

OFFICER'S
DISCHARGE DOCUMENTS

R. O. No.
H. Q. No.

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- 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.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Handwritten mark

Name BALL SIDNEY HASKELL

Regt. No. Rank Lieut

Corps Forestry

Died 17.9.18.



Handwritten notes:
19-1-20



Handwritten: AO-17-394

9-	20
9-	20
5-	20
1	

Handwritten:
M. F. W. 62.
1 Cas. bond
1 Bond
1 Reg. 18

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Unit: _____ Rank: _____ Name: Sidney Haskell BALL, PT
Lieut. MILITIA & DEFENCE

HA.M. 25.7-16

OFFICERS' DECLARATION PAPER

JUL 11 1916
H.Q. 21-26-4
CANADA

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

MILITARY DISTRICT No. 4
JUL 5 1916
M.D. 46-31-84

1. (a) What is your Surname? BALL,
- (b) What are your Christian Names? Sidney Haskell,
2. (a) Where were you born? (State place and country) Sherbrooke, P.Q.
- (b) What is your present address? 627 Carleton Avenue, Westmount, P.Q.
3. What is the date of your birth? Sept. 2nd, 1879
4. What is (a) the name of your next-of-kin? Isabel G. BALL
- (b) the address of your next-of-kin? 627 Carleton Avenue, Westmount, P.Q.
- (c) the relationship of your next-of-kin? Wife
5. What is your profession or occupation? Secretary-Jas. Shearer Co, Ltd.,
6. What is your religion? Unitarian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 58th Westmount Rifles
9. State particulars of any former Military Service. 2 yrs do
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Sidney Haskell
.....
(Signature of Officer.)

Taken on strength (place) Montreal, P.Q.
(date) July 3rd, 1916

James Robie
.....
(Signature of Commanding Officer) Lieut. Col.
c/o 244th "Overseas" Battalion, C. E. F.

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date July 3rd, 1916

Place Montreal, P.Q.

*Insert here "fit" or "unfit"

J. J. Rogers, Capt
.....
Medical Officer.

100-100000

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

NAME

1. What is your name?
2. What is your rank?
3. What is your service number?
4. What is your present address?
5. How long have you been in the service?
6. How long have you been in the Canadian Overseas Expeditionary Force?
7. How long have you been in the present position?
8. How long have you been in the present command?
9. How long have you been in the present theatre of operations?
10. How long have you been in the present unit?
11. How long have you been in the present position of command?
12. How long have you been in the present position of command in the present theatre of operations?
13. How long have you been in the present position of command in the present unit?
14. How long have you been in the present position of command in the present theatre of operations in the present unit?
15. How long have you been in the present position of command in the present theatre of operations in the present unit in the present position of command?

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

(Signature of Officer)

[Handwritten Signature]

(Signature of Commanding Officer)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer at the request of the Regulator of Army Medical Services
to the CANADIAN OVER-SEAS EXPEDITIONARY FORCE

[Faint text and markings at the bottom of the page]

Unit Forestry. Rank Lieut. Name Ball, S.H. *Original*

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Ball.
- (b) What are your Christian Names? Sidney Haskell.
2. (a) Where were you born? (State place and country) Sherbrooke, Que.
- (b) What is your present address? 627 Carleton Avenue, Westmount, Que.
3. What is the date of your birth? September 2nd, ¹⁸1879
4. What is (a) the name of your next-of-kin? Isabel, G. Ball.
- (b) the address of your next-of-kin? 627 Carleton Avenue, Westmount, Que.
- (c) the relationship of your next-of-kin? Wife.
5. What is your profession or occupation? Secretary, The James Shearer Co. Ltd.
6. What is your religion? Unitarian.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? 58th. Regt. Westmount Rifles.
9. State particulars of any former Military Service. 3 yrs. 58th. Regiment, 9 months. 244th Battalion.
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

S.H. Ball (Signature of Officer)

Taken on strength (place) Montreal, Que.

(date) 3rd. November, 1917

J.M.B. Garsnet Capt
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* Fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Jan 8 1918

Place CFC Base Depot L.H. Roberts Capt

Medical Officer.

*Insert here "fit" or "unfit"

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

Answer

1. What is your name and rank?
2. What is your service number?
3. What is your date of birth and place of birth?
4. What is your date of entry into the service and in what capacity?
5. What is your present position and duties?
6. What is your present station and location?
7. What is your present assignment and duties?
8. What is your present status (e.g., married, single, etc.)?
9. What is your present address and telephone number?
10. Are you willing to serve in the

John. J. ...
 100 ...
 100 ...

John J. ...
 100 ...

CERTIFICATE OF MEDICAL EXAMINATION

I have examined ...
 of the CANADIAN OVER-SEAS EXPEDITIONARY FORCE
 and find him to be fit for service.

Original

MEDICAL HISTORY SHEET

Surname Ball Christian Name Sidney Haskell

Examined { on 28th day of October 1917 at Montreal, Que. Standing Med. Bd. Approved by L.H. Roberts

Birthplace { City or Town Sherbrooke, Que. Rank capt. M.O. County Sherbrooke

Apparent age 24

Trade or occupation Secretary M.O.

Height 5 feet 8 Inches M.O.

Weight 158 lbs. M.O.

Chest measurement { Minimum 34 inches M.O.

{ Maximum expansion 37 inches M.O.

Physical development Good M.O.

Small-pox Marks no. M.O.

Vaccination Marks { Arm Right Left yes Date Result VACCINATIONS Number 3

When Vaccinated last Winter 1917 M.O.

(a) Marks indicating congenital peculiarities or previous disease nil M.O.

(b) Slight defects but not sufficient to cause rejection nil M.O.

ANTI-TYPHOID INOCULATIONS, ETC.

Jan 6 / 18 L.H. Roberts M.O.

Jan 11 / 18 L.H. Roberts M.O.

Jan 17 / 18 L.H. Roberts M.O.

Enlisted on 3 day of November 1917 at Montreal, Que.

Joined on enlistment

CORPS C.F.C. REG'TL NUMBER Lieut. HABITS DATE

Nov. 3rd 1917

Transferred to

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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.

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... Canadian Forestry Corps

(2) Regimental Number Lieutenant

(3) Full Name of Soldier... Sidney Haskell Ball

(4) Place of Birth Sherbrooke, Que.

(5) Are you married, or not? Yes.

(6) If married, state,
(a) Full name of your wife... Isabel Gilman Ball

(b) Present Postal Address... 627 Carleton Avenue,
Westmount, Que.

(7) Are you a widower? No

(8) Have you any children? Yes

If so, give number of boys and girls... 3 boys.

Also their names and ages... William Lee Ball, 9 years.

Sidney Shearer Ball 8 "

Albert Ransome Ball 3 "

(9) Is your Father alive?..... Yes.....

If so, state name and address W. L. Ball, 155 Wellington Crescent, Winnipeg, Man.

(10) Is your Mother alive?..... No.....

If so, state name and address.....

(11) If your Mother is a widow..... No.....

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?..... Yes.....

If so, in what Company?..... New York Life, Canada Life.....

Have you made arrangements for payment of your Insurance premium..... Yes.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

.....
Officer Commanding.

Date.....

FORM OF WILL.

I, Sidney Haskell Ball (Name in full)

Regimental Number Lieutenant serving in Can. Forestry Corps.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

DEPT. MILITIA & DEFENCE
DEC 23 1917
H.Q. 649-1-56
CANADA

I bequeath all my real estate unto

Isabel Gilman Ball

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Will in safety deposit box
Canadian Bank of Commerce
Crescent St. Branch
Montreal, Q.

Name and Address of person or persons to receive personal estate* (See note).

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this fourth day of December A. D. 191 7

Sidney Haskell Ball Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Harry Stubbs Supt

Address of Witness No. 4. Montreal que.

Occupation of Witness Supt. C. E. F.

Signature of Second Witness A. MacDuff

Address of Witness 121 Bishop Street Montreal

Occupation of Witness Lieut.

FORM OF WILL

I, John Doe, of the County of Alameda, State of California, do hereby certify that I am of legal age and sound mind and do hereby declare that I am making this will.

I bequeath the real estate unto

John Doe
of the County of Alameda, State of California
to have and to hold unto the said John Doe

and my personal estate I bequeath to

John Doe
of the County of Alameda, State of California
to have and to hold unto the said John Doe

Witness my hand and seal of office this 1st day of January 1919
at San Francisco, California.

Notary Public for California

Witness my hand and seal of office this 1st day of January 1919
at San Francisco, California.

Signature of Testator
Signature of Witness
Signature of Witness
Signature of Witness
Signature of Witness

3-11-17

Separation and Assigned Pay Branch

B

1189

OVERSEAS CONTINGENTS

1691

RATE OF SEPARATION ALLOWANCE

30			
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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Rank *Lieut* Promoted Reverted Discharge

Soldier's Name *Sidney Haskell Ball*

Battalion *Forestry M D # 4*

Beneficiary *Isabel Gilman Ball*

Relationship *Wife No. 74-2554 30-7-18 OK 16/1/19.*

Address *627 Carleton Ave Westmount Que*

Name

Address

Change of Address

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918					
Jan	U 67535	60		60	mailed 9/1/18
	U 82649	60	-	60	23/2-3-18 \$60.00
		120		120	Jan to recover opmt. of \$28.00 when in 199th Bn. Struck off strength of 199th Bn, 2-4-17. Paid to 30-4-17. C.T-18.
Apr. 4	8578	30	-	30	
May 9	10612	30	-	30	
June 13	18945	30	-	30	
July 9	31976	30	-	30	
Aug. 11	34584	30	-	30	
				270	
Sept 2	6040	30		30	U 4166
Oct					

788-8-9

Refund of \$28. requested. 831-5-18

S.A. ac. closed 31-8-18. as per abstract in above file. M.R.O. issued 9/8.

Account reopened without loss of time auth. abstract in above file. M.R.O. issued 17/8.

KILLED IN ACTION }
 DIED OF WOUNDS } DATE... 14/9/18
 C. L. No. 308. DATE... 21/9/18
 M. R. O. 15/12 TO DESTROY RENDERED... 26/9/18
 B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE
 26/9/18
 CLERK J. H. Brown DATE 26/9/18

L. 6040 mailed 24/18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
FORM 6-7-1772-39-1141
L. L. 2330-M. & D. 1962.

*No
acc*

Register No. *DB 1288*

*E
J.H.*

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No.

788-S-3

29

BALL

see S-9

Reg't No. Name *Sidney Haskell* *Bolt*
(Christian Name) (Surname)

Unit *H. Q. Can 700 Coy* Rank *Lieut* Date of enlistment

Date of casualty *12-9-18* B.P.C. File No. *48720*

Was service performed overseas? *yes*

DEPENDENT

Name *Mrs Isabel G. Ball* Relationship *widow*

Address *627 Carleton Ave,
Montreal*

Amount of Special Pension Bonus \$ *120.00* Abstracted by *a. m. mather*

M.F.W. 2652
25M-6-30.
H.Q. 1772-39-1473

Eligible for Gratuity \$ *240.00*

Less amount of Special Pension Bonus paid \$ *120.00*

Less Debit Balance of S, A. or A.P. \$ *✓*

Total deductions \$ *120.00*

Balance due \$ *120.00*

Cheque No. *9-1899377* Date issued *AUG - 6 1920*

Clerk *W Mitchell*

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

Audited by
Keit
Date *4/3/20*

120.00

86

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. 53061—M. & D. 0721

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:

SEPARATION ALLOWANCE

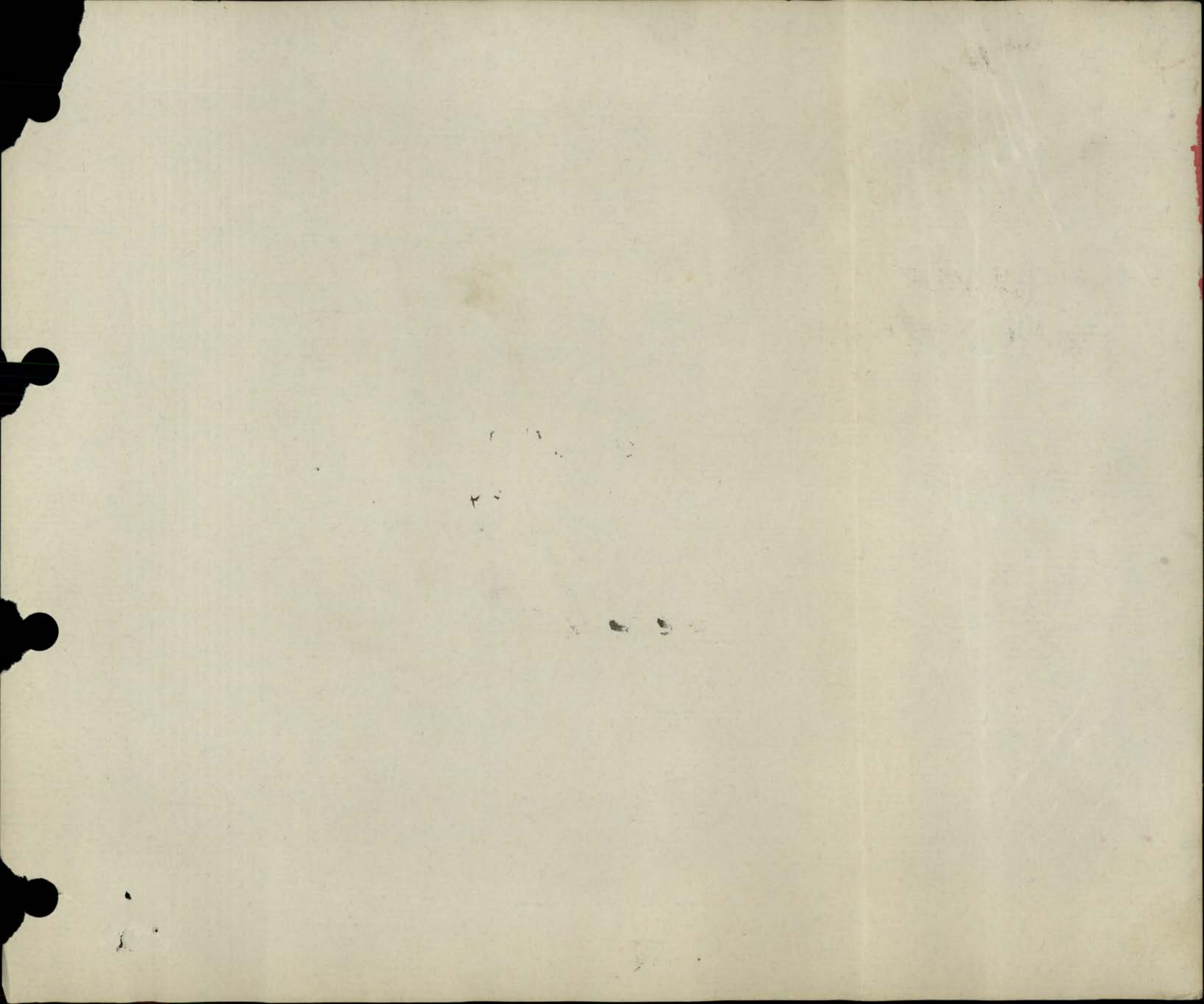
3 ⁴/₁₆

Name Isabel G. Ball Name of Soldier Ball Sidney H.
 Address 624 Caulerton Ave Regtl. No.
Westmount Rank Lieut.
Que. Corps 199th Batt.
 Relation to Soldier }
 wife, child or mother } Wife
 To what Corps belonging }
 when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June	1916			
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.				
Feb.				
March				

ACCOUNT CLOSED
 DATE..... PER..... W-



SEPARATION ALLOWANCE

50m.-4-16.
1772-39-818.

Sheet No. 2.

J. G. Ball

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier

Ball S. H.

L. L. Job 310.—Req. 6574.

Lieut.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>J 10774</i>	<i>38</i>	<i>38</i>
Sept.		<i>L 15227</i>	<i>30</i>	<i>30</i>
Oct.		<i>L 18603</i>	<i>30</i>	<i>30</i>
Nov.		<i>M 21891</i>	<i>30</i>	<i>30</i>
Dec.		<i>K 20776</i>	<i>30</i>	<i>30</i>
Jan.	1917	<i>K 27242</i>	<i>30</i>	<i>30</i>
Feb.		<i>K 30482</i>	<i>30</i>	<i>30</i>
March		<i>K 33709</i>	<i>30</i>	<i>30</i>
April		<i>L 125</i>	<i>30</i>	<i>30</i>
May		<i>L 3197</i>	<i>30</i>	<i>30</i>
June				<i>30</i>
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

30s
↑

*L. 3197 has fac
Shower off 2/4/17 - 332.135.65 658*

Return 28⁰⁰ overpaid requests.

16/5/17 Tommy

ACCOUNT CLOSED
DATE.....PER. *W*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

9.
2/16

Surname BALL

Christian Names Sidney Haskell.

Rank Lieut.

Name and Address of Next-of-Kin

Promotion

Isabel G. Ball. (Wife)

627 Carleton Ave. Westmount, Que.

Unit Can. For Corps.

Place of birth Sherbrooke, Que.

Married (Yes or No) Yes.

Appointments

Date of leaving Canada 19.12.17.

Date and Cause of Resignation

M



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				
18.1.18.	B.D.C.F.C.	T.O.I. on reporting from Canada		18.12.17.	Pt. II 0.16.
22.1.18	do	Cases to be att'd on posting to France		21.1.18.	Pt. II 0.19 - Canceled by Pt. II 0.20
23.1.18.	B.D.C.F.C.	T.O.I. on posting to C.F.C. France		21.1.18.	Pt. II 0.20
31.1.18.	Hq. C.F.C. (Field)	T.O.I. on arrival in France		21.1.18.	Pt. II 0.4.
11.7.18.	A.M.S.	Graded for pay as a Staff Lieut. to D.T.O. France		1.4.18.	A.C. 238 LG 308.6 d/27.7.18.
13.9.18.	A.M.S.	Admitted 20 General Hospital Camiers		11.9.18	CL 1085 Influenza Pleurisy etc
18.9.18	A.M.S.	"Died" (Previously reported Seriously ill) 20 Gen Hosp, Camiers		17.9.18	CL 1086 "Seriously Ill" Pneumonia CL 1089 (Pneumonia)
19.9.18.	Hq. C.F.C. Field	Evacuated from Unit on being admitted to No 20 Gen. Hosp.		10.9.18	Pt. II 728
19.9.18	-do-	S.O.B. and Establishment "Died" (Pneumonia)		17.9.18	Pt. II 728

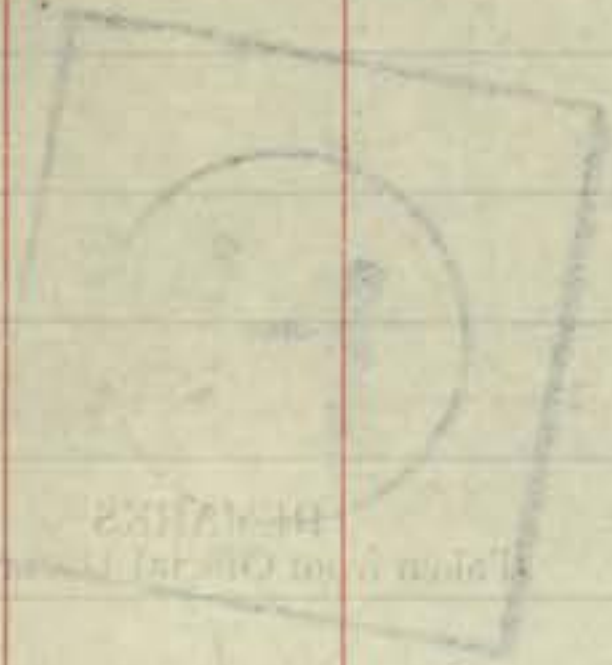
A.F.B. 108.
30 JAN. 1918

A.F.B. 103

St. J. B. 104-93. 2050 9/18 NOV. 1918
to station. 4-12-18.

8678

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				



CERTIFIED CORRECT
 7 NOV 1918
 CASUALTY RECORD OFFICE

Fill in only.—Unit, Number, Rank and Name.

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Forestry Operations
 Regimental No. _____ Rank Lieut Name Sidney Haskell Ball
 C. E. F. _____
 Enlisted (a) 2/1/17 Terms of Service (a) War Service reckons from (a) 2/1/17
 Date of promotion to present rank _____ Date of appointment to lance rank _____ Numerical position on roll of N. C. Os. 19/12/17
 Extended _____ Re-engaged _____ Qualification (b) Military Capt.
Military
Signalling

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
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		Embarked on "Missanabie" at St. John N.B. Dec. 19 th 1917 Disembarked at Glasgow Scot. Dec. 31 st 1917 <u>attached</u> <u>O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale</u>							
10-1-18			31-12-17	Pt. 11 D.O.					
12-1-18	O.C. C.F.C.	Ceases to be attached to Base depot C.F.C. & is S.O.S. on repatriation from Canada	S/date	18-12-17	D.O. Pt. 11. 16.				
22-1-18	"	S.O.S. Base Depot C.F.C. on posting to C.F.C. Lance.	"	21-1-18	Pt. 11. D.O. 19.				
22-1-1918		Disembarked Boulogne and taken on strength H.Q., 676. on arrival in France		21-1-18	Leaving Return 4304 Was Officer Letter 121/Drafts/9590 a S. 4-a of 18-1-18 file No 22901 P.H.O. no 2 of 31-1-1918				
27-7-1918	London Gazette	Graded for purposes of Pay as Staff Lieut 1st Class		1-4-1918	30816 P.H.O. no 25 of 19-8-1918				
14-9-1918	H.Q. C.F.C.	ns. (evacuated from unit) To 20 km camp		10-9-1918	B213 P.H.O. no 28 of 10-9-1918				
18-9-1918	D.T.O.	Died Pneumonia		17-9-1918	KATeligram T18040 P.H.O. no 28 of 17-9-1918				



(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.
 [P.T.O.]

Surname. Christian Name.
 BALL S. H.
 Rank. Unit.
 Lieut. H.Qs. C.F.C. Field.

Date of admission.
 No.20 General Hospital, Camiers 11-9-18
 Hospital.

Transferred Hosp.
 Hosp.
 Hosp.
 Hosp.

Diagnosis. Influenza Pleurisy slt.
 Seriously ill: 15-9-18.
 Pneumonia. Lobar. **DIED: -17-9-18.**
 Later diagnosis.

Disposition. Date.
 13-9-18 1085
 14-9-18 1086.
 18-9-18 1089.

C.L. Remarks.
 C.L.
 C.L.
 C.L.
 C.L.
 C.L.
 C.L.
 C.L.

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

Surname

Christian Name

Reg. No.

Rank

Unit

MEDICAL BOARD held at

Date

Serial No.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

A.G. 10425-5M.

6055-8-12-17.

FRANCE

Name BALL S. H.

File No. F. B-1655

Regt. No. _____

Rank Lieut

Unit C. F. C.

Ref F. H. 87 P 30

Sent to W.O. 11-7-18

List No. 235.106

Action taken Graded for pay as Staff Lieut ^{1st class} to D.T.O. France.

Effective 1-4-18

Gazetted date 27.7.18

No. 30816

Page 8958

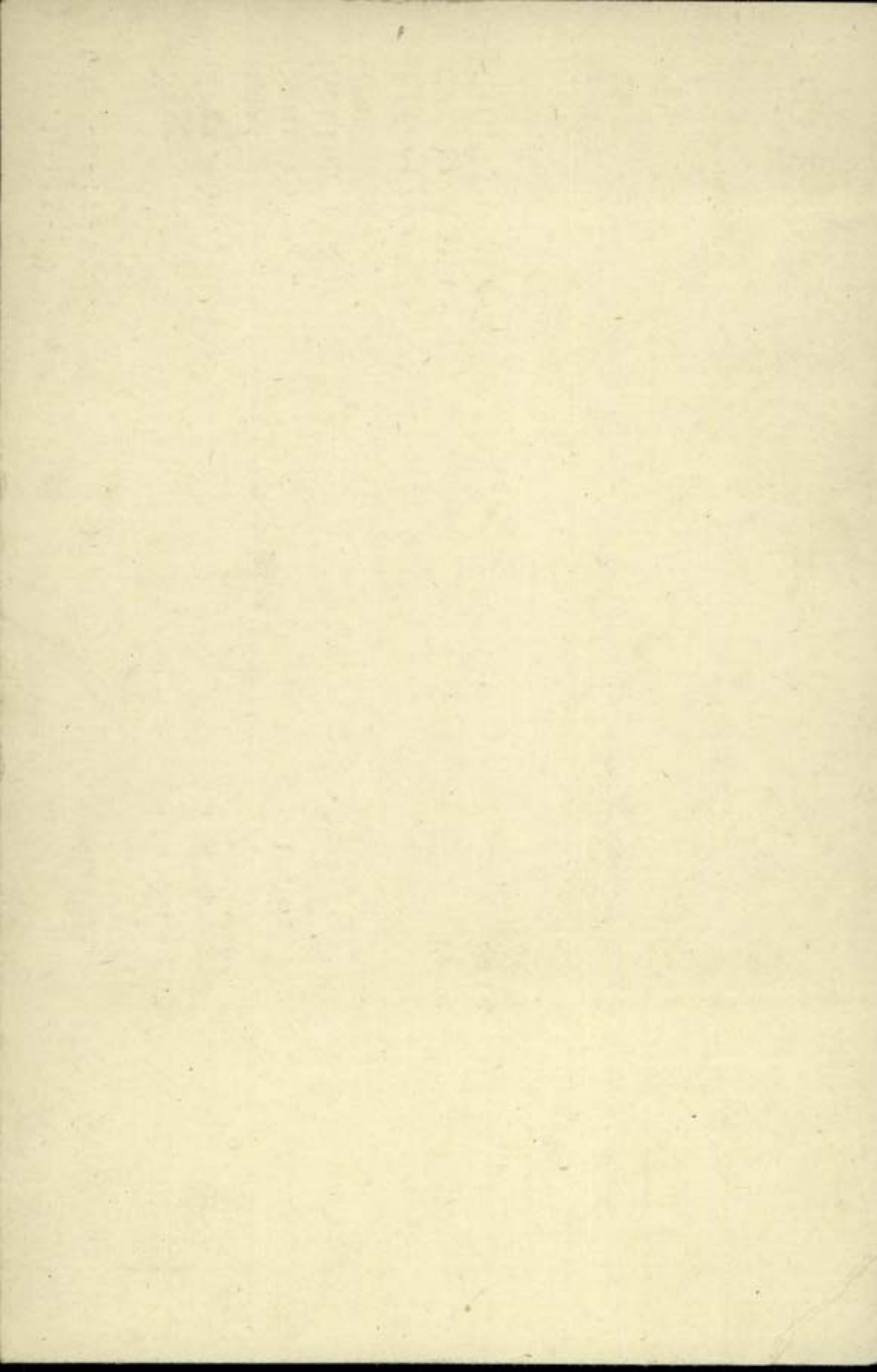
G.O.G. Orders _____

No. _____

Date _____

Checked by _____

Date _____



NAME

Ball, Sidney Haskell

REGT'L. No.

H. Q. FILE No. 649

RANK AND CORPS

Lieut & H. Q. Cannon Corps

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

Mrs. Mrs. Isabel G. Ball (wife) 627 Carleton Ave, Westmount
Montreal, P. Q.

¹⁻²
O 1302 16-9-18 sev. ill sept 14th / 18 ✓

³⁻⁴
O 1308 17-9-18 sev ill 20 Gen. H. Dannes Camille

Sept 15th / 18. Pneumonia ✓

¹³
O 1328 19-9-18 d. of Pneumonia sept 17th / 18 ✓

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
1085.	20 Genl Cumiers	11-9-18	Influenza, Pleurisy & pt
1086	" " "	15-9-18	Pneumonia - serill
1089.	" " "	17-9-18	Died (Prev. rept. serill) Lobar Pneumonia

BALL, Sidney Haskill, Lieut. H.Q. C.F.C. Fla. ✓

MEDALS & DECORATIONS Mrs. Isabel Gilman Ball (Widow)
627 Carlton Ave., Westmount, P.Q.

PLAQUE & Widow, as above.

SCROLL

Serial No 781675

CROSS OF SACRIFICE

Widow, as above.

Disp. 10²/w C1441

Scroll Disp. FEB 17 1921 Reqd. No. 2-20753

Plaque Disp. JAN 16 1922 can No. PA 4000

Handwritten signature or name in cursive script, possibly reading "J. J. [unclear]".

b. D 7/9/18

332-135-65

CARD NO.

SURNAME. Ball

(over)

SOS. 2-4-17. 160 98-6-17
FOLL. 247
m

CHRISTIAN NAMES Sidney, Haskell.

REGL. NO.

RANK Lieut.

UNIT ~~244th~~ Can Forestry Corps J.O.S 21-12-17 Bn.

FORMER CORPS 58th. Westmount Rifles

Montreal, P. Q.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Ball, Mrs. Isabel. B.

RELATIONSHIP TO SOLDIER Wife.

ADDRESS 627 Carleton Ave. Westmount
Montreal, P. Q.

COUNTRY OF BIRTH Canada. Sherbrooke, P. Q. DATE Sept. 2nd. 1879

PLACE OF ATTESTATION

DATE

09/28/17. 09/21/17. 301
7

Sailed from Halifax Nov. 5. Lapland 28-3-19. (arrived 4.9. 332-13)
Truck of strength of *E. F. with effect from*
MARRIED *yes.* **SINGLE** **WIDOWER** *2 April-17.*

TRADE OR CALLING *Secretary.* **RELIGION** *Unitarian*

DESCRIPTION.

APPARENT AGE	YEARS	MONTHS	
HEIGHT	FEET	INCHES	
CHEST MEASUREMENT	INCHES	EXPANSION	INCHES
COMPLEXION	EYES	HAIR	
DISTINGUISHING MARKS			

MEDICAL EXAMINATION. **PLACE** *Montreal, P. Q.* **DATE** *July 3rd. 1916.*

*Present Address. 627 Carleton Ave. Westmount
Montreal, P. Q.*

Name BALL Rank Lieut.

Reg. No. 9 B 1611

Unit ^{Sidney} ~~244th Can. Hq. C.F.C.G.H.Q.~~ ^{Haskell} 2nd Echelon ^{Hy. C.F.C. Fed.}Next of Kin ^{Canada}

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
.1918						
11-9	20 Gen. Hosp. Camiers (WO)			1085		
		Influenza Pleurisy				1308
15-9	<u>Seriously Ill</u>	(P.W.O.) Pneumonia		1086		1302
17-9	Repk Base K A ?					
	<u>Dred</u>					
		Robert Pneumonia		1089		1323 19/9

No.

RANK

Lieut.

NAME

Ball. L.

H.

T. O. S. 3-7-16

UNIT 244th Battalion C. E. A.

100170/15-7-16

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
July 3	July 31	✓		
Aug		✓		
Sept		✓		
Oct		✓		
Nov.		✓		
Dec		✓		
1917	1917			
Jan.		✓		
Feb.		✓		
Mar.		✓		
Mar 23	Apr. 21	✓	Left behind when unit proc. to appear. Struck off strength so 70	

111

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

B
7

Number.....

Rank

LIEUT.....

Surname

B. A. H. W.

Christian Name

SIDNEY HASKEH.....

Unit.....

Theatre of War

FRANCE ^{2/1/18}

Date of Service!

D

Remarks.....

Widow

67c.

Latest Address

Mrs. Isabel Gilman Ball

627- Carlton Ave.....

Roll No.

"B" Page 4955

Westmount
P.Q.

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY .

No.

DATE

422879 dsp

RAY 2 3 192

*Estate Br. file 2-253
to Canada 27/19*

Paid under Class 4 Rates

*9-B-1921
Dfr 307*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

DATE AUTHORITY

Name

Initials

Bank

Ratio
LTC. Pay 2⁰⁰ 3⁰⁰ 7⁵⁰
H.C.F.C. France Aug 1⁰⁰ 4⁰⁰ 7⁵⁰
to Canada
Lieut
31¹²/₁₇ aka 21¹/₁
4⁷/₁₈
Tr Can. Can
14¹⁸ 985.238. 2111¹⁸ Feb 9.
1921. No. 5774.

(1819 Sheet 1)
Name **Ball**
Initials **Sidney Haskell**
Bank **Commerce**
Chowards

*Died 14⁹/₁₈ b. L. 1089 4/18⁹/₁₈ Staff Lieut. class 1. No 5774.
Graded for purposes of pay as Staff Lieut. class 1. No 5774.*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918				440-10				
Apr 19	Pay R		108					
23	Bank 953			108				
May 8	*78.70 previously credited in error auth L.P. for Jan No. 110			78 70				
10	b ^{al} 78.70 Cr in Error. received Officer's personal ch ^q P 26333 for 163.5 No 110			78 70				
14	Pay R		111 60					
22	Bank 2486			111 60				
June 18	June Pay. (R)		108					
22	Bank 4059			108				
July 12	July Pay R		147 25					
20	Differs bet rd rates for 1 ¹⁸ 30 ¹⁸ 91 days @ 1 ⁵ to 5774.			104 65			To Ledger for L. 26 to 5774.	
20	Bank 6179			104 65		Cr 147 25		
23	Bal July Pay			147 25				
Aug 20	Pay Aug (R)		147 25					
22	Bank 7031			147 25				
Sept 18	Pay Sept (R)		142 50					
24	Bank			142 50		Cr 142 50		
Oct 18	Cash in Off. recd for C.S.B. P.M. 89 ⁶⁰ for list 9 Oct No 65		15 99			158 49		
Nov 21	Adjst FA for 12 ⁹ / ₁₈ - 30 ⁹ / ₁₈			4 60				
Nov 22	C.I.E. List 22 Nov	No 83	92 95			Cr 251 44		
Dec 19	C.I.E. List 15 Dec	No 7	34 15			285 59		
1919	Amt recd for C.S.B. P.M. for credit					Cr 358 59		
Apr 24	of the deceased officer being refund of loan to Sgt Coons. Feb 10 apr	No 2422	73					
June 24	Cr Bal trans to Ctt List 125 June No 1306			358 59				
				1166 85				

*Pat. Cease
Lies to N.C. Ledger
23/9/18 No deposit
Transferred from Lt to /28.
7¹⁰/₁₉
Statement rendered 21⁵/₁₉
Cr Bal 358.59
Dist form to Actg 13th 30⁵/₁₉*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Name

Initials

Bank

Amount. \$

Separation Allowance issued. Yes or No.....

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

9-13-1921
Sgt-307

NAME OF UNIT DATE AUTHORITY

C. F. C. ^{Pay} 7a 60
mess 3.60

DATE

AUTHORITY

Lieut. ✓ 31 ¹²/₁₇ ✓ A.G. 21-1-1
d/ 14-1-18

Beneficiary

Address

Name

Initials

Bank

Ball ✓

Sidney, Haskell

C. B. of Commerce
& Lombard St

Amount. \$

Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918								
Jan 22	P. & A. @ rates 1817-3118 ¹² / ₁₇ mess	16517	149					
22	Dep in Bank	34310		22410		7840		
22	fr Bal from Can	319	7870					
24	Outfit Allee	12612					£20-10-11 \$100 ⁰⁰	
Feb 15	PayR		10080					
21		40789		10080				
Mar 20	PayR		11160					
21		42429		11160				
		42548						
				44010				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary
Address

Name
Initials
Bank

Amount. \$

Separation Allowance issued. Yes or No.....

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS