

land
8400
27-8-14

1099724

DUPLICATE

ATTESTATION PAPER.

No. 1099724

256th (O.S.) RAILWAY CONSTRUCTION BN. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Kellett
- 1a. What are your Christian names? Fred
- 1b. What is your present address? St. Catharines Ont
2. In what Town, Township or Parish, and in what Country were you born? Manchester England
3. What is the name of your next-of-kin? Maud Kellett
4. What is the address of your next-of-kin? 188 Dunstons St. St. Catharines Ont
- 4a. What is the relationship of your next-of-kin? Wife
5. What is the date of your birth? 31st Oct 1892
6. What is your Trade or Calling? Stationary Engineer
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? 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, F. Kellett, 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.

Fred Kellett (Signature of Recruit)

Date Feb 15th 1917. G. L. Watson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, F. Kellett, 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.

Fred Kellett (Signature of Recruit)

Date Feb 15th 1917. G. L. Watson (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 ST. CATHARINES this 15th day of February 1917.

Wm H. Wylie J.P. (Signature of Justice)
CAPTAIN

1099724

Description of Fred Kellett on Enlistment.

Apparent Age... 25 years 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 1/2 ins.

Chest measurement { Girth when fully expanded..... 38 ins.
 Range of expansion..... 2 ins.

Complexion Fresh

Eyes Brown

Hair Dark Brown

Religious denominations. { Church of England..... X
 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..... February 15th 1917

Place..... St. Catharines Ont

J. G. Sheehan
M. B.
 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:—

Med. Review Board
Board / J. A. Roberts capt.
W. A. Martin Capt.

CERTIFICATE OF OFFICER COMMANDING UNIT.

Kellett Fred 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.

W. A. Funnell (Signature of Officer)
 LIEUT.-COL.

Date..... 15/2/17 191 .

C.E.F. REGIMENTAL DOCUMENT.
WAR SERVICE RECORDS D.V.A.

KELLETT FRED

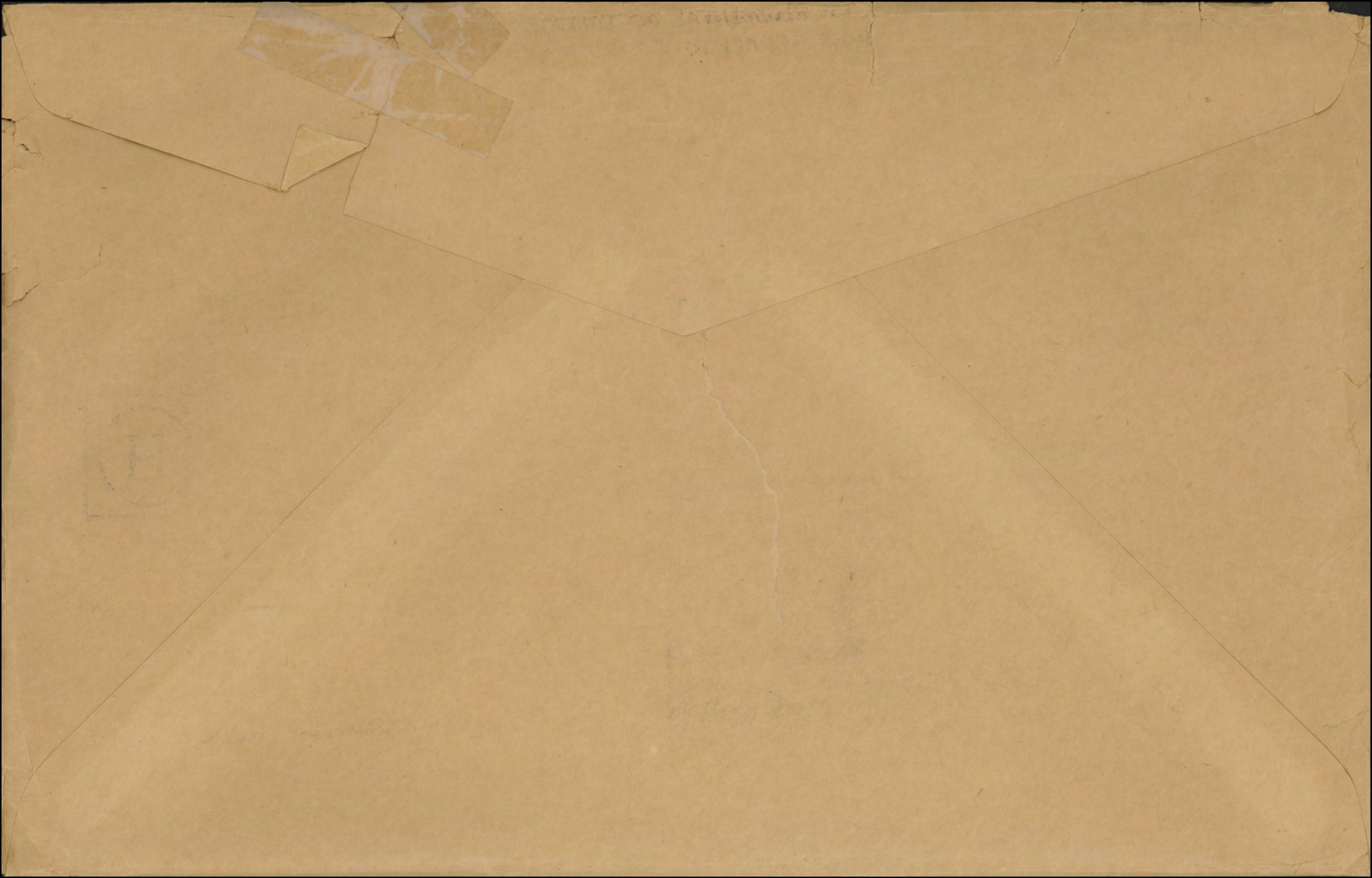
1099724

02777

DEMOB.



AO-196-5042



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Kellett

F.

1099724

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

CRT

Depto.

Swing

HOSPITAL

Gen Dep. H. G. U.

DATE OF ADMISSION

Parfleet Mil.

66. 4-9-17

1.

Care Sp Willey

HOSP. *2.4.19*

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Scabies am.

1.

V. D. F.

2.

3.

DISPOSITION

c3.

Dis-7.9.17

DATE

REMARKS

Disc. 15-8-19.

e.L. 7-9-17
11.9.17 C.S.
8.4.19 C.C. 006
21-8-19 Cl-2.

A.M.D. 2 DEPT.

Beh. of D.C.M.B. & M.S.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

649-X-4704

CARD NO.

SURNAME.

Kellitt

CHRISTIAN NAMES

Fred

REGL. NO.

1099724

RANK

Pte.

UNIT

256^B

FORMER CORPS

nil

MB
 A.O.S. 15-8-19. Discharge
 per A.O.S. of 5/2/20
 FOLL. C. P. B.
 (see folio 3 H.D. file)

Bon.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Kellitt, Mrs. Maud

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

~~242 Colony St.~~
~~9 Wellington St. St. Catharines, Ont.~~
~~Winnipeg, Man.~~ (S.A.O.P. 26/19)
~~Jan. P. 20-9-17.~~

COUNTRY OF BIRTH

England Manchester

DATE

Oct. 31st 1892

PLACE OF ATTESTATION

St. Catharines, Ont.

DATE

Feb. 15th 1914

Sailed from Halifax Feb. 5. S.S. Missarabic

MARRIED

yes

SINGLE

WIDOWER

25/3/17

TRADE OR CALLING

Stationary Engineer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

25-

YEARS

MONTHS

HEIGHT

5-

FEET

8 1/2

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

2

INCHES

COMPLEXION

Fresh

EYES

Brown

HAIR

dk. Brown

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

St. Catharines, Ont.

DATE

Feb. 15th 1917

Present address

St. Catharines, Ont.

No. 1099724 RANK *Plt.*

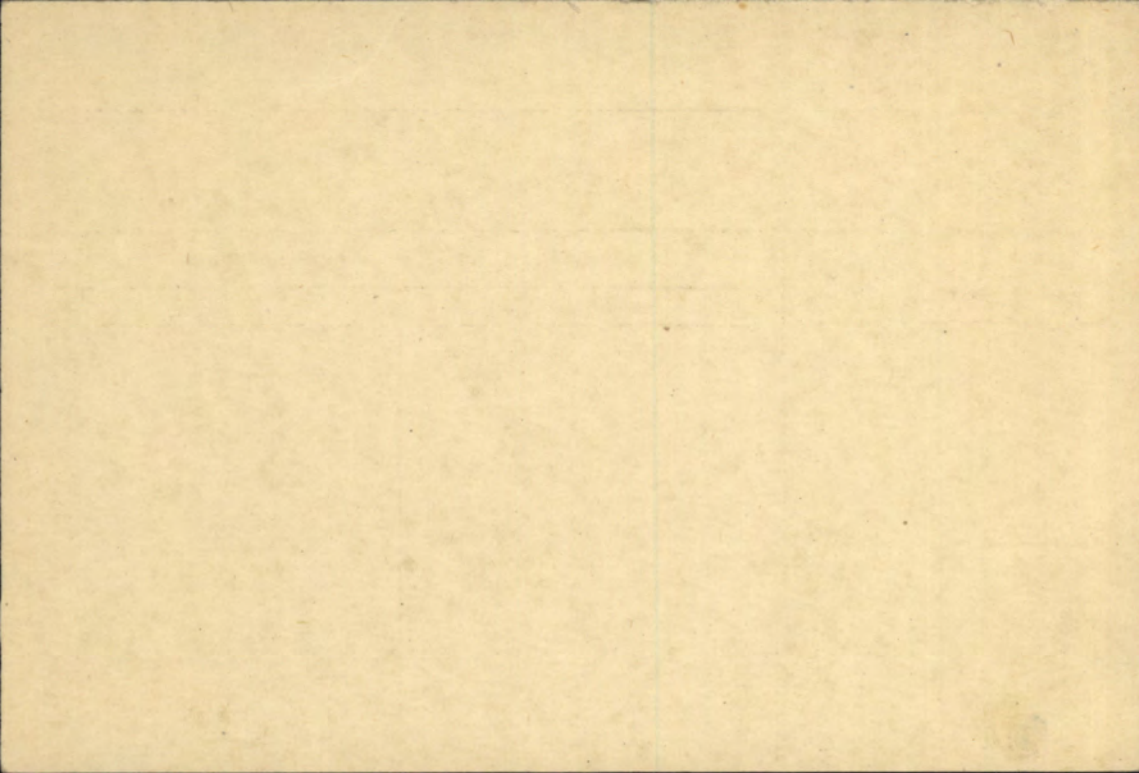
NAME *Kellett Fred*

T. O. S. *15-2-17*
(0050719-2-17)

UNIT *256th Ply. Construction Bn.*

M. D. *2*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1917</i> <i>Feb. 15</i> <i>max</i>	<i>1917</i> <i>Feb. 28</i>	<i>✓</i> <i>J.</i>		



6m

Number 109972d Rank PL

Surname KELLET

Christian Name Zed

Units 10th C.R.T. Theatre of war France

Date of Service 17-6-17

Remarks

Latest Address 46 Spadina Ave
Toronto

Roll No. B2717 Ontario

10m.-3-21.M. P. T.O. 13 31
Recorder

Box of #10832 Pte Zitterman
J. S. to be re-issued for this man
Pls

13 $\frac{1}{31}$

4793

1001
1001

87

1001

NAME

Kellett

F.

REGT'L No. *1099724*

H. Q. FILE No. 649.

RANK AND CORPS

Pte

Can. Rly Troops

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

NO.

DATE

FOLLOWS

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

63.	Mil. Phrelect	4-9-17	Scabies
65.	Discharged	7-9-17	"
65b	Can. Sp. Wiley	2-7-19	20
61 ² .	Discharged	15-8-19	20

ORIGINAL
MEDICAL HISTORY SHEET
ORIGINAL

Surname *Kellett* Christian Name *Fred*

Examined { on *15th* day of *Feb* 1917
at *St Catharines*
Birthplace { City or Town *Manchester*
County *England*

Approved by *J. B. Leach*
Rank *MB* M.O.

Apparent age *25*
Trade or occupation *Engineer*
Height *5* feet *8 1/2* Inches
Weight *140* lbs.
Chest measurement { Minimum *36* inches
Maximum expansion *38* inches
Physical development *Good*
Small-pox Marks

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<i>Med (vacations exp)</i> M.O. <i>5 SEP 1917</i>
		<i>Broad Jawed Robes cop.</i> M.O.
		<i>H.W. Martin Capt</i> M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left *X*
Number *2*
When Vaccinated last *1911*

Date	Result	VACCINATIONS
<i>29/2/17</i>	<i>+</i>	<i>D. Stewart</i> M.O. <i>CAPT., A. M. G.</i>
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease
(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>29/2/17</i>		<i>D. Stewart</i> M.O.
<i>1/3/17</i>		M.O.
<i>19/3/17</i>		<i>CAPT., A. M. G.</i> M.O.

Enlisted on *15th* day of *February* 1917 at *St Catharines*

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<i>256th</i>	<i>1099724</i>		<i>15/2/17</i>
Transferred to	<i>10th Bn C.T.</i>			

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.

CANADIAN

J 29

Surname *Kellett* Christian Name *Lucy*

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
CANADIAN SPECIAL HOSPITAL WITLEY, SURREY		2	7	19	15	8	19	<i>Gonorrhoea</i>	45	APPARENTLY CURED INJECTIONS AND MEDICINES. STOPPAGE ADP. DATES.	<i>J. Kinch</i> BAPT. REGISTRAR.

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 class "A" Service.

Unit, Regiment or Corps 256th Coy. C.P.

Regimental No. 1099724 Rank Pte Name Kelleth Fred
C. E. F.

Enlisted (a) 18/2/17 Terms of Service (a) Wart 6 mos Service reckons from (a) 18/2/17

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) Stat. Engineer

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				
		Embarked Disembarked	Habibon Liverpool	26.3.17 7.4.17	
5.6.17	10th C.R.T.	S.O.S. 256 th ; T.O.S. 10 th C.R.T.	Purfleet	31-5-17	Wart. P.T.O. #151 HP Saylor St for 6B 18 th C.R.Y.
17	10 th C.R.Y.	Proceeded Overseas DISEMBARKED	Furfleet	17-6-17	HP Saylor St for Cagt & Adjt. D.O. 168
21.7.17	10 th C.R.Y.	Sentenced to 10 days P.P. 5.7.17. for awk. from 9 pm to 10 pm. while on train en route.	HAVRF Field.	14.6.17. 2.7.17.	O.B. CRT. 27B 2069 dated 21.7.17 D.O. 174 d/29.7.17.
27.7.17.	Adjt. C.M.R. 3 rd Echelon.	S.O.S. 10 th C.R.Y. on transfer to	CR2 Depot Purfleet.	26.7.17.	M.H.G. Cav. Sec. 9.A.R.3 rd Echelon. File 15128. dated 27-7-17. D.O. # 176.

Lieut. for Lt.-Col., A. A. G.

(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.

CERTIFIED CORRECT.
 20 JUL 1917
 CAN. RECORDS, LONDON.

WRP

CERTIFIED CORRECT.
 18 OCT 1917
 701 224

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				
3.8.17	Deput 6RS	TOS from 10 th Bn 6RS.	Purfleet	30.7.17	Bx 20.204 Lieut. Row Grows for Colonel i/c Records, C.E.F. C.O.M.F.
9/9/17	CRT Deft	SOS this depot to 10 th Bn 6RT Overseas	Purfleet	8/9/17	9 th DO 241 Sidney Parry ADJUTANT, DEPOT CAN. RLY. TROOPS.
10.9.17.	C.G. B.D.	Having arrived from England as reinforcement in 2.O.S. 10.9.17	Field.	10.9.17	N.R. R/R 278. Do. II 187 d/13.9.17.
10.9.17	✓	Left. C.G. B.D. for unit.	Field.	13.9.17	N.R. R/R 543.
15.9.17	10 th CRT.	Joined unit.	✓	14.9.17	B 213.
9.3.18	✓	On com'd to 21 LROC.	✓	26.2.18	B 213.
23.3.18	✓	Rejoined unit	✓	22.3.18	B 213.
31.8.18	10 th CRT.	Granted 14 days leave.	England.	27.8.18	B 213. Do. 88 d/19.18.
14.9.18	✓	Rejoined unit.	Field.	14.9.18	B 213.
3.10.18	10. CRT.	Sentenced to 5. days. F.P. No 2 for when O.F.S. Drunkenness. F'drunk	Field	27-9-18	B 2069 R II D.O. 100 d/17 ¹⁰ 18
29.1.19	adj	SOS. 10th CRT on transfer to CRY Pool		1.2.19	Ka 725 J. 184 DO. 10/1919

Casualty Form - Active Service

Regiment or Corps *10th CRy*

Rank *Spr* Surname *Kellett* Christian Name *Fred*

Religion Age on Enlistment years months

Enlisted (a) Terms of Service (a) Service reckons from (a)

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked		
			Disembarked		
<i>29.1.19</i>	<i>aaG</i>	<i>TOS. CRy Pool</i>		<i>2 2/19</i>	<i>DO 1/1919</i>
<i>22.4.19</i>	<i>CG B D</i>	<i>TOS. from Unit Prisoner</i>		<i>20.1.19</i>	<i>NR 2468</i>
<i>21.4.19</i>	<i>CG B D</i>	<i>lost to HQ Sub-Area (Prisoner)</i>		<i>21.4.19</i>	<i>NR P2879</i>
<i>29.4.19</i>	<i>CG B D</i>	<i>TOS from D.A.P.M. Contract</i>		<i>28.4.19</i>	<i>NR 2509</i>
<i>15.5.19</i>	<i>CG B D</i>	<i>TOS. on proceeding to England</i>			<i>CGSD row</i>
		<i>and posted to CAS depot.</i>			<i>row 28th</i>
		<i>Knaresborough</i>		<i>16.5.19</i>	<i>NR 20.32 2/19</i>
					<i>File 5009</i>
					<i>S. G. Curwen</i>
					<i>Captain</i>
					<i>for Lieut. Col. 1/6</i>

(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) Signaller, Shoeing-Smith, &c.

1099724 Kellett, F.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A, 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
2.6.19		T.O.C. PART II D.O. No. <u>7</u>		31.5.19	
		S.O.S. EMBARKED FOR CANADA. 2-7-19			
		<u>R. J. Ellison</u> <u>Private</u>			
		1/6 RECORDS "S" WING C.C.O. WITLEW.			
5-2-20.	2 nd CDD	found by Capt. Field 5-2-20 Ill. Absent from 15-8-19, SOS as a Deserter	London	15-8-19	pt. 4 30.
28.11.21	do	SOS on Demobilization	Issued by DoGR	15.8.19	After Order # 7 auth. Dir. of Org. 22 1/2 on HQ 649-K-4704
					<u>W. Rutledge</u> Capt. for DoGR

RECORD of the Declaration of a Court of Inquiry assembled at No. 2.C.D.D., London on the third day of February, 1920, for the purpose of investigating and recording the absence, without leave, from his duty, and deficiency, if any, in the Arms, Ammunition, Equipments, Instruments, Regimental Necessaries, or Clothing of No. 1099724 Pte. Kellett, F. "S" Wing C.C.C. Witley.

DECLARATION.

The Court declare, that No. 1099724 Pte. Kellett, F. "S" Wing Canadian Concentration Camp, Witley illegally absented himself without leave from Canadian Special Hospital Witley on the fifteenth day of August, 1919 and that he is still so absent.

The Court is not in possession of any evidence to prove what articles of kit and equipment this man had in his possession when he became absent.

*Pt II No 30 of 5-2-20
of 2nd CD 12*

Names of President and Members.

Major A. WRIGHTSON, MC, President
 Capt. T.N. MacReynolds, Member.
 Capt. H.G. Stade, Member.

Signature of Commanding Officer *A. Wrightson* Major

Certified true copy.

T.N. MacReynolds Capt.

Signature of Officer having custody of the Original Record.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *Fred* 2. Surname *Kellett*
3. Rank *Spr* 4. Original Unit *256 Battr* 5. Reg. No. *1099724*
6. Address, in full, to which future payments of gratuity are to be forwarded.....
Bank of Montreal
St Catharines, Ont.
7. Date of enlistment in the C.E.F. *Feb 15 1917*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *Mrs. Maud Kellett*
9. Relationship of such dependent. *wife*
10. Address, in full, of such dependent. *9 Wellington St*
St Catharines, Ont.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
.....
.....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?.....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
.....
.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served. *Canada 256 Battr 1 1/2*
months. England 256 Battr 2 1/2 months
France 10 C.R.T. 23 months.
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department. *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no*
20. Have you been issued with a War Service Badge? If so what class? *no*
21. Have you, during the present war, served in the Imperial Forces? *no*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*
- (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge
(b) Reason for discharge
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant:

J. Kellett

Place of Residence:

9 Wellington St St Catharines Ont

Declared before me at:

Swing 666

This

2nd

day of

July

19*19*

Questions 13, 13, 14, 20, 24, 25, & 27 are unanswered.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

J. A. McKay Major

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

S.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 1099724 Rank plc Surname Kelleth
(Given name in full)
Hedrick
Unit or Corps 10th B.C.P.T. Birthplace Manchester, England

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

I. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5 ft 9 1/2 Colour of Eyes grey
Nutrition good
Pulse normal
Condition of arteries good
Vision Rt. 6/6 Left 6/6
Hearing (conversational voice) Rt. 21 ft.
Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
nil

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of Mentality no Muscular System no Digestive System no
Osseous and Joint System no Any other general condition yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Scabies July 1917 Recurrent

no no no
no 3

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Wichita(Overseas) P. J. Sheehan
Date 20/7/49 Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature F. Kellett

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)
Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

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

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

Auth. Oag 14-1-49 12/6/49

OVERSEAS MILITARY FORCES OF CANADA.

RECORD OF SERVICE OF.-

REG-TL NO. 1099724.....DATE OF ENLISTMENT... 15th. Feb. 1917.....
 RANK... Private.....DATE OF ARRIVAL IN ENGLAND... 7-4-17.....
 SURNAME..... KELLETT.....CHRISTIAN NAMES..... Fred.....

Married.

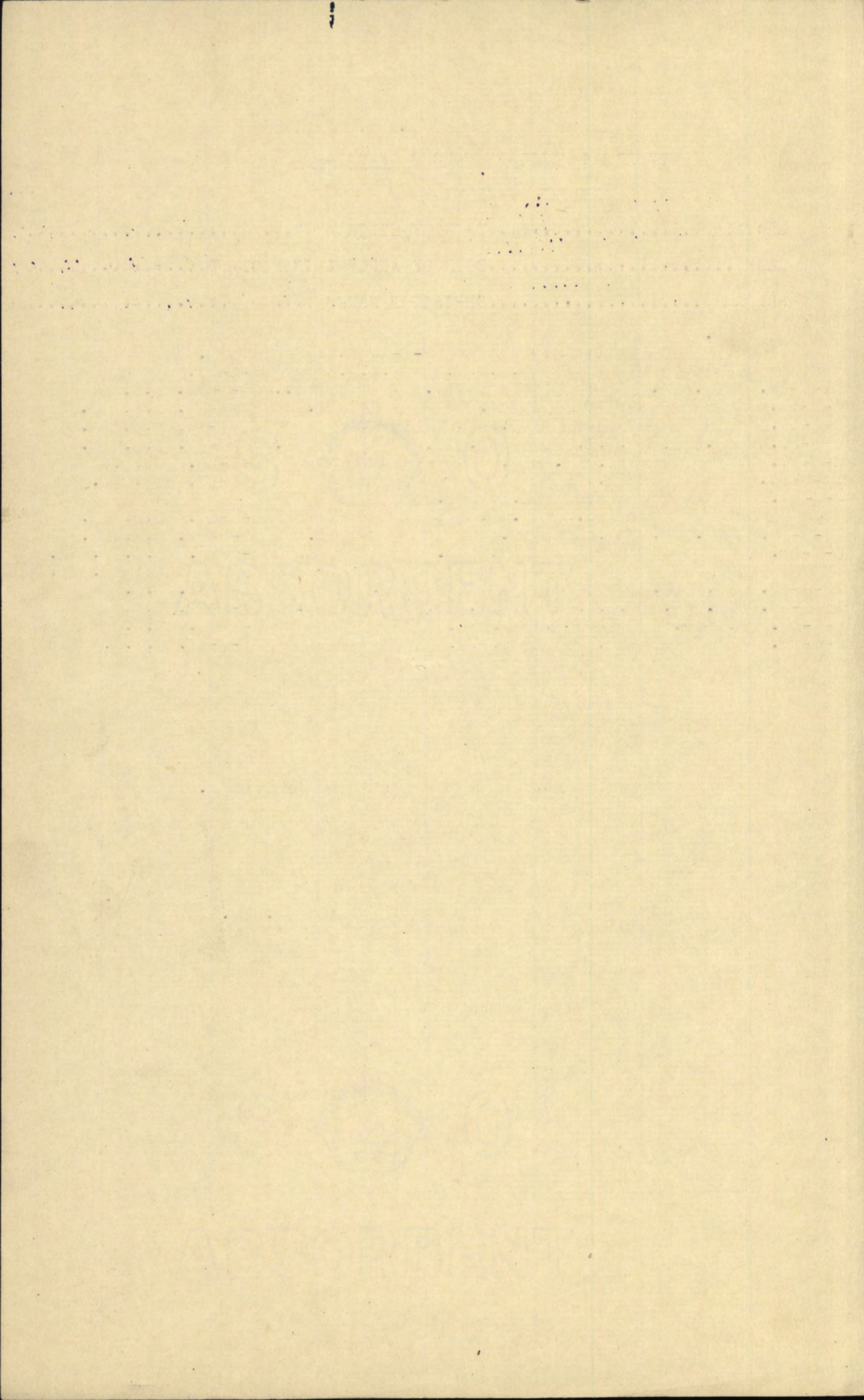
Arrived in England 7-4-17 S.S. MISSANABIE.

Now known as 10 Bn. C.R.T. Auth. D.O. 151 d/31-3-17.

17-6-17.	10th. CRT.	Embarked for France.	Purfleet.	17-6-17.	D.O. 168
4-7-17.	"	Arrived France.	Field.	19-6-17.	D.O. 169.
6-8-17.	"	SOS to Depot. CRT. Purfleet.	"	26-7-17.	D.O. 176.
3-8-17.	Dep. CRT.	T.O.S. from 10th. CRT.	Purfleet.	30-7-17.	D.O. 204.
6-9-17.	"	Adm. Mil. Hosp.	"	4-9-17.	CL.C.3
10-9-17.	"	Dis. " "	"	7-9-17.	CL.C.5.
9-9-17.	"	SOS on prec. O/Sea s. as reins. to 10. Bn. CRT.	"	8-9-17.	D.O. 241.
13-9-17.	10th. CRT.	TOS. as reins.	Field.	10-9-17.	D.O. 187.
5-2-19.	"	Posted to CRT. Pool.	"	1-2-19.	D.O. 10. & 1. d/ 2-2-19. CRT. Pool
13-6-19.	CRT. Pool.	Forfeits 10 days pay AWL.	"	13-5-19.	D.O. 34
13-6-19.	Gen. Dep.	S.O.S. to H. Wing. CCC.	Witley.	31-5-19.	D.O. 128
8-7-19.	S. Wing.	SOS to M. Wing. CCC.	"	8-7-19.	D.O. 38
2-6-19.	"	TOS. pending R. T. C.	"	31-5-19.	D.O. 7.

Certified true copy.

Lieut.
for Lt. Col. i/c Records,
O.M.F.C.



To be made out in duplicate.

H.Q. 54-21-23-53

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... 256 O. S. P. Constⁿ Batta

(2) Regimental Number... 1099724

(3) Full Name of Soldier... Kellett, Fred

(4) Place of Birth... Manchester, England

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

(6) If married, state, (a) Full name of your wife... Mrs Maud Kellett

(b) Present Postal Address... 188 Queenston, St
St Catharines Ont

(7) Are you a widower? ... no

(8) Have you any children? ... yes

If so, give number of boys and girls... one girl

Also their names and ages... Christina, Mary

age 2 weeks

ORIGINAL

(9) Is your Father alive? *yes*
If so, state name and address *188 Queenston St. St. Catharines Ont.*

(10) Is your Mother alive? *yes*
If so, state name and address *188 Queenston st*
St Catharines Ont

(11) If your Mother is a widow.....
Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
.....
.....

(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.
yes
.....

(15) Are you insured? *no*
If so, in what Company?.....
Have you made arrangements for payment of your Insurance premium.....
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *Feb 15th 1919*

Wm. G. ...
.....
Officer Commanding.
LIEUT.-COL.

JM

Rank _____ Name **KELLETT, Fred.** Reg'l No. **1099724**
 Unit **256th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Married.**
 Place and Date of Enlistment **St. Catherines, 15th Feb 1916** Place of Birth **Manchester, England.**
 Name and Address, Next-of-Kin **Maud Kellett.**
188 Queenston St., St. Catharines, Ont. Relationship **Wife.**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No.
 File R.L.
 Category **Deserter**

Discharge, Date and Place _____ Reason _____ Character _____

H. W. & V., Ltd.-9546-16.

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.				
ARRIVED IN ENGLAND 7 4 17 S.S. MISSANABIE.					
		<i>Now known as 10th Bn BRS</i>			
17.6.17	10 th BRS	Embarked for France	Surfleet	17.6.17	Regt. 168.
4.7.17	"	Arrived do	the Field	19.6.17	-1-, 169.
6.8.17	"	SOS to Depot BRS Surrey.	"	26.7.17	-1-, 176.
3.8.17	Depot BRS	TOS from 10 th BRS	"	Surfleet	30.7.17 -1-, 204
6.9.17	"	Adm. Mr. Hosh	"	4.9.17	Regt. C3 - scales
10.9.17	"	Lloyd do	"	7.9.17	Regt. C5
9.9.17	"	SOS on leave 6 days as reins to 10 th Bn BRS.	"	8.9.17	Regt. 241.
13.9.17	10 th BRS	TOS as reins.	Field	10.9.17	-1-, 184.

A.F.B. 103 CHECKED

21 JUL 1917

WDR

A.F.B. 103 CHECKED

WDR

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.				
5.2.19	10 ⁺ ERs	Sorted to ERs Pool	Field	1.2.19	Class 10 Pool 10 P/H 1 of 11-19
13.6.19	C.R.T. Pool	Yarfein 10 Dp pay A.W.L.	- do -	13.5.19	- 3H
13.6.19	Gen Dep.	S.O.S. to H. Wing C.C. Witley	"	31.5.19	BO. 128
8.7.19	^S Wing	S.O.S. to G. Wing C.C.	"	8.7.19	BO 38
2-6-19	S Wing	TOS Muder RTC	"	31.5.19	BO 7.
5.2.20	2 CDD	TOS from M wing being AWL	London	15.8.19	- 30
5.2.20	2 CDD	Having been found by CofD held at 2 CDD on ³⁻²⁻²⁰ 15-8-19 to have been illegally absent from 15.8.19 in SOS as deserter	"	15.8.19	- 30
28.11.21.	do	So Son Demobilization Issued by DofR		2-15.8.19	After order #7. auth Dir. of Org. d/22-11-21. HQ 649-R-54704

ASSIGNED PAY. SEPARATION ALLOWANCE ASSIGNED PAY.

Name *Mrs. Maud Kellett* ^{Wife} Name of Soldier *Kellett F.*
 Address ~~*216 Colony St.*~~ ^{*Suite 7*} *Rough apt.*
Winnipeg, ^{*28⁵/17.*} *Man.*
Maryland St.
 Relation to Soldier } **APR 1917**
 wife, child or mother } *20.*

Regtl. No. *1099724*
 Rank *Pte.*
 Corps *256th Bn*
 To what Corps belonging }
 when called out }

sent and

PAYMENTS

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



1940

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 *Mrs Maud Kellett*
(Assignee)

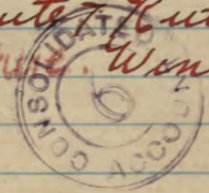
Name of Soldier *Kellett J.*

wife
PAYMENTS.

1099724 - Pte - 256th Bn.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>APR 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>M 2244</i>	<i>40</i>	<i>40. E suite Ruth Cpts Maryland St 20 future Warrupz man 28/17 1918</i>
June		<i>Z 17079</i>	<i>20</i>	
July		<i>X 22157</i>	<i>20</i>	
Aug.		<i>I 29735</i>	<i>20</i>	
Sept.		<i>W 38536</i>	<i>20</i>	
Oct.		<i>1 42923</i>	<i>20</i>	
Nov.		<i>A 29171</i>	<i>20</i>	
Dec.		<i>O 57499</i>	<i>20</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



180 00
xy

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.				

5-2-17

MILITIA AND DEFENCE

M. F. W. 11.
50m.-6-16.
H. Q. 1772-39-318.

SEPARATION ALLOWANCE

Name *Mrs. Paul Kellett* Name of Soldier *Kellett, Paul*
 Address ~~*188 Queenston St.*~~ Regtl. No. *1099724*
~~*St. 7 St. Catherine's*~~ Rank *Plt.*
~~*Ruth Gate, Maryland, Oct.*~~ Corps *256 Ry. Coon. Battn.*
 Relation to Soldier } *Winnipeg* To what Corps belonging }
wife } *Man* when called out } ✓ ✓
 wife, child or mother }

2412 Colony St. PAYMENTS

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



15-2-17

MILITIA AND DEFENCE

M. F. W. 11a.
50m.-6-16.
1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Maud Kelleth

Wife
PAYMENTS.

Name of Soldier

Kelleth Fred

L. L. Job 4503.-Req. 6832.

Pte 1099724

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1915			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March		<i>Q36245</i>	<i>30</i>	<i>30 R</i>
April		<i>Q1483</i>	<i>20</i>	<i>20</i>
May	<i>26 AM</i>	<i>D. 1696</i>	<i>70</i>	<i>20 Ste 7, Ruth Apts, Maryland St</i>
June		<i>Q8163</i>	<i>20</i>	<i>20 Windsor Reg Man</i>
July		<i>Q11189</i>	<i>20</i>	<i>20</i>
Aug.		<i>C15392</i>	<i>20</i>	<i>B 20 ✓ 20/12</i>
Sept.		<i>C18728</i>	<i>20</i>	<i>B</i>
Oct.		<i>Q50404</i>	<i>20</i>	<i>M # 210</i>
Nov.		<i>Q23476</i>	<i>20</i>	<i>X</i>
Dec.		<i>Q25346</i>	<i>20</i>	<i>F</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

CANADIAN EXPEDITIONARY FORCE

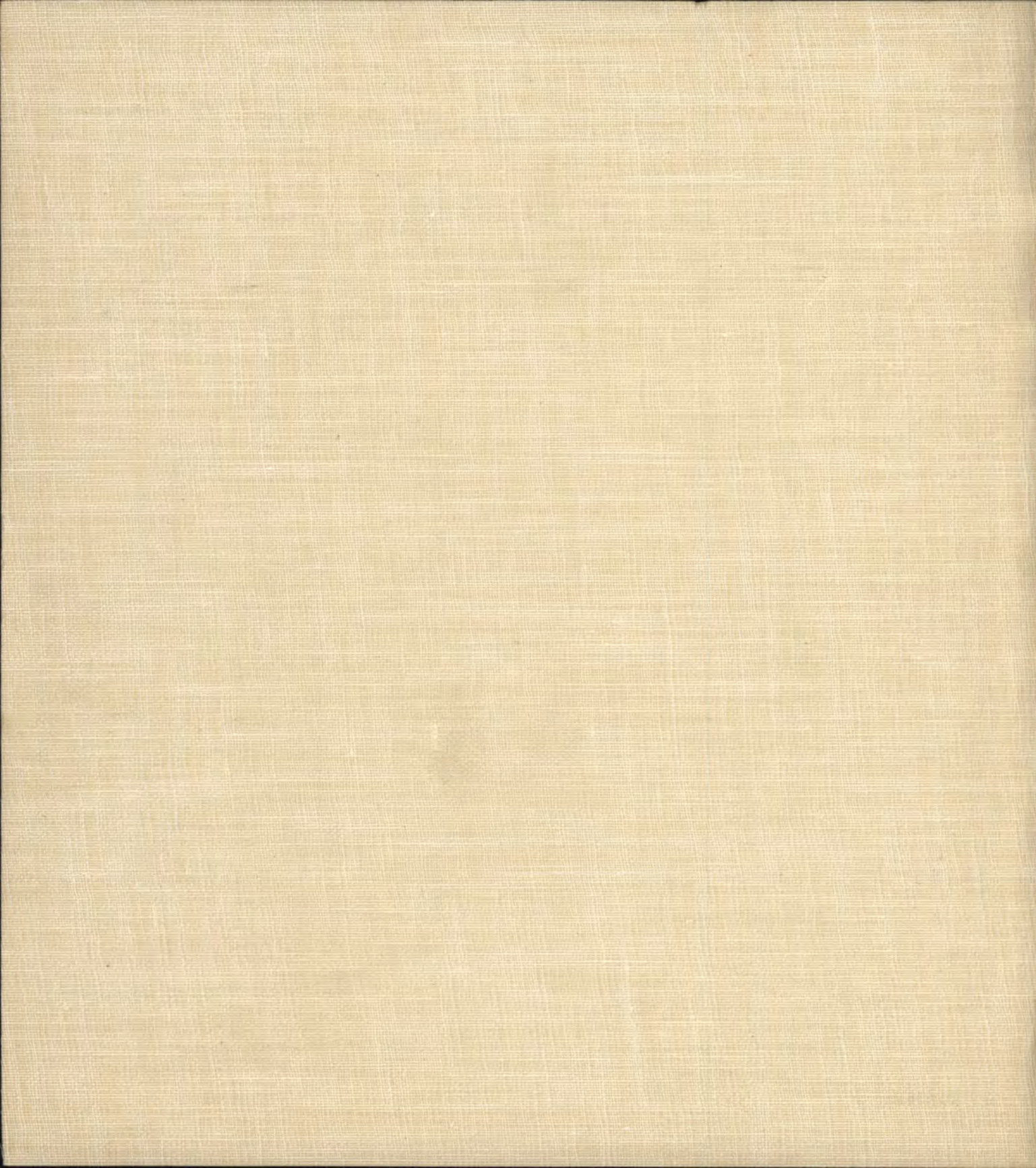
DISCHARGE CERTIFICATE

War Service Badge

Class A, No. _____

THIS IS TO CERTIFY that No. <u>1099724</u> (Rank) <u>Private</u>	
Name (in full) <u>Kellett</u> <u>Fred</u>	enlisted in
the <u>256 Bn.</u>	CANADIAN EXPEDITIONARY FORCE at <u>St. Catharines</u> on the <u>15</u>
day of <u>February</u> <u>1917</u>	HE served in <u>10th C.R.I.</u> <u>France</u>
and is now discharged from the service by reason of <u>Demobilization.</u> Medical Unfitness.	
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—	
Age <u>27 yrs 4 months</u>	Marks or Scars <u>nil.</u>
Height <u>5ft 8½ ins.</u>	_____
Complexion <u>Fresh</u>	_____
Eyes <u>Brown</u>	_____
Hair <u>Dark Brown</u>	_____
_____ Signature of Soldier	
Date of Discharge	_____ Issuing Officer
_____	_____ Rank
_____	Date _____ 19____

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.



CANADIAN EXPEDITIONARY FORCE

War Service Badge

DISCHARGE CERTIFICATE Class A, No. _____

THIS IS TO CERTIFY that No. 1099724 (Rank) Pte

Name (in full) Kelleth Fred enlisted in
the 256 Bn.

CANADIAN EXPEDITIONARY FORCE at St Catharines on the 15

day of February 1917

HE served in 10th C. R. I. France

Demobilization.

and is now discharged from the service by reason of

Medical Unfitness.

THE DESCRIPTION OF THIS SOLDIER on the Date below is as follows:

Age 27 yrs 4 months

Marks or Scars nil.

Height 5 ft 8 1/2 ins.

Complexion Fresh

Eyes Brown

Hair Dark Brown

Signature of Soldier.

Issuing Officer.

Date of Discharge

Rank

Date _____ 19____

N.B. - AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

1416
1542
26

DISCHARGE CERTIFICATE
CANADIAN EXPEDITIONARY FORCE

NO. 1009734
NAME
SERIAL NO.

REGIMENT
COMPANY
PLATOON

DATE OF DISCHARGE
PLACE OF DISCHARGE

Signature of Officer



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. (Rank)

Name (in full) **1099724** **Private** enlisted in

the **Kellett, Fred.**

~~255th Overseas Battalion~~ **(Trans. 10th Canadian Bty (Troops))**
CANADIAN EXPEDITIONARY FORCE at on the

day of 19 **St. Catharines, Ont.** **1919**

HE served in **February** **17**

and is now discharged from the service by reason of **Canada, England and France**

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age

26 Years 11 Months

Height

5 feet 8 1/2 inches

Complexion

Fresh

Eyes

Brown

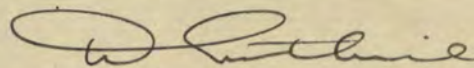
Hair

Dark Brown

Signature of Soldier

Marks or Scars

Nil



Issuing Officer

Rank

Date of Discharge **August 15th, 1919**

Captain

Appointment

Signed at **Toronto, Ontario.** this

for Director of Records

day of 19

in Military District No.

File Reference No. **447077**

December 1st

21

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1. 4. 17	EFFECTIVE DATE:-	
AMOUNT:-	20	AMOUNT:-	

NAME:- **KEWETT Fred**

NUMBER:- **1099724**

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

Mrs. Keenan
216 Colbair St
Winnipeg Man
(wife)

Stopped off 4/7/17

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		10/6

A3M 19/12/19 Stopped 231.12.29. Auth Ottawa Cable

SoS as Deserter by C.O. 4/2 15/21/19.

UNIT AND TRANSFERS

ORIGINAL UNIT:- **256**

DATE ACCOUNT FIRST OPENED:- **8 4 17**

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T 5 F D	UNIT TRANSFERRED TO
			10 6 R 5

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
13/5/19		Deficit 10 days, 1/2 day, 1/2 day, 1/2 day	17 60	20/1/19	4/6/17	Remittance Order to Miss Keenan	87 60
17/6/19	418	690 £10 00	48 67			Or note applied for error	
21/6/19	789	CCCS £5 00	24 22			L.P.C. bal 20/5	16 46
		W.C.	90 60			Rediff - 2/5	13 46
			27 60				
			1 20				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31. 3. 18	Dec Toronto								1 76		
April	P.P.	33		58. 15/4/18. 10 CRT.	714						
				Can a Pay.				20.			
				1162 26/4/18. 10 CRT	268.				1 42		
		33.			982			20.			
May	P.P.	34 10		Can Pay.				20.			
				228. 15/5/18. 10 CRT.	268.						
				340 23/5/18 do	268.				10 16		
		34 10			336			20.			
June	P.P.	33.		Can Pay				20.			
				443. 15/6/18. 10 CRT	357						
				543. 25-6-18 "	357				16 02		
		33.			714			20.			
July	P.P.	34 10		Can a P				20.			
				664 15/7/18. 10 CRT	357						
				763 28/7/18 do	357				22 98		
		34 10			714			20.			
Aug	P.P.	34 10		Can Pay				20.	37 08		
				29283 31/8/18 C.M. London	973				27 35		
				972 31/8/18. 10 CRT.	357				23 78		
				3384 26/8/18 do	2920				5 42		
		34 10			421 50	42 50		20.			
Sept	P.P.	33		Can Pay				20.			
				1082 14/9/18. 10 CRT	357				4 01		
				1162 28/9/18 do	357				44		
		33.			714	714		20.			

COMPILED BY _____

CHECKED BY _____

equal 20-9-18

NUMBER 1099724 RANK

NAME

KELLETT Fred

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Sept Bal Ford					- 44		
Oct	P.P.	34	10						34 54		
				Car Pay				20	14 54		
				5 days 7P #2. 26-7-18 150. 100 12 ¹⁰		5 50			9 04		
				1261 14/10/18. 10 CRT 24	3 73				5 31		
				1351 30/10/18 do 42	3 73				1 58		
		34	10								
Nov	P.P.	33				7 46	5 50	20			
				bal					34 58		
				1526 14/11/18 10 CRT ①	1 87			20	14 58		
				1619 28/11/18 d 35	1 87				12 71		
Dec	PP	34	10						10 84		
				bal				20	74 94		
				1728. 15/12/18. 10 CRT. 51	4 66				20 28		
Jan.	P.P.	34	10	car				20	34 38		
		101	20			8 40					
Feb	P.P.	30	10	car				20			
				1961 13/1 10 CRT	4 66						
				SR 117 24	8 76						
				1850 28/12 10 CRT	4 66						
March	P.P.	34	10	car				20	37 64		
		64	90			9 69		40			
April	P.P.	33		C.A.P.				20	24 64		
May	P.P.	34	10	C.A.P.				20	10 54		
				2649 28/4/19 CRT. 24	1 83				12 37		
				AR 1015 14/5/19 CPT 98	4 36				16 73		
				CP 71070 24/5/19 CPM 101	9 73				26 46		
		107	10			15 92		40			
June	P.P.	33		Car A.P.				20	13 46		
				AR 789 2/11/19 CCC with 43	24 33				37 79		
				5199 17/11/19 " " 54	38 95				76 72		
				Profits 10 days pay, 13/5/19 Adv from 336							
				180 hrs 1/5/19 miles 21.45 hours 6/5/19							
				Profits 6 days pay, under Pra Reg							
				SL 34 10/11/19 Childred		17 60			94 32		
				4118 19.5.19. b.R.T. 65	48 67				142 99		
		33	-			111 93	17 60	20			
Aug	By Note # 5054. Rem Note 117-20/1/19. Chgd. in error but also duly chgd as proper C/P. Misc Pay 2 R 28/6/19.	87	60	4121. CST Honor. 23/7.	4 87				60 26		
		87	60			14 87					
Aug	P.P. July pay	68	20	Car July pay				40	52 06		
		68	20	4721 14/3 OS Honor.	24 33				56 39		
					24 33			40			
	Pra. Sep Oct	67	10	Car. Sep Oct				40	29 29		
		67	10					40			
Jan 1920	Nov. Dec + Jan Pra	101	20	car. Nov Dec Jan				60	11 91		
	Jan ut. overpaid	20		found illegally absent by Capt					31 91		
				3/20 is SOS as Decret 15/18/19							
				158 to 31/20 190 days		187			155 09		
		121	20	2000 5/20 2000.		187		60			

7564

VENEREAL DISEASE CASE-CARD.

Army Form W. 3497.

Canadian Special

Hospital.

40 36 x 2 Ward.

Age

Service

Religion

V D Disease

27.

29/12

Cofe.

Regiment

Coy.

Reg. No.

Rank

Name

A. J. C. 1111

109/24

Pte.

KELLETT. F.

Date of Admission

1919.

Disposal

Date of Discharge

2. 7.

DISCHARGED TO DUTY.

15 AUG 1919

This space not to be written upon by M. O. i/c case.

SUMMARY

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form I. 1238) No. to be made up from this Card.

1st, 2nd, 3rd attack or relapse

Dates and Places of Three last Exposures

June 27/19
June 21/19

P. T. before or after

Incubation in days

Mainpoints in history + Other Social Data.

paid when
P.T.

If relapse Particulars.

None in text. other papers.

Mental Discharge.

Condition on admission Pediculosis?

Structural Abnormalities.

Complications.

(a) Local

Medema of fungus.

(b) Notatistic.

Nature of any co-existing venereal disease

TREATMENT. Note or suggestion from Officer i/c Treatment

Days.

[P.T.O.]

Date	Treatment		Progress	Complications and their Treatment
	Local	General		
3-7	Syji	+	P.P.D.	Reaction of perfusion P.P.T. sores
4-7-19	Inear G.C. xxx Pus xxx Epith - Bact -			
4/7	"	"	PPD +	— —
5/7	M. 7-13	227	Completed	— —
11-7	"	"	PPD	— —
15-7	"	"	PPD	— —
18/7	"	"	Sm & Am	1 Hg 1 dia
21/7	Inear. G.C. x	Pus x x	(Smeary)	
22/7	+	+	Sm & Am	1 dia
25/7	+	+	Sm & Am	1 dia
29/7	+	+	Syji	1 dia
1/8	+	+	Sm & Am Smeary	1 dia 215. 96 - Bact - Pus xxx Epith - x
5/8	+	+	Sm & Am	1 dia

VENEREAL DISEASE CASE-CARD.

Army Form W. 3497.

Age		Service		Religion		Disease	
Regiment		Coy.		Reg. No.		Rank	
Date of Admission		Disposal		Date of Discharge			
Hospital.		Ward.					

This space not to be written upon by M. O. i/c case.

SUMMARY

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form I. 1238) to be made up from this Card.

1st, 2nd, 3rd attack or relapse	Dates and Places of Three last Exposures
---------------------------------	--

Main points in history

Condition on admission

[P.T.O.]

Kelleth F.

40.

Date	Treatment		Progress	Complications and their Treatment
	Local	General		
8/8	Mist	—	Dy	Clear
11/8	"	—	—	1700 spi.
	To discharge HGR			

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION WITLEY. ENG. DATE 5-7-19.

1. 1 (a) Unit 10TH C.R.T. BN. (b) Regimental No. 1099724 (c) Rank SPR.
 (d) Surname KELLETT. (e) Christian name FRED.
 (f) Home address S^I CATHERINES. ONT.
 (g) Next of Kin M^{RS} MAUD KELLETT. (h) Relationship WIFE.
 (i) Address of Next of Kin at home

2. Age last birthday 27 Date of birth 31-10-1891

3. Enlistment, or Appointment (if an Officer) (a) Place S^I CATHERINES. (b) Date 15-2-17.

4. Personal description:
 (a) Height 5'9" (b) Weight 150 (c) Complexion Dark
(stripped)
 (d) Colour of hair Black (e) Colour of eyes Grey (f) Identification marks, Scars, etc. none

5. Former trade or occupation ENGINEER.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>2 years</u>	<u>140 day.</u>

	PERIODS	
	From	To
Canada	<u>15-2-17</u>	<u>28-3-17</u>
England	<u>28-3-17</u>	<u>17-6-17</u>
France or other theatres of War	<u>17-6-17</u>	<u>17-5-19</u>
	<u>England 17-5-19</u>	<u>to Date.</u>

7. Original disease, or injury Gonorrhoea

(a) Date of origin June 21st 1917 (b) Place of origin London

(c) Cause Gonococcal Infection

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Gonorrhoea

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

*Patient has a profuse purulent discharge from the urethra.
Smear 4/7/19 Gonococci +++ pus cells +++
Patient is in the primary stage of acute urethritis.
General condition good*

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... *No* Cardio-Vascular System..... *No* Genito-Urinary System..... *No*
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses..... *No* Respiratory System..... *No* Integumentary System..... *No*
Disturbances of Mentality..... *No* Digestive System..... *No* Muscular System..... *No*
Osseous and Joint Systems..... *No* Any other general condition..... *No*

10. (a) History (of the condition referred to in Section 9 (a).)

Infected 31/6/17 in London. Discharge first noticed 1/7/19. Admitted C. S. Hospital Willey 12/7/19. At the time patient had a profuse purulent discharge Gb positive. Also oedema of prepuce.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

his

(c) (Here give a description of wounds, scars and deformities.)

his

11.—(a) Did the disabling condition have its origin before enlistment? *No*

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *Yes (a)*

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *not applicable*

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Injections Zn Mn Or and medicine Internally

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *Yes*

(If the answer is "yes" state nature of treatment required and probable duration)

Hospital treatment. Duration probably two months

16. Can the former trade or occupation be resumed? *Yes*

(If not, briefly state why)

17. Recommendations

that No 109724 Ptz. F. Kellett be invalided to Canada for further treatment

C. A. Rae Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned *No 109724 Ptz. F. Kellett* have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

F. Kellett Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

.....
.....
.....
.....
.....
.....
.....

19. Is the invalid fit for
(a) General service, (Category A) (Yes or No.)
(b) Service abroad, not general service, (" B) (Yes or No.)
(c) Home service (Canada only), (" C) (Yes or No.)
(d) Temporarily unfit. (" D) (Yes or No.)
(e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

20. It is certified that the invalid
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

.....
.....

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

.....
.....

..... President.
PLACE..... }
DATE..... } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....
.....

..... President
PLACE..... }
DATE..... } Members

APPROVED BY APPROVED BY
..... Assistant Director of Medical Services. Director-General of Medical Services.
DATE..... DATE.....

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. *716*

REGT. No *1099724* RANK *Pte* NAME (IN FULL) *Kellett Fred.*

ORIGINAL UNIT C.E.F. *256th Bn.* PLACE OF ATTESTATION *St. Catharines* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *15.2.17* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ DATE EFFECTIVE

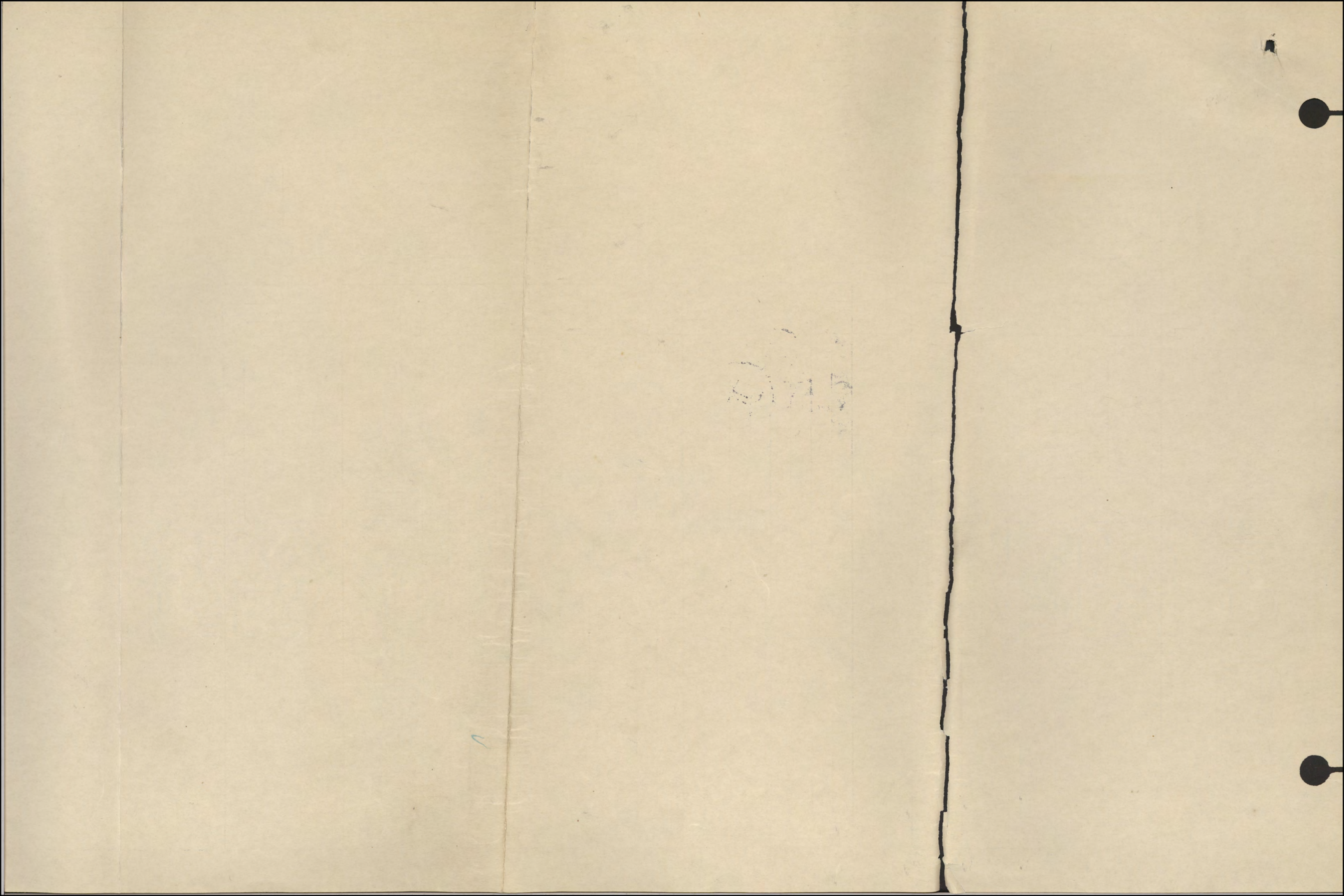
PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *188 Queenston St. St. Catharines Ont.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

Toronto 15.8.19 Demob. after order 17 28/11/21 No. 649. 16.4704

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT	
																	<i>155.09</i>	<i>To Balance as per overseas Ledger Sheet</i>	
<i>9.12.21</i>				<i>35.00</i>					<i>35.00</i>					<i>35.00</i>				<i>Clothing Allowance on 5.10 15/8/19</i>	
																		<i>120.09</i>	<i>Job Allowance overpaid from 16.8.19 to 31.12.19</i>
														<i>135.00</i>			<i>135.00</i>	<i>135.00</i>	<i>135.00</i>
<i>1-2-27</i>	<i>152</i>	<i>10 -</i>	<i>350 -</i>						<i>229.91</i>				<i>120.09</i>					<i>CK No 919257 \$ 229.91</i>	
	<i>153</i>	<i>30 -</i>	<i>150 -</i>	<i>500 -</i>					<i>15</i>				<i>135 -</i>		<i>500 -</i>			<i>CK No 919257 \$ 15.00</i>	



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

5-2-17

Separation and Assigned Pay Branch

772

Apr 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	30	35
12-17	12-17	12-17	12-17
PC. 3257	PC. 3257	PC. 3257	PC. 3257

PC. 3257 m. 27307

RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 1099724
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *J. Kellett*
 Battalion *256th B attn.*
 Beneficiary *Mrs Maud Kellett*
 Relationship *wife*
 Address *24/118 Brn. m/n. 2554 22/9/18.*

PARTICULARS OF ASSIGNMENT

Name *Mrs. Maud Kellett*
 Address *Suite 7 Ruth Apts Maryland St*
 Change of Address *Winnipeg Man.*
 1 *9 Wellington St*
 2 *St Catharines Ont*
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31st	<i>mm</i>	210	180	390	<i>9874 74</i> MRO-98292. Altra <i>22/12/14</i>
Jan	68143 S	30	20	50	<i>m</i> W-5192-May ret'd + remitted 29.7.19 L#148 18
Feb	74118 D	25	20	45	MRO KP 124631 8/120 Destroy - by table
Mar	91459 K	25	20	45	Op closed 31/12/19 Cable P Moly P 5101 30/12/20
Apr	8934 K	25	20	45	"Stop AP 1/120 inactive a 3 m to follow"
May	12851 F	25	20	45	Beneficiary advised 15/120
June	114867 J.	25	20	45	
July	32475 K	25	20	45	
Aug	37746 H.	25	20	45	
Sept	47022 J.	25	20	45	
Oct	51290 N	25	20	45	
Nov	55901 E	25	20	45	
Dec	68497 T	45	20	65	
Jan	71749 K	30	20	50	
Feb	80474 G	30	20	50	
Mar	86831 G	30	20	50	
Apr	1566 H	30	20	50	
May	5192 W	30	20	50	<i>m</i>
June	10917 R	30	20	50	<i>m</i>
July	12672 Q	30	20	50	
Aug	13144 L	30	20	50	
Sept	16516 G	30	20	50	
Oct	14761 B	30	20	50	<i>S</i>

M. F. W. 128
400M.-6-17-1772-39-1141
L. L. 2320-M. & D. 7583.



Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

K 772

PARTICULARS OF SEPARATION ALLOWANCE

No. *1099724*

Rank *Plt* Promoted Reverted Discharge

Soldier's Name *F. Fellett*

Battalion *256 Batta*

Beneficiary *Mrs Maud Fellett*

Relationship *wife*

Address *9 Wellington St St. Catharines Ont.*

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
					9874-7-4
<i>Prot Fou</i>					
<i>Nov</i>	<i>6.14393</i>	<i>30</i>	<i>20</i>	<i>50</i>	<i>M.R.O. H 124631 8/1/20 Destroy</i>
<i>Dec.</i>	<i>A.13974</i>	<i>30</i>	<i>20</i>	<i>50</i>	<i>Sata closed 1/1/20 C 54 Beneficiary advised 15/1/20</i>
					<i>Cable Pms P5101 30/12/19 - 3 m. to follow</i>
					<i>"stop at 1/1/20 Beneficiary advised 15/1/20 typist</i>

1005
2005
LP
A, No. _____
War Service Badge

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

O.G. 13
S.G.
D.A. J.

1. No. 1099724

2. Rank. Pte

3. Name. KELLET, Fred

4. Unit. CGB CGBD 256th Bn

5. Date of Discharge 15-8-19 Place London

6. Reason for Discharge Demobilization

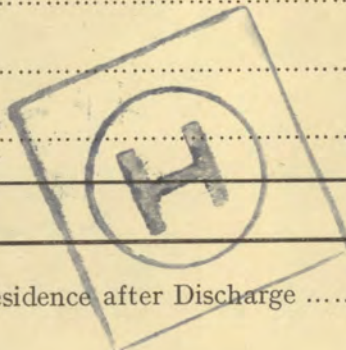
Category To

Next of Kin Wife

Intended Town of Residence St. Catherine's

Occupation Eng. Group

Service in France 23/12



7. Authority. C.E.

8. Proposed Residence after Discharge 80 Chaplin Ave St. Catherine's

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

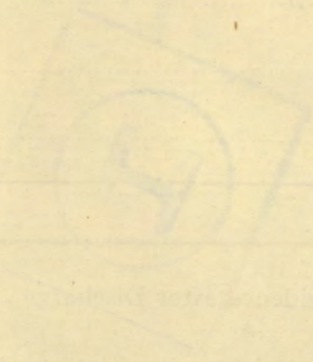
Signature

(O. C. Discharging Unit.)

25

PROCEEDINGS OF THE BOARD
OF SUPERVISORS

Date	Description



2
1
4
1

LET OF RESEARCH DOCUMENTS

Faint, illegible text, likely bleed-through from the reverse side of the page.

In Dental no 810

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings of Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a)
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.C.S. 1)
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratitude (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 15

Date JUL 1919

NO ACTION IS TO BE TAKEN ON THE BALANCE SHOWN
ON THIS ACCOUNT UNTIL VERIFICATION HAS BEEN
OBTAINED FROM P2 SECTION. A.D.P.S. (DEMOCB).

DEPT. OF AGRICULTURE
WASHINGTON, D. C.

OFFICE OF THE
SECRETARY

WASHINGTON, D. C.

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY
WASHINGTON, D. C.

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