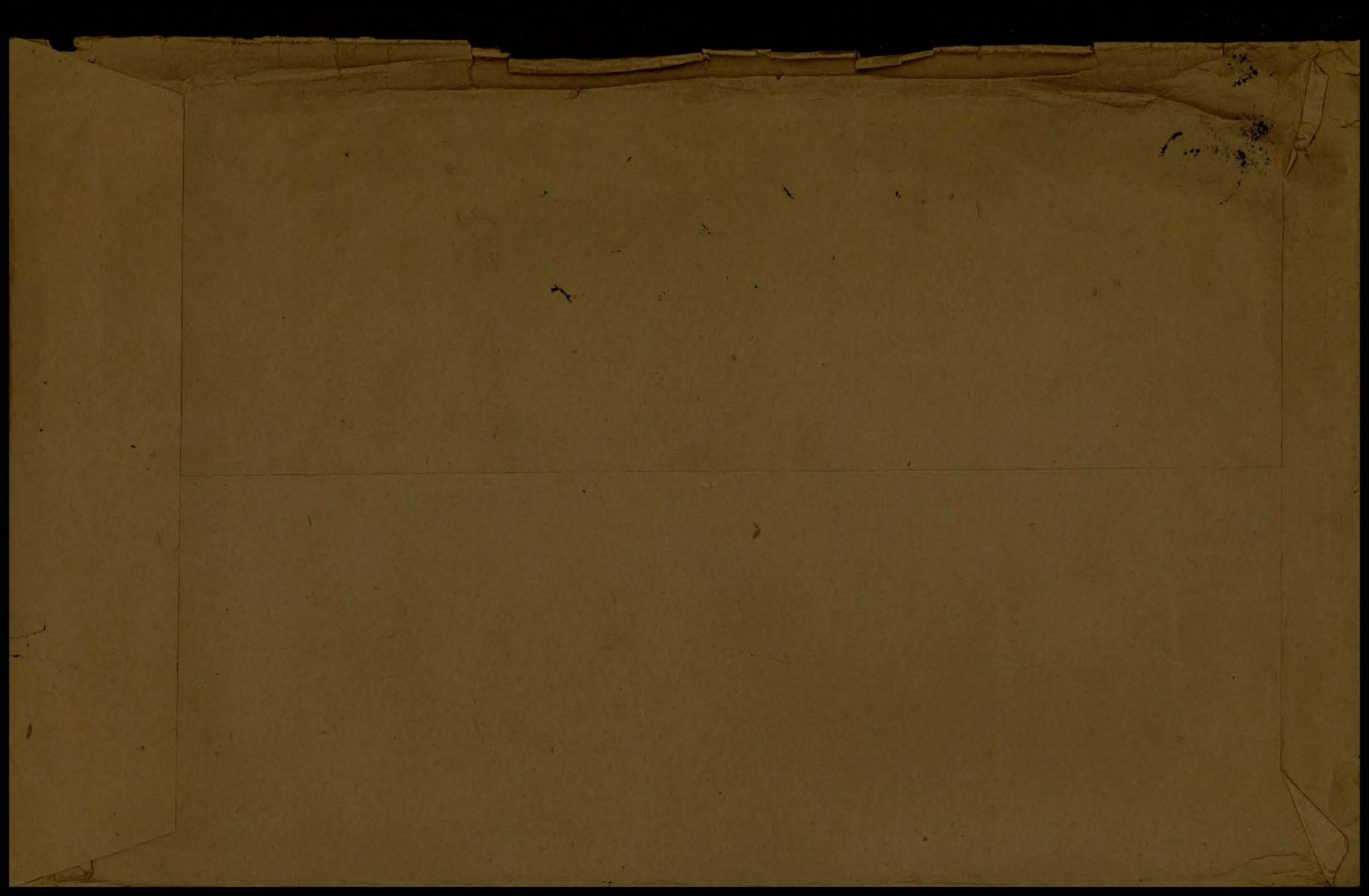
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1 Y.A. 48 — 3
MFW 60 — 1
Doc St. 10 — 1

1

9-17
9-17
11-18

Ref. A. Mis. O-509



Copy

ATTESTATION PAPER.

No. ~~91241~~

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Atkinson*
- 1a. What are your Christian names?..... *Joseph Henry*
- 1b. What is your present address?..... *Calcutta India.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Calcutta India.*
- 3. What is the name of your next-of-kin?..... *Mrs J.H. Atkinson*
- 4. What is the address of your next-of-kin?..... *Sleepy Hollow Sherbrooke P.Q.*
- 4a. What is the relationship of your next-of-kin?.....
- 5. What is the date of your birth?..... *May 5th 1885*
- 6. What is your Trade or Calling?..... *Permanent Force*
- 7. Are you married?..... *Yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *Yes see militia list.*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes.*
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?.....
- 14. If so, what was the nature of the disability?.....
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?.....
- 16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Joseph H. Atkinson*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Sgt J.H. Atkinson (Signature of Recruit)

Date.....191 *W.E. Miller* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,....., do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

.....(Signature of Recruit)

Date.....191(Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at.....this.....day of.....191 .

.....(Signature of Justice)

Description of Atkison Joseph on Enlistment.

Apparent Age 29 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 8 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 ins.

*1 vac mark left arm
 small scar over right eye.*

Complexion

Eyes

Hair

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other denominations.....
(Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date Jan 7th 191 5 Sgt J. B. Clarke

Place Beechingstoke Eng. Major
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

.....(Signature of Officer)

Date.....191 .

PARTICULARS OF DISCHARGE.

1. Name *Atkinson, Joseph Henry.*
 2. Regimental Number _____ 3. Rank *Capt.*
 4. Corps *C. P. A. S. C. (form 3rd Bns. 9th Bn).*
 5. Date of Discharge ^{Death} *22. 10. 16.*
 6. Place of Discharge ^{Death} *Laurentide San. Ste Agathe, Que.*
 7. Place to which transport given. (Give street address where possible.)

*R.O.N. Mrs. J. H. Atkinson, Sleepy Hollow, Sherbrooke, Que.
 Enlisted at: - Birchington, Stoke, England. 7. 1. 15.*

8. Description at time of Discharge:—

Age	Descriptive marks
<i>29 years 8 months.</i>	
<i>Height 5 feet 8 inches.</i>	<i>1 Vacc mark lt arm.</i>
<i>Complexion Fair.</i>	<i>Small scar over rt eye.</i>
<i>Eyes Hazel.</i>	
<i>Hair Brown.</i>	
<i>Trade Permanent Force.</i>	

9. The above named man is discharged in consequence of

Deceased (Tuberculosis)

(If medically unfit, state nature of disease or disability.)

10. To what extent will it prevent his earning a full livelihood?

Not stated

11. Character

Not stated

Date *1. 12. 16.*

i/c Records.

PARTICULARS OF DISCHARGE

1. Name: *Thomas James Jones*

2. Inmate Number: *1234*

3. Date of Discharge: *12/31/1912*

4. Place of Discharge: *State Prison, New York*

5. Description of Discharge: *Parole for 3 years*

6. Name of Discharging Authority: *Warden J. Smith*

7. Place to which Discharged: *Home, 123 Main St., New York*

8. Name of Person to whom Discharged: *Thomas James Jones*

9. Name of Person to whom Discharged: *Thomas James Jones*

10. Name of Person to whom Discharged: *Thomas James Jones*

11. Name of Person to whom Discharged: *Thomas James Jones*

12. Name of Person to whom Discharged: *Thomas James Jones*

13. Name of Person to whom Discharged: *Thomas James Jones*

14. Name of Person to whom Discharged: *Thomas James Jones*

15. Name of Person to whom Discharged: *Thomas James Jones*

16. Name of Person to whom Discharged: *Thomas James Jones*

17. Name of Person to whom Discharged: *Thomas James Jones*

18. Name of Person to whom Discharged: *Thomas James Jones*

19. Name of Person to whom Discharged: *Thomas James Jones*

20. Name of Person to whom Discharged: *Thomas James Jones*

OFFICER

CONFIDENTIAL.

PROCEEDINGS OF A MEDICAL BOARD

assembled at Eastbourne, on Dec. 2nd, 1915.

by order of D.D.M.S. Eastern Command.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lieut. J. H. Atkinson, (Corps) Canadian Artillery.

Age 30. Service 5 years Disability Pulmonary and Laryngeal.

Date of commencement of leave granted for present disability May 21st, '15. Tuberculosis.

Date on which placed on half-pay for present disability _____

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that both apices are affected by tubercular disease and the larynx is also involved. The prognosis is very grave, and the Board recommend that he be retired, so as to enable him to return to Canada. Moreover, at present, he is a source of infection to others.

Address:- 2, Undercliff Road,
Boscombe,
Hants.

I concur in the findings of the Board of Medical Officers here recorded.

Robert
Major, C.A.M.C.
For D.M.S.
Canadian Contingents.

20 12 15

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? No.
- b. If not so fit, how long is he likely to be unfit? Permanent.
- (2.) a. If unfit for General Service, is he fit for service at home? No.
- b. If not so fit, how long is he likely to be unfit for service at home? At least 3 months
- (3.) Was the disability contracted in the service? Yes.
- (4.) Was it contracted under circumstances over which he had } Yes.
 no control?
- (5.) Was it caused by military service? Uncertain.
- (6.) If caused by military service, } Aggravated, if not caused by gas poisoni
 to what specific conditions }
 is it attributed? }

Signatures { (sd) G.S. ROBINSON. _____ President.
 A.G. SHERA. Lt. R.A.M.C. _____ } Members.
 HENRY L. EWENS. M.D.(C.S.). _____ }

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Question 2 is only to be answered by the Board, when specially instructed by the convening authority.

4. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

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CONFIDENTIAL.

PROCEEDINGS OF A MEDICAL BOARD

assembled at London (D.M.S. Office). on March 2/1916.

by order of D.M.S. Canadians.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lieut. J.H. ATKINSON. (Corps) Can. Art. 3rd Bde.

Age 30. Service 5 yrs. Disability Pulmonary & Laryngeal Tuberculosis.

Date of commencement of leave granted for present disability May 21st, 1915.

Date on which placed on half-pay for present disability _____

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

this Officer has suffered from the disability as described in Army Form A.45 (Dec.2/15). On examination both apices of the lung are affected; the right side more marked than the left, and involves the greater part of the upper lobe, giving limited movement, marked dullness, moisture, bronchial breathing and whispering pectoriloquy over front and back. He looks better and says he feels better, but his laryngeal condition is about the same. He cannot speak above a whisper. His sputum is about half of what it was 2-12-15.

I concur in the findings of the Board of Medical Officers here recorded.

Delelam

Major, C.A.M.C.
For D.M.S.
Canadian Contingents.

22 16

Address. 2, Undercliff Road, Boscombe, Hants.

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? No.
- b. If not so fit, how long is he likely to be unfit? Four months.
- (2.) a. ^{any} If unfit for General Service, is he fit for service at home? No.
- b. ^{any} If not so fit, how long is he likely to be unfit for service at home? Four months.
- (3.) Was the disability contracted in the service? Yes.
- (4.) Was it contracted under circumstances over which he had } Yes.
 no control? }
- (5.) Was it caused by military service? Yes.
- (6.) If caused by military service, } Infection.
 to what specific conditions }
 is it attributed? }

Signatures { (Sd) DAVID DONALD, Maj. C.A.M.C President.
 " H.V.DAVIS, Capt. C.A.M.C } Members.

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Question 2 is only to be answered by the Board, when specially instructed by the convening authority.

4. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

CONFIDENTIAL

PROCEEDINGS OF A MEDICAL BOARD

assembled at 85, Strand. on 3rd. July 1916.

by order of C.M.S. Canadians.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lieut. J.H. Atkinson. (Corps) 3rd. Art. Brigade

Age 30 Service 5 yrs. Disability Pulmonary & Laryngeal Tuberculosis

Date of commencement of leave granted for present disability May 21st. 1915.

Date on which placed on half-pay for present disability _____

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that ~~this officer while not probably improved is no worse than when he appeared before previous Board. He has been a resident for over a year in Bournemouth, but the Board recommend that he now be permitted to proceed to Canada in the hope that such a complete change may result beneficially.~~

Address :- AS before till July 7th. Then :-
Sleepy Hollow, Sherbrooke, Quebec, Canada.

I concur in the findings of the Board of Medical Officers here recorded.

McClain
Major, C.A.M.C.
For D.M.S.
Canadian Contingents.

The opinion of the Board upon the questions herein is as follows :-

- (1.) a. Is the officer fit for "General Service" ? No.
- b. If not so fit, how long is he likely to be unfit ? 4 mos.
- (2.) a. *If unfit for General Service, is he fit for service at home?* No.
- b. *If not so fit, how long is he likely to be unfit for service at home?* 4 mos.
- (3.) Was the disability contracted in the service ? Yes.
- (4.) Was it contracted under circumstances over which he had no control ? Yes.
- (5.) Was it caused by military service ? Yes.
- (6.) If caused by military service, to what specific conditions is it attributed ? Infection.

Signatures { (Sgd.) David Donald, Major C.M.C. President.
" G.H. Davis, Capt. C.M.C. } Members.

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Question 2 is only to be answered by the Board, when specially instructed by the convening authority.

4. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

120
3 1

PROCEEDINGS OF A MEDICAL BOARD
Branshott.

20-2-18.

assembled at.....on.....

by order of.....**A. D. H. S.**.....

for the purpose of examining and reporting upon the present state of health of

(Rank and Name).....**Capt. Atkinson, J.H.**.....(Corps).....**C.A.M.C. No. 12 C.G.Hosp.**

Age.....**30.**.....Service.....**6/12.**.....Disability.....**LEFT FRONTAL SINUSITIS.**

Date of commencement of leave granted for present disability.....**Not granted.**

Date on which placed on half-pay for present disability.....**Not applicable.**

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

he has been in No. 12 Gen. Hosp. under treatment for above since 6th Feb. 1918. Now feels fit to carry on.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

- 1. Fit for General Service..... **Yes.**
- 2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* } -
- 3. Fit for Home Service..... -
- 4. Fit for Light Duty at Home..... -
- 5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital..... -
 - (b.) In an Officers' Convalescent Hospital..... -
- 6. (a.) Fit for light duty at a Command Depôt..... -
- (b.) Fit for treatment only at a Command Depôt..... -
- 7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation } -
- 8. Was the disability contracted in the service?..... **Yes.**
- 9. Was it contracted under circumstances over which he had no control? } **Yes.**
- 10. Was it caused by military service?..... **Yes.**
- 11. If caused by military service, to what specific military conditions is it attributed? } **Infection.**
- 12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? } **Not applicable.**

Officer's Address { **No. 12 C.G. Hospital,**
Branshott.

Signatures { **F. H. Mayhew, Major.**
W. H. T. Baillie, Capt.
W. R. Steele

INSTRUCTIONS

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

[228] Wt. W.1327—P.142. 100,000. 11/17. V. & S., Ltd.

[235] Wt. W.1984—P.325. 75,000. 11/17. V. & S., Ltd.

Name **ATKINSON J.H.** Rank **Lieutenant** Reg. No.

Unit **3rd Bde. C. F. A.**

Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
25.11.15	2nd. Lond. Gen. Hosp.	Dandsworth	J.B	71		
26.8.15	Med. Bd. Incap. 3 mths.		Gas Poison	151		
2:3-16	- unfit any serv. 4 mths.		-	308		
			Pulmonary & laryngeal tuberculosis	308		

SURNAME.

Atkinson (9129-1) (Over)

CARD NO.

4759

CHRISTIAN NAMES

Joseph Henry

XX FOLL.

D

*22
10
16*

REGL. No.

RANK

Lieut

UNIT

3rd Bgde. C.F.A.

FORMER CORPS

See Militia List Lieut-C.P.A.S.C. 5-3-12 H.Q.O.G. Co.

Nov. 1st 1915

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Atkinson Mrs J. H.

RELATIONSHIP TO SOLDIER

not stated

ADDRESS

*Sluopy Hulbin, Sherbrooke
P. Q.*

COUNTRY OF BIRTH

India Calcutta

DATE

May 5th 1885

PLACE OF ATTESTATION

Birching Stokes Eng

DATE

Jan 7. 1915

O/S. 22-9-15.

R/C. 12-7-16. on furlough.

with Collie T347
leave granted to 3/11/16

Sailed for Canada July 12/1915

MARRIED *yes.*

SINGLE

WIDOWER

TRADE OR CALLING

Permanent Force

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

29 YEARS

8 MONTHS

HEIGHT

5 FEET

8 INCHES

CHEST MEASUREMENT

33 INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair

EYES

Hazel.

HAIR

Brown

DISTINGUISHING MARKS

*1 Vacc. mark left arm
small scar over right eye.*

MEDICAL EXAMINATION.

PLACE

Bitching Stoke

DATE

Jan 7th 1915

Date sailing 22-9-15 N. of O.G. W. Nov 1st. 1915. Eng.

*Soldiers Add: 9 Laurentian Sanatorium
St Asathe, P. Q. (cont 9129-1)*

B
V

Number..... Rank..... *Lieut*.....

Surname..... *ATKINSON*.....

Christian Names..... *Joseph Henry*.....

Unit..... Theatre of War..... *France*.....

Dates of Service..... *22.9.14 - 3.11.16*..... **D**

Remarks.....

Latest Address..... *Mrs Mary Stewart Atkinson* (w)
..... *26 Portland Ave*
..... *Sherbrooke P Q*

Roll No. *B*

Page 1722

402185

G. 10098 Dept

APR 9

HA 37086 Dept

SEP 8

1921

July 1914-15 Star Lieut - 3rd Bde. C.F.A.

M.A.

✓ ✓ ✓ ✓ ✓
ATKINSON, Jos. Henry, Lieut. C. F. A.

MEDALS &
DECORATIONS

Mrs. Mary Stewart Atkinson (Widow)
26 Portland Ave., Sherbrooke, P.Q.

PLAQUE &
SCROLL

Widow, as above.

Serial 806392

MEMORIAL
CROSS

Widow, as above. also
Mrs. Elizabeth M. ~~Atkinson~~ (Mother)
75 Park St., Calcutta, India.

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resp.

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SEP 27 1920

(M) C24602

W/M

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No.

RANK

Lieut.

NAME

Atkinson J. H.

T. O. S.

UNIT

*1st Div. Supply Col. C. A. S. C.**M. D. Val.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1914</i>	<i>1914</i>			
<i>Sept-10</i>	<i>Sept. 21</i>	<i>✓</i>		
<i>Sept 21</i>	<i>Oct 31</i>	<i>✓</i>		

UNIT SAILED
OCT 3 1914



Surname	Christian Name	Reg. No.
ATKINSON.	J.H.	
Rank	Unit	Co. Troop Batty.
Lieut.	3rd Battalion	C.F.A.

MEDICAL BOARD held at _____ Date _____ Serial No. _____

(1) 3rd L.G.Hosp. 26-5-15.

Other Medical Boards at _____ Date _____ Serial No. _____

(2) 8. A.I.G.Hosp. 26-8-15.
Bournemouth.

(3) Eastbourne. 2-12-15.

(4) D.M.S. Office. 2-3-16.

(5) D.M.S. Office. 3-7-16.

Condition found by Board

Gas poisoning. Pulmonary & Laryngeal
Disposition Recommended Tuberculosis.

(1) Unfit for any service - 3 mths.

(2) Unfit for any service - 3 mths.

(3) Unfit for (Home Service - 3 mths (at least).
Gen. " - permanently.

(4) Unfit for any service - 4 mths.

(5) Unfit for any service - 4 mths.
Change to Canada recommended.

CASUALTY BOARD held at _____ Date.....

Disposition

Remarks

Address. 2, Undercliff Road, Boscombe, Hants.

After July 7th. :-
Sleepy Hollow, Sherbrooke, Quebec.



Atkinson. J. H.

Lieut. 3rd. Bgde. C.F.A.

3rd. London Gen. Wandsworth. 25-5-15.

Gas. poison. Pulmonary laryngeal
tuberculosis.

C.L. 29-5-15. 71.
6-9-15. 151.
9-3-16. 308.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

Casualty Form—Active Service.

Regiment or Corps Brigade Staff, 3rd Bde. F.A. C.E.F.

Regimental No. Rank Lieut. Adj. Name Stinson J. A. Joseph Henry

Enlisted (a) 23/9/14 Terms of Service (a) Service reckons from (a)

Date of promotion to present rank Date of appointment to lance rank Numerical position on roll of N.C.Os.

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B, 213, Army Form A, 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		<i>Embarked</i>	<i>Amoumouth</i>	<i>11.2.15</i>	
<i>24.5.15</i>	<i>OC No. 7 Sty. Hosp.</i>	<i>Illness - N.Y.D.</i>	<i>In the Field</i>	<i>23.5.15</i>	<i>W-3034</i>
<i>25.5.15</i>	<i>OC. HS. SV. "Patient"</i>	<i>Transfer - to HS SV. Patient for England.</i>	<i>In the Field</i>	<i>25.5.15</i>	<i>A36</i>
<i>15.4.16</i>	<i>EPOC C2D</i>	<i>Posted to Gen List attached for duty to Res Bde C.A.</i>		<i>11.4.16</i>	<i>Do 1925</i>
<i>15.7.16</i>	<i>do</i>	<i>Granted leave to Canada</i>		<i>3⁶/₁₆ 5.3.16</i>	<i>Do 365</i>

McBrink
CAPT.
OFFICER IN CHARGE RECORDS
CANADIAN SECTION G. H. Q.

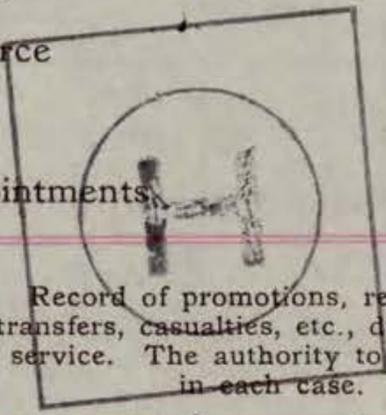
J. J. B. ... Major
For Col. G. H. Q. Records

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
14-11-16	G.V.C. C.T.D.	Struck off Strength. Retained in Canada on duty.		3-11-16	D.O. 5841.
			John W. Gualtieri Capt for AAAA.		C. T. D. Gualtieri

Rank and Name **ATKINSON, Joseph Henry**
 Regimental No. **Lieut** Name and Address of Next-of-kin
 Unit **3rd Bde. C. F. A.** Mrs. J. H. Atkinson,
 Date of enlistment **Sep. 23rd, 1914** Sleepy Hooten, Hollow,
 Place of birth **India** Sherbrooke, Que.,
 Married (Yes or No) **Yes** Date and place of discharge
 If in Permanent Force Reason for discharge
 Character on discharge

Promotions or appointments



Not on NR Rec 7A 2/28-9-16

Stom 13/9/16
A.F.B. 103

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
Com Com	5-12-14	Transf to Div Art On strength 3rd Art Bde	France	see s: RO 430 page 194 31/3/15 W 905	A.F. B158
29-5-15	WO	Admitted 3 London Gen Hospital	Wandsworth	25-5-15	T.B. Cas Rep. 71-151-
12-6-15	pe. 3. ban Art. Bde.	To England		25-5-15	Part II orders 16. address King Edward Sanatorium
5-7-15	WO	Granted leave/absence till Aug 25			RL 81/8 2 Undercliffe Road Boscombe Bournemouth.
2-9-15	W.O.	Granted leave Med Board		25-11-15	P L 9-6-53
15-4-16	G.O.C. C.F.A.	To Glou 181, attached for duty to Res CFA		11-4-16	DO 1925.
9-6-16	D.A.G. Base.	Proceeded to	2nd Div Art		KA 33
12-7-16	G.O.C. C.F.A.	Granted leave to Canada from 3/16 to		3-11-16	DO 3651
2-11-16	D of P.S.	S.O.S. Can Exped. force, duty in Canada		3-11-16	R L 9-A-53 [Pulmonary Tuberculosis] RO 754 CFA from 9-10-16
11-11-16	Gob 6172	S.O.S. Retained in Canada for duty		3-11-16	D.O 5841 CT

4028

1220516

Report

Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.

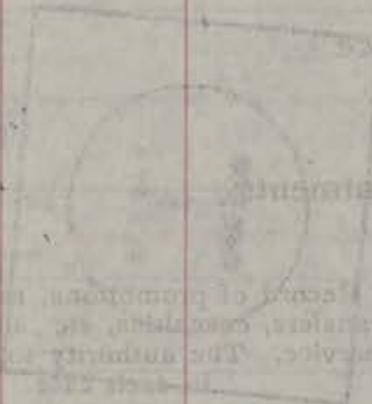
Place

Date

REMARKS
Taken from Official Documents

From whom received

Date



REMARKS
Taken from Official Documents

Date
From whom received

Place
Date
Authority to be quoted

Place
Date

The main body of the document is a large table with multiple columns and rows. The columns correspond to the headers: Report, From whom received, Record of promotions..., Place, Date, REMARKS, and Date. The rows contain faint, mostly illegible handwritten entries, likely representing military personnel records. The text is mirrored across the page, suggesting bleed-through from the reverse side.

Name lieut J H Atkinson

M. P. W. 41.
10m.-4-16.
1772-39-889.

9129-1

Regimental No.
Unit Res 6 FA.

Name and address of next-of-kin C/o W. A. Hale Esq
Sleepy Hollow Sherbrooke Co. Q.
26 Portland Ave Sherbrooke Que.

Date of enlistment
Place of " "

Married (yes or no)

Date and place discharged Tuberculosis
Reason for discharge On leave 2/7 to 11/16

Amount of pay assigned monthly \$ 20.00

125 Stopped 21/10/16

To whom payable

own Expense
Missanabic 7. 7. 16.

Character on discharge Adm. Laurentian Sanitarium
Sept 25 1916

L. L. Job 502 M. & D. 6578.

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To		Rate	Amount	No. of Days	Rate			Amount	No.						Date
18	30	61	20.122 =	61	60.96	60.9150									L.P.C. clear 31.7.16	
12	31	20					10 =	260.10			220.10	40 =	260.10		Died 22/10/16	
Amended Eng last Pay Cert. 31 Oct 1916 by 36.2.6																
31	10	16						36.26							L.P.C. 31 ¹⁰	
12	7	24						37.50	73.76		51.76	97.	88.76		Messing 25 ⁷ to 22 ¹⁰ } in sanitarium }	
								15 =			* credited A.E. etc					

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	Rate	Amount	No. of Days	Rate			Amount	No.					

Register No. DA 407

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 0286-976

W.M.

Regt'l No. Name Joseph Henry Atkinson
(Christian Name) (Surname)
Unit 3-C.A.B. Rank Lieut. Date of enlistment
Date of casualty 22-10-16 B.P.C. File No. 8169
Was service performed overseas? yes.

DEPENDENT

Name Lees Mary Stewart Atkinson Relationship Widow
Address 26 Portland Ave.
Sherbrooke

M.F.W. 2652
25M-6-20.
H.Q. 1772-39-1473

Amount of Special Pension Bonus \$ 96 Abstracted by Lewis C. W. Ross

Eligible for Gratuity \$ 240.-
Less amount of Special Pension Bonus paid \$ 96.-
Less Debit Balance of S. A. or A.P. \$

Total deductions \$ 96.-
Balance due \$ 144.-

Cheque No. 91899170 Date issued AUG - 5 1920

REMARKS :
.....
.....
.....

Clerk Atkins

Audited by
[Signature]
Date 3/9/20

9717

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks:

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

156

EMMS

To Whom *Mrs M. S. Atkinson*

By Whom Assigned *Atkinson J. H.*

Address ~~*Sleepy Hollow*~~

Regtl. No.

*Glyn Lynn, Sherbrooke Ave.
Milford Hill, Salisbury, Wilts,
P.F. England.*

Rank *Lieut.*

Corps *1st W. Sply. Cen. C.A.S.C.*

Rate ~~*90.00 per m.*~~
\$125.00 per mo.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p style="text-align: center; font-size: 2em; color: red;">ENGLISH</p> <p><i>Make all future cheques \$125.00 Dup. sent England for future payments Acct. closed - Pension granted 23/10/16 Jm</i></p>
Sept.				
Oct.				
Nov.		<i>{ 61445-180 -</i>		
Dec.		<i>6 2767 125 -</i>		
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Handwritten text in red ink, possibly a signature or date, located in the lower-left quadrant of the page.

25247

NAME Atkinson Joseph Henry*Adj.**adjutant.*Regimental No. Lieut.

Name and address of next-of-kin

Unit 3 BEE. C.F.A.

Mrs J.H. Atkinson

Date of enlistment Sept. 23rd 1914.

Sleepy Hotton

Place of birth India

Sherbrooke, Que.

Married (yes or no) yes

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
22/10/14	31/10/14	10	3.50	440	10	60	240			6370	90	1080	100	* Dispend 22/10/14
1/11/14	30/11/14	30	3	90	30	18	15	173		133	190	120	173	Adj.
1/12/14	5/12/14	5	3	15	5	60	300	750		17050	90		8050	Adj.
6/12/14	31/12/14	26	3	78	26	60	1560	13						Adj. Pay
1/1/15	31/1/15	31	1100	9165	31	1860	1550	36727		52727	215		26727	Adj. Pay
1/2/15	28/2/15	28	1100	9166	28	1680	142	15746		52746	135		15746	Adj. Pay
1/3/15	31/3/15	31		9166	31	1860	35							Adj. Pay
							31	19176		56676	175		19176	Adj. Pay

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom Mrs. J. H. Atkinson

By whom assigned Atkinson J.H.

Address ~~Glen Lynn,~~
~~Melford Hill,~~
~~Sahabury.~~

Regtl. No.
Rank Lieut.

Rate £0.581

Corps, &c. Third Brig CFA.
Res CFA.

Date to Commence 1 Jan 15

1st Div. Supply Col

PAYMENTS.

C.A.S.B.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p>£25-13-8</p> <p>Beechingstone Rectory Pewsey Hill Ottawa c/o Bank of Montreal Threadneedle St London</p>
Sept.				
Oct.				
Nov.		£1445	180	
Dec.		£2767	125	
Jan.	1915	6076	125	
Feb.		7850	125	
March		12419	125	
Apl.		16660	125	
May		668	125	
June		6195	125	
July		15251	125	
Aug.		24784	125	
Sept.		36327	125	
Oct.		49385	125	
Nov.		43403	125	
Dec.		85947	125	
Jan.	1916			
Feb.			£1805	
March				

Carried Forward

ASSIGNED PAY.

By whom assigned

Atkinson, J. H.

Regtl. No.

Lieut. 3rd Bde. R.F.C.

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.	
Jan.	1916	<i>104014</i>	<i>125 -</i>			
Feb.		<i>123513</i>	<i>125 -</i>			
March		<i>143515</i>	<i>125 -</i>			
Apl.		<i>977</i>	<i>125</i>	} <i>Pd by P M Branch Bank of Montreal 9 Waterloo Place</i>		
May.		<i>7361</i>	<i>125</i>			
June		<i>3814</i>	<i>125</i>			
July		<i>5560</i>	<i>125</i>			
Aug.		<i>7410</i>	<i>125</i>			
Sept.		<i>9285</i>	<i>125</i>			
Oct.		<i>11836</i>	<i>125</i>			
Nov.		<i>Retained in Canada.</i>				<i>Cancelled by A 3 M eff 11th Died Oct 22, 1916</i>
Dec.						
Jan.	1917					
Feb.						
March						
Apl.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						

NAME

Atkinson, J. H. (Lieut.)

DATE OF APPOINTMENT

29 Sep 14

MARRIED (YES OR NO)

Yes

NEXT OF KIN: - NAME

Mr J. H. Atkinson

ADDRESS

Sluopy Hollow, Sherbrooke, Que

DATE NON-EFFECTIVE

AND CAUSE

UNIT

5th City Bde. C.F.A. Res.

Monthly Emoluments 1 1/5
Pay 1100⁰⁰ p.a. for after 3 yrs.
F. Allow 60⁰⁰ p.d. C.I.F.
P.F.A 35⁰⁰ p.m (W.O.P.F.)
Messing 1⁰⁰ p.d.

ASSIGNED PAY: -

MONTHLY AMOUNT \$125⁰⁰

TO WHOM PAYABLE

Mrs Atkinson BR of practical Threadneedle St London

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

Bank of Montreal, 9 Waterloo Place, Ill.

1915-16

TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	S	DEC	PERIOD	No. OF DAYS	REGTL. RATE	PAY				RATE OF FIELD ALLOWANCE	ALLOWANCES				TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	SUNDY DEDUCTIONS	NET P. A.	PAID IN CASH	DEPOSITED IN BANK	CARRIED FORWARD	REMARKS
							AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT		TOTAL PAY	AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING								
				1915																			
				Apr 1	30	1100 ⁰⁰	91 66		15	106 66	60	18	35	47	100 00	206 66	175	81 66		81 66			Incl Liby.
				1/5	31		91 66		15 50	107 86	60	18 60	35	31	84 60	191 76	175	66 76		66 76			
				1/6	30		91 66		15	106 66	60	18	35	30	83	189 66	175	64 66		64 66			
				1/7	31	1100	91 66		15 50	107 16	60	18 60	35	31 00	84 60	191 76	125	66 76		66 76			
				1/8	31		91 66		15 50	104 16	60	18 60	35	31	84 60	191 46	125	35 26	31 50	35 26			*Refund Adjt's pay. Relinq. appl. 29/15. 30/15 to 31/15 @ 50 ⁰⁰ p.d.
				1/9	30		91 66			91 66	60	18	35	30	83	144 66	125	15 50	15 50	34 16	34 16	4.05	Overpaid Adjt's pay. August.
				1/10	31		91 66			91 66	60	18 60	35	31	84 60	176 26	125	51 26	51 26	180 26	180 26		
				1/11	30		91 66			91 66	60	18	35	30	83	144 66	125			49 66	49 66		
				1/12	31		91 66			91 66	60	18 60	35	31	84 60	176 26	125			51 26	51 26		
				1/16	31		91 66			91 66	60	18 60	35	31	84 60	176 26	175			51 76	51 76		
				1/2	29		91 66			91 66	60	17 40	35	29	81 40	143 06	175			48 06	48 06		
				1/3	31		91 66			91 66	60	18 60	35	31	84 60	176 26	175			51 26	51 26		

SUNDRY PAYMENTS

AMOUNT	DATE	CHEQUE No.	PARTICULARS	AMOUNT					REMARKS	
				\$	c.	£	s.	d.		
	1915									
	5 21	1436	Outp all.	100	00	20	10	11		
	Aug 5	3886	Credit of paid for attendance at King Ed VII. sanatorium less 28 days missing	40		8	4			
				76	63	3	8	4		

s. d.	REMARKS			
Net P. A.	Paid in Cash	Deposited in Bank	Carried Forward	
	REMARKS			

LAUNDRY PAYMENTS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary *M^{rs} J.A. Atkinson*
 Address *Bank of Montreal*
Threadneedle St
Canada
 Amount. \$ ~~125⁰⁰~~
 Separation Allowance issued. Yes or No.

NAME OF UNIT. *Res Bde C. 7A.*
 DATE AUTHORITY
Cancelled for 1¹/₆ Struck Off 2¹/₆ NO. 5841. CTD. 11¹/₁₆
Retained in Canada R.O. 75A. BTR. 10¹/₁₆

DATE AUTHORITY
 Rank *Lieut*

Name *Atkinson*
 Initials *J.A.*
 Bank *Bank of Montreal*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
------	-------------	---------	-----	-----	-----------------------------	---------	--	----------

<i>1916</i>								
<i>apl 25</i>	<i>A.P. Eng</i>	<i>977</i>		<i>125</i>				
<i>26</i>	<i>Pay apr</i>		<i>174 66</i>			<i>49 66</i>		
	<i>Bank</i>			<i>49 66</i>		0		
<i>may 20</i>	<i>A.P. Eng</i>			<i>125</i>				
<i>23</i>	<i>Pay may</i>		<i>176 26</i>			<i>51 26</i>		
	<i>Bank</i>			<i>51 26</i>		0		
<i>June 14</i>	<i>A.P. Eng</i>	<i>3814</i>		<i>125</i>				
<i>20</i>	<i>Pay June</i>		<i>174 66</i>			0		
	<i>Bank</i>	<i>3991</i>		<i>49 66</i>		0		
<i>July 20</i>	<i>A.P. Eng</i>	<i>5560</i>		<i>125</i>				
<i>21</i>	<i>Pay July</i>		<i>176 26</i>					
<i>26</i>	<i>Bank</i>	<i>5567</i>		<i>51 26</i>		0		
<i>Aug 21</i>	<i>Pay Aug</i>		<i>176 26</i>					
	<i>A.P. Eng</i>			<i>125</i>				
<i>25</i>	<i>Bank</i>	<i>1408</i>		<i>51 26</i>		0		
<i>Sept 14</i>	<i>A.P. Eng</i>			<i>125</i>				
<i>20</i>	<i>Pay Sept.</i>		<i>174 66</i>					
<i>25</i>	<i>Bank</i>			<i>49 66</i>		0		
<i>Oct 23</i>	<i>A.P. Eng</i>			<i>125</i>				
<i>28</i>	<i>Pay Oct</i>		<i>176 20</i>			<i>51 20</i>		
<i>Nov 22</i>	<i>Bal tfer to ban</i>	<i>No 4111</i>	<i>ban</i>	<i>51 26</i>				
	<i>Transpin to ban</i>	<i>No 3729</i>	<i>misc</i>	<i>15</i>				
	<i>Undercredited PTA.</i>			<i>06</i>				
<i>Jan.</i>	<i>Transp to refunded</i>			<i>15</i>				

APB to 31¹/₁₆ B.N. 51¹/₁₆
Photo. P.G. Redger
D 06 And APB rendered 23¹/₁₆
D 1506 showing bal. 36¹/₁₆
N. 15

From 210 to 13

ASSIGNED PAY. UNIT. BANK. NAME OF DATE AUTHORITY. NAME. DATE AUTHORITY. BANK. Name. Initials. Bank.

Amount. Separation Allowance issued. Yes or No. PARTICULARS. DATE.

ASSIGNED PAY PAID IN BALANCE. DR. CR. CK. NO. CANADA. SPECIAL AUTHORITIES. To be initialed by P.M. or equivalent. INITIAL.

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Handwritten notes and faint text at the bottom of the document.