5181

A

ORIGINAL.

ATTESTATION PAPER.

No. 52

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Llewellyn Jackson
2. In what Town, Township or Parish, and in what Country were you born? Leeds Yorkshire England
3. What is the name of your next-of-kin? Lilly Jackson Mother
4. What is the address of your next-of-kin? 681 Seventh Ave, Rosemount.
5. What is the date of your birth? March 14th 1893
6. What is your Trade or Calling? Machinist
7. Are you married? no.
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Do you now belong to the Active Militia? no.
10. Have you ever served in any Military Force? no.
    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

Llewellyn Jackson (Signature of Man).

J Murray (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Llewellyn Jackson, do solemnly declare that the above answers made by me to the above questions 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.

Llewellyn Jackson (Signature of Recruit)

Date FEB 3 1915 1914. J Murray (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Llewellyn Jackson, 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.

Llewellyn Jackson (Signature of Recruit)

Date FEB 3 1915 1914. J Murray (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 Montreal this 3rd day of February 1914.

Chas A Smart Colonel (Signature of Justice)
Justice of the Peace

I certify that the above is a true copy of the Attestation of the above-named Recruit.

H J Pitts Lieut (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

Description of Llewellyn Jackson on Enlistment.

Apparent Age 21 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9½ ins.

Chest measurement:
- Girth when fully expanded 36 ins.
- Range of expansion 6 ins.

Complexion Fair

Eyes Blue

Hair Light Brown

Religious denominations:
- Church of England yes
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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).

Pock mark on centre of forehead

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 July 3 1915

Place Montreal

[illegible] 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.

L. Jackson 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)

G H Blake Lt. Colonel
O. C., 5th CANADIAN MOUNTED RIFLES

Date Feb. 3rd 1915

B.P. 2/1.R

S

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.....

A.2B/78-1.

Pass Card

R.22

Pay Card

M.F.W. 62.
50M.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

H

M

Name JACKSON, LLEWELLYN.

Regt. No. 10266. Rank Pte.

Corps 5th R. W. R.

Died of wounds 18.9.16

Mer 14/2

01005

H

M L 7720

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Jackson	L.	110266

Rank	Unit	Co.	Troop	Batty
Pte.	5th L. N.R.			

Hospital: #3 Gen. Hosp. Boulogne — Date of Admission: 4.6.16.

Transferred #1 Base depot do — Hosp. 7.6.16

Hosp.

Hosp.

Hosp.

Diagnosis: S.W. Leg. slt.

(1)

Later Diagnosis (if changed): G.S.W. Head

(2)

(3)

Additional Diagnosis: if more than one state present

Died of Wounds 18.9.16

DISPOSITION

	Base details	18.6.16
b. L.	13.6.16.	A142
"	15.6.16.	A143
"	26.6.16.	A152
Ch.	29.9.16	Q215

REMARKS

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

W41

EPITOME OF HOSPITAL TREATMENT.

Hospital	Adm.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

No. 35 RANK Pte. NAME Jackson, Llewellyn,
5181 april paylist

T. O. S. 3-2-15 UNIT 5th. Canadian Mounted Rifles
april paylist

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Feb. 2.	Feb. 28.	✓		
Mar		✓		
april		✓		
May		✓		
June		✓		
July		✓		

UNIT SAILED
JUL 18 1915

Number 110266 Rank Pte.

Surname JACKSON

Christian Name Llewellyn

Units 5th C.M.R. Theatre of War France

Date of Service 24-10-15 D

Remarks (M) Mrs. Lilly Jackson,

Latest Address Preparatory School,
Bishops College School,
Lennoxville, Que.

Roll No. B

200m.-2-21.M. Page 13617

RECD AUG 26 1922
REGN. NO. 3489

R. 149.

Name JACKSON, Llewellyn. *Rank* Private *Reg. No.* 110266

Unit 5th C.M.R.

Next of Kin Canada.

R.L-25-J-472.

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916 Jun	4	No.3.Can.Gen.Hosp.	B'lgne.	S.W.Leg, Slt.	A142	M7961.	
"	7.	Convalescent Depot	Do.	Do	A143.	10/6 20/6/16	
"	18.	Base Details.		Do	A152.		
Sept	18	O.C. No 49 C.C.S. reports		S.W. Head	215	1706.	
		Died of Wounds					
		Cf W.O. Tel. P. 31671.					

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

Elig. for 1914-15 Star - 5th C.M.R. Pte. A.A.Q

JACKSON, L. Pte. 110266 5th C.M.R.

Medals & Decorations) Mother Mrs. Lilly Jackson
Preparatory School
Bishops College School
Lennoxville, Que.

P. & S. Father, W.R. Jackson,
c/o Above address
(Serial no. 767627.)

C. of S. Mother, as abovd.

Desp. SEP 15 1920 (m) C22775

U

JAN 18 1921
Scroll Desp. Reqn. No Z 10893
Plague Desp. 13.8.21 Reqn. No B2326

M B - 327
32 ✱

(649 — J — 1092)

CARD NO. D

FOLL.

SURNAME. Jackson.

CHRISTIAN NAMES Llewellyn.

REGL. No. 110266. RANK Pte

UNIT 5th C.M.R.

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Jackson Lilly

RELATIONSHIP TO SOLDIER Mother.

ADDRESS ~~c/o W. H. Rawling, 1997 Bordeaux St.~~ c/o Mrs. Ross, 4821 Western Ave., Westmount, Montreal. P. Q. (S.a.a.P. 18/5/16)

COUNTRY OF BIRTH England. Leeds. Yorks. DATE

PLACE OF ATTESTATION Montreal. P. Q. DATE 3rd. Feb. 1915.

O/S 14-7-15. 156/5.

L. L. 90589.—M. & D. 6312.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

R.

REGT'L. No 110266

NAME Jackson Llewellyn

H. Q. FILE No. 649-

RANK AND CORPS Pte 5th L. M. R.

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
		G.
M. 7961	13-6-16.	Adm: No. 3 Gen. Hosp. Boulogne June 4th (wounded left leg.)
01706	28-9-16.	Died of wounds 49 Casualty Clearing Stat. Sept 18th 1916 (GSW head)
a7B2090	2-10-16.	Died of wounds received in action Sept 18th France or Belgium 1916.

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 1772-39 853.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A142	No 3. Can. Gen. Boulogne	4-6-16	S.W. Leg Slr.
A143	" No. 1 Conv. Depot "	7-6-16	S.W. Leg. slight
A152	Base Details	18-6-16	S.W. Leg Slr.
9215	O.C No 44 Cas Clear. Stat Reports	18-9-16.	GSW Head Died of wounds

A

MEDICAL HISTORY SHEET.

Surname Jackson *Christian Name* F.L.

Examined { on 25th. day of May 1915
at Sherbrooke, P.Q.

Birthplace { City or Town Leeds
County England

Apparent age 22 years

Trade or occupation Mechanic

Height 5 Feet 9 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 31 1/2 inches.
Maximum expansion 36 inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number 2 on left arm

Vision 5/5

When Vaccinated last

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Tendancy to flat feet.

Slight varicocele.

Approved by J. R. Goodall

Rank Capt. M.O.

Date	Fit or Unfit	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
2-7-15.		Capt. J. R. Goodall M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
17-5-15		Capt. J. R. Goodall M.O.
26-5-15		" " " " M.O.
12-6-15.		" " " " M.O.

Enlisted on 3rd. *day of* February 1915 *at* Montreal

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	5th. C.M.R.	110266		
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.

M. F. B. 313.
100M.—1-15.
H. Q. 1772-39-439.

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Jacksonville	Zanzibar	8	JUL	26				Lymphadenitis of left leg.	3 on left arm	Regimental	
Sgt.	22 years							Lymphadenitis.			
Sgt.	Mombasa										
Sgt.	Zanzibar										
Sgt.	Mombasa										
Sgt.	Uganda										
Sgt.	Shrewsbury. E.C.										
Sgt.	Mar										
Sgt.	6										
Jacksonville											
Jacksonville											

(641)—Wt. W1751-1403.—500,000.—5-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 5th Canadian Mounted Rifles

Regimental No. 110266 Rank Pte Name Jackson, Llewellyn

Enlisted (a) 3.2.15 Terms of Service (a) Duration of war Service reckons from (a) 3.2.15

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				
			LANDED IN FRANCE 24.10.15.		
12.6.16	3 C.C.S.	S.W. Knee adm to	3 C.C.S. A.T. 10	3/6/16 3/6/16	A36. 6/6/16 D.C.S
17.6.16.	3.6 Gen	- - adm	3.6 Gen	4/6/16	W3034.
"	"	" to	England	7/6/16	W3034.
18.6.16	1.6 Gen	W. Knee to	London	7/6/16	W3034
24.6.16	BBD.	Left BBD for Unit	Field	26/6/16	AR/BBD/Casualty/24/6/16 DBS 147
23.6.16	do	Taken on Str. "A"	BBD.	23/6/16	AR BBD. DBS 147
3.6.16.	10 bt A.	S.W. Knee Adm strength to	bbs.	3/6/16.	A.36 DBS. 145.
18.6.16.	1 Gen Dep.	Sick. Disch to	Base detachs	18/6/16	W3034
20.9.16	49 bbs.	Died of Wounds rec'd in Action	49 bbs.	18/9/16	Report d 20/9/16. KD 134/1376 d 22/9/16. DBS. 169 d 30/9/16 Pte. 49 d 2/10/16.

(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.

[P.T.O.

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				
					B Johnston Lieutenant for Lt Col. A. A. G.

E

Rank | Name JACKSON, Llewellyn | Reg'l No. 110266 R—122.

Unit 5th C.M.R. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Montreal, 3rd Feb., 1915. | Place of Birth England.

Name and Address, Next-of-Kin Lilly Jackson, 681 Seventh Ave., Rosemount, Montreal, Canada. | Relationship Mother.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

Report Date	Report From whom received	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
21.5.15	OC 5th	Forfeit 1 days' pay AWL	Sherbrooke	21/5/15	Pt II DO. 41
		Embarked, France.		24 OCT 1915	
13.6.16	5 Cmd	H3 Can Gen Hosp	Boulogne	4/6/16	Cl A 142. Str leg slt-ow 30
14.6.16	do	No 1 Cont. Depot	do	7.6.16	do 143 do
26.6.16	—	Base details	—	18/6/16	— 152.
29.9.16.	—	Died of wounds.	Field.	18.9.16.	C.L.A. 215. G.S.W. head. ow.
2.10.16.	—	Died of wounds.	Field.	18.9.16.	Pt II. O. 49

RL-J-472

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					

42013 THE MORTIMER SYSTEMS, OTTAWA, CANADA

Mrs L Jackson
c/o Mrs Ross
4821 Western avenue
Westmount Montreal

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MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs L Jackson

Address ~~681 7th Ave Westmount~~ Montreal Que

~~Robert Rawlings 1997 Bordeaux St.~~

Rate 10.00 AUG 1 1915

By Whom Assigned Jackson L.

Regtl. No. 110266

Rank Sgt

Corps A Squd 5th C.M.R

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Stop payments Nov 1/16
Sept.				"Died of wounds"
Oct.				3 M. 8 (2) /16 - J.1. 10"/16.
Nov.				
Dec.				Casualties
Jan.	1915			
Feb.				
March				Died of wounds Sept. 18/16 C.L.(4) 29/9/16 N.T.G.
Apl.				
May				
June				This Chq. cancelled
July				Issue no more Cheques till Pay's advice
Aug.	Cancelled.	~~M 5078~~	~~10~~	
Sept.		L 1779	20 -	Make Sep Cheque $20.00
Oct.		L 2783	10	
Nov.		Q 9397	10	
Dec.		P 10816	10	
Jan.	1916	Q 13372	10	
Feb.		Q 13789	10 -	
March		W 14280	10 -	

70

M. F. W. 12a.
60m.—12-15.
1772—39—819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. Mrs. L. Jackson PAYMENTS.

L. L. Job 89002.—Req. 6213.

Name of Soldier Jackson, L. Pte. 5th C. M. R. A. Sqdn.

$10.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	W909	10	
May		X4618	10	
June		Y7855	10	
July		O10810	10	
Aug.		U14861	10	
Sept.		X17967	10	
Oct.			10.00	Oct chq 10.00 to adj.
Nov.		X27323	10	Acct closed Nov. 1/16 - JC
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Sec Reg. 13-11-16.

Account closed bas.

150. E.Y.X. A&B 18/4/17.

MILITIA AND DEFENCE

ASSIGNED PAY

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.				

Rank | Name JACKSON, Llewellyn | Reg'l No. 110266 | P-56

Unit 5th C.M.R. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Montreal, 3rd Feb., 1915. | Place of Birth England.

Name and Address, Next-of-Kin Lilly Jackson, 681 Seventh Ave., Rosemount, Montreal, Canada. | Relationship Mother.

Assigned Pay Monthly $ 10.00 | Payable to Next-of-Kin. | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place 18-9-16 | Reason ~~D.S.~~ Ofwdo | Character CLA 2nd 29-9-16

PAY OFFICE BRANCH NOV 15 1916 CANADIAN CONTINGENT'S

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
Aug 1	Aug 31	31	1.00	31 -	31	10	3 10		34 10			21 89	10 -		31 89	2 21	
Sep 1	30	30	1.00	30	30	10	3		35 21			21 89	10 -		31 89	3 32	
Oct 1	31	31	1.00	31	31	10	3 10		37 42			14 82	10 -		24 82	12 60	
Nov 1	30	30		30	30		3		45 60			2 68	10 -	15	12 83	32 77	7c Stores Nov 15
Dec 1	31	31		31	31		3 10		66 87			16 83			16 83	50 04	
Jan 1	31	31		31	31		3 10		34 10			5 24	10 - 10 -		25 24	38 90	Due Pay chgd Jan.
Feb 1	29	29		29	29		2 90		31 90			5 22	20		25 22	65 58	
Mar 1	31	31		31	31		3 10	10	44 10			2 62	10		12 62	97 06	Deld 10. Due Pay Feb PL
				244 00			24 40	10 00	278 40			91 19	90 00	15	181 34	97 06	

Checked W.E.C.

BALANCE TRANSFERRED TO NEW LEDGER

Settled.

Settlement of MAR 9 1917 Account rendered

Cash found in effects H.R.

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

11

Married or Single: S.

Place of Birth: England.

Name and Address of Next of Kin: Lilly Jackson.
681 Seventh Ave. Rosemount. Montreal.

Relationship of Next of Kin: Mother.

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ — Effective (Date):

Payable to:

Relationship of Dependant:

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Died of Wounds	18-9-16	C.L. A215 29/9/16

Admissions to Hospital, &c

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 110266 Rank Pte. Name Jackson. Llewellyn.

If in Perm. Corps What Unit — Unit 5th C.M.R.

	Transferred to	Date	Authority
	N.E.	19-9-16	C.L. A215 30/9/16
Permanent Force Allowances			
Place of Attestation: Montreal.			
Date of Attestation: 3rd Feb. 1915.			

Assigned Pay Monthly $ 10. Date Effective 1/8/15.

Payable to: Lily Jackson. 681 Seventh Ave. Rosemount. Montreal. Relationship: Mother.

Assigned Pay Monthly $ — Date Effective:

Payable to: — Relationship:

Stop-Payment Form (Assigned Pay) Rendered (Date): 3-10-16 Effective: 1-10-16 Reason: Died of Wounds 18-9-16 C.L. A215

Discharge Date and Place: 18/9/16 — Reason and Authority: Died of Wounds

Account transferred to Non-Effective Branch (Date): 13-11-16 eff 19-9-16. C.L. A215. 30/9/16.

Account transferred to Officers' Pay Branch (Date):

PAY OFFICE N.E. BRANCH NOV 15 1916 CANADIAN CONTINGENT

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
	244																											90							
1/30.4.16	30	1.	30		30	.10	3								278 40															181 34	97 06				
1/31.5.16	31	1	31		31	.10	3	10							33	564 15. 534 4.16								262 261				10		1523.	114 83				
1/30.6.16	30	1.	30		30	10	3	.							34 10	636 618/15.5		677	31.5					256 256	256			10		1768.	131 25				
1/31.7.16	31	1	31		31	10	3	10							33													10		10 .	154 25				
1/31.8.16	31	1	31		31	10	3	10							34 10			890	15/7/16			CBD 3966 30/6 C.B.D.			262	426		10		1688.	171 47				
1/30.9.16	30	1	30		30	10	3	00							34 10	954 31/7/16		975	15/8/16			4494 19/4/16		262	262	426		10		1950.	186 07				
1/31.10.16	.	.	.		.	.	.	.							33	1014 31/8/16						8940 9/4/16		261		175		10		1436.	204 71				
																								1558	780	1027		10	13 20	2320.	181 51				
															479 10																	181 51			
																								181 51						181 51				

Balance transferred to N.E. Branch.

Checked: [illegible]

N.E.B. Mar/17

Died of Wounds 18/9/16 C.L. A215

To N.E. 19/9/16 C.L. A215
12 days 8/- paid = 13.20

181 51 To C.P.A. To Ottawa for Sett. 27/3/17.

S.L.S.

Statement of Account rendered MAR 9 1917

Cash found in effects N.P.

Date	Pay				Field Allowance				Working or Special Pay				Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls								Cash Payments				Assigned Pay	Other Charges	Total Debits	Balance		Pay Withheld or Deferred	Pay Available for Issue	Remarks
	No. of Days	Rate	Amount		No. of Days	Rate	Amount		No. of Days	Rate	Amount					1		2		3		4		1	2	3	4				Credit	Debit			
			$	c.			$	c.			$	c.				No.	Date	No.	Date	No.	Date	No.	Date												

JO'N.

110266.

DUPLICATE.

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname JACKSON *Christian Name* L.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Leeds County England.

Examined ... ... on 25th. day of May 1915. 191 , at Sherbrooke, P.Q.

Declared Age ... ... 22 years days.

Trade or Occupation ... Mechanic.

Height ... ... 5 feet 9 inches.

Weight ... ... 140 lbs.

Chest Measurement: Girth when fully Expanded 36 inches.; Range of Expansion 4½ inches.

Physical Development ...

Vaccination Marks: Arm ... Right / Left; Number 2

When Vaccinated ... ...

Vision ... ... R.E.—V= Vision 5/5; L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

(b) Slight defects but not sufficient to cause rejection ... ... (b) Tendency to flat feet; Slight Varicocele.

Approved by (*Signature*) Captain J R Goodall.

(*Rank*) *Medical Officer.*

Enlisted ... ... at Montreal. on 3rd. day of February 1915. 191 .

	Corps.	Regtl. No.
Joined on Enlistment ...	5th. C.M.R.	110266
Transferred to		

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on day of 191 .

(*Signature*)

(*Rank*)

N. Williams Colly
Lieut.-Col.
In Charge of Records,
Canadian Contingent.

(4887.) W. 9597/1588. 500M. 9/15. C. P., LTD.

Forms B. 178 39

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sic

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Rem
	Day	Month	Year	Day	Month	Year			

k List in the case of Warrant Officers treated in quarters.

arks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature	
2-7-15	Vaccination	Captain J.R.Goodall.
17-5-15	Anti typhoid inoc.	do.
26-5-15	do.	do.
12-6-15	do.	do.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man

.....C.A.M.C.
for the Officer in Charge of Records
Canadian Contingents.

5TH CANADIAN MOUNTED RIFLES
C. E. F.

110266 Pte. L. Jackson.

14

WILL

In the event of my death I give the whole of my property and effects to Mrs W. R. Jackson

Pte. Llewellyn Jackson
Oct 8th 1915. No 110266

~~Oct 7th~~

Mother address
681 7th Avenue Rosemount
Montreal.
Canada.

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