

Thomas Hall
in the Canada, WWI CEF Personnel Files, 1914-1918

Name:	Thomas Hall
Birth Date:	10 Feb 1896
Birth Place:	Hyde, Saskatchewan
Residence Place:	Lemberg, Saskatchewan
Mother:	R H Hall
Regimental Number:	925915

Source Citation

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Description

This database consists of service files for men and women who enlisted in the Canadian Expeditionary Force (CEF) of the First World War. [Learn more...](#)

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ATTESTATION PAPER.

No. 925915.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Hal l.
- 1a. What are your Christian names?..... Thos.
- 1b. What is your present address?..... Lemberg, Sask.
2. In what Town, Township or Parish, and in what Country were you born?..... Hyde, Sask.
3. What is the name of your next-of kin?..... Mrs. R. H. Hall
4. What is the address of your next-of-kin?..... Mother. Lemberg, Sask.
- 4a. What is the relationship of your next-of-kin?..... Mother.
5. What is the date of your birth?..... Feb. 10th 1896.
6. What is your Trade or Calling?..... School Master.
7. Are you married?..... No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
9. Do you now belong to the Active Militia?..... 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 } Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Hall., 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.

Sgd. Thomas Hall......(Signature of Recruit)

Date June 1st 1916 G. I. Paterson......(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Hall., 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.

Sgd. Thomas Hall.....(Signature of Recruit)

Date June 1st 191 6 G. I. Paterson.....(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 Weyburn, Sask. this 1st day of June 1916.

Sgd. S. J. Taylor, J.P......(Signature of Justice)

Description of Thomas Hall on Enlistment.

Apparent Age 20 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 8 ins.

Chest measurement { Girth when fully expanded 34 1/2 ins.
Range of expansion 3 1/3 ins.

Complexion Fair

Eyes Blue

Hair L. Brown.

Religious denominations. { Church of England
Presbyterian Yes.
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 June 1st 1916 . Sgd. J. Tripp

Place Weyburn, Sask. 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.

Thomas Hall 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.

Sgd. G. W. Hemmans. Capt and Adj. (Signature of Officer)

Date June 1st 1916 .

REGIMENTAL DOCUMENTS

NAME *Thos. Hall* 1st Lt. REG. NO. *925915* UNIT *132 Bu* H. Q. FILE NO. *1*

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

1/2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 M.A.W. 192

1 A.C.D. 3

1 M.A.W. 67

DEATH

Category

DISCHARGE

Category

DESERTION

SURNAME.

Hall

CHRISTIAN NAMES

Thomas

REGL. No.

925915

RANK

Pte.

UNIT

152nd

FORMER CORPS

Nil.

CARD NO.

012

S.O.S. 21-5-19
Lemberg #12-10
10-11-5-8 25-4-19

S.O.S. 31-5-19 Lemberg
D.O. 1507 30-5-19 #12-10
Died 19.6.20 12
SCR 777 9-12 24.6.20

NEXT OF KIN.

NAMES IN FULL

Hall, Mrs. R. H.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Lemberg, Sask.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada Hyde, Sask.

PLACE OF ATTESTATION

Weyburn, Sask.

DATE

Feb. 10th 1896

DATE

June 1st 1916

Sailed from Halifax per S.S. Mississauga 3-10-16

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

School Master

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

20

YEARS

4

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

34 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light brown

DISTINGUISHING MARKS

Not stated

MEDICAL EXAMINATION.

PLACE

Weyburn, Sask.

DATE

June 1st 1916

Present Address

Lemberg, Sask.

S.O.S. Demob 31-5-19. M.D# 12.

649-H-30661

S.C.R.

✓ ✓ ✓ ✓
HALL, T. ~~Cn~~ Cpl. 925915, 5th Bn.

Medals & Dec. (Father) Rowland H. Hall,
Lemberg, Sask. ✓

P. & S. (Father) As above

Ser. # 986179.

Mem. Cross (Mother) Mrs. Mary Hall,
Lemberg, Sask. ✓

(Not married)

Not Eligible for 14-15 Star
E... .. V.M.
E... .. B.W.M.

Death due
to Service

✓ 6484

S.C.R.

R.R.

1864

0866H

Em
Lms

Number 922915 Rank Cpl

Surname HALL

Christian Name Thomas

Unit 5 Bn Can Div Theatre of War France

Date of Service 8-2-17

Remarks Rowland H. Hall, Esq. (Y)

Latest Address Lemberg

Roll No. B Page 12532 Last 11/24

200 -2-21.

DESP. JUN 12: 1924

REGN. NO. 5034

Back

No. 925915

RANK

Pte

NAME

Hall Thos

T. O. S.

1-6-16
No. O. 143 of 6-6-16

UNIT

152nd C/S Battalion

M. D. 12

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1916

1916

June 1

June 30

✓

July

✓

Aug

✓

Sept

✓

Act pay not available.

UNIT SAILED

OCT 3 1916

H

*Name HALL T. Rank Cpl. Regtl. No. 925915
 Original unit 152nd Present unit 5th M. or S. Age Religion Ref. H.Q.
 Fyle Depot

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
10-4-19	TOS.#12 DD.and posted to Casualty Coy.from 22-4-19	120-737
30-5-19	Posted from Cas.Coy.to Discharge Sec.	150-907
31-5-19	Discharged-On demob.	150-906

*—Name will be given in full; surname first.

(over)

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. 152 Overseas Battalion

Regimental No. 925915 Rank Pte Name Hall Thomas
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
30.4.19	120.737	From <u>clearing Depot</u>	<u>Regina</u>	<u>12.4.19</u>	<u>Hamilton Capt</u>
30.5.19	<u>As Coy Discharged on Demobilization</u>	<u>Hamilton Capt</u>	<u>Regina</u>	<u>31.5.19</u>	<u>D.D.O. 150-906</u>

(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.

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. 152 Overseas Batt.
 Regimental No. 925915 Rank 1st Lt. Name Hall Thomas
 Enlisted (a) 1/6/16 Terms of Service (a) War 16 mths. Service reckons from (a) 1/6/16
 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) Teacher

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				
3/10/16 13/10/16	OC 152 Bn "OC 32nd Bn 21 OCT 1916 OC 32 Bn	EMB'D HALIFAX 27.9.16 DISEMB'D LIVERPOOL 4.10.16 Taken on the Strength of the 32nd Battalion, C.E.F. PT. 11 FORDS, NO. 270, D/21.10.16		3-10-16 2/10/16 13/10/16	
4-1-14 2-17	OC 32nd Bn "OC 15th Res. Batt	S. O. S. 32nd Batt S. O. S. 15th Res. Batt Proceeded on draft to S. M. Plain	Sandling Dibgate	4-1-14 7/2/17	for O.C. 32nd Battalion, CANADIAN INFANTRY FORCE, Pt II. 1. 4-1-14. At 35. 7/2/17 " 15th B. R. B.

(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.

Casualty Form A-1

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				
8/2/17.	C. B. D.	ARRIVED C. B. D.	FRANCE	8/2/17.	N. R. D. PART II ORDERS No 17 D 12/2/17
14/2/17.	C. B. D.	LEFT C. B. D. FOR	1st Can. Cont Bn	14/2/17.	N. R. D. D.S. 447-21. 5-3-17.
24-2-17.	O. C. BN	ARRIVED ^{the} BN.	FIELD	19-2-17.	B. 213 D 24-2-17
5.12.17	"	<u>Appointed Lance Corp.</u>		6.9.17	K 816 34784 Pro 149 12/17
29.12.17	"	GRANTED 14 DAYS LEAVE to UK.		29.12.17	B213. Pro. 347-8. 18.
19.1.18	"	RETURNED FROM LEAVE	FLW	14.1.18	"
31.3.18	"	<u>Promoted Corporal</u>		3.2.18	K 4088 Pro 414 5-4-18
18.1.19	"	14 days leave to UK		4.1.19	B213 Pro 7
1.4.19	"	from		31.7.19	"
	Emb. Camp.	Proceeded to England.		15-3-19	N.R. Pt. 2 O.No. d/...
2/4/19.		B.O.B. on proceeding to Canada			
		Pt II orders No 24			
		CARMANIA			
		Embarked		10 APR 1919	
		Disembarked		10 4 19	
		18 4 19			
		☆.no.9 Conducing Staff. ☆			
					H. Wing 6.166 W.F. Griffiths

J.P.

Rank

4/Cpl

Name HALL, Thomas

Reg'l No.

R-122
8,401-50,000-21-10-16.
925915.

Unit 152nd Bn.

If in perm. Corps,
What Unit?

Married or Single Single.

Place and Date of Enlistment Weyburn Sask. 1st. June. 1916.

Place of Birth Hyde Sask.

Name and Address, Next-of-Kin Mrs R.H. Hall.

Lemberg. Sask.

Relationship Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

M.X.
3-2-21
R.R.N/E. R.B. No. 1162
File R.L.
Category O.R. Can.

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.				
	Arr. in ENGLAND S.S.	MISSANAEIF		13-10-16	
20.10.16	152 BN. TRANS. 32 Bn	E sandl'g	21-10-16	Pt. 2 268	
21-10-16	06.32 nd	Taken on strength.	"	21-10-16	" 270.
4.1.17	32nd S.O.S to 15th Res Bn.	E Sandling 4 -17	It. II, C, 4		
4.1.17	15th R, En	T.C.S 15th Res Bn.	E Sandling 4 -17	Pt. II, O, 1	
7-2-17	"	S.O.S. to 5 th Bn o/s.	S'cliffe	7-2-17	" 35.
12-2-17	5 th Bn.	Taken on strength	Field.	8-2-17	PL. II O. 17.
14-12-17	"	Appointed Lance Corp.	"	6-9-17	" 149.
5-4-18	"	Promoted Corporal	"	3-2-18	" 41
19 3 19	5 BN	PROC TO ENGLAND	Cpl 15 3 19	D O 23	

A.F.B. 103 CHECKED
14 FEB. 1917
W.S.P.

925915 Hall T.

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.				
28 3 19	CCC	PEND RET TO CANADA	16 3	19	DO 15
10 4 19	CCC 5BN H.Wing with 5 Bn	SOS TO CAN		10 4 19	DO 24
		To Canada	10 4 19.	45-0 6.3	

ORIGINAL
MEDICAL HISTORY SHEET

Surname

Ball

Christian Name

Service Badge

Class "A" No.

Examined

on *1st* day of *June* 191*6*
at *Weyburn*

Approved by

D.C. Rose

Birthplace

City or Town *Hyde*
County *Sask.*

Rank

Lieut.

M.O.

Apparent age

20 4/12

Trade or occupation

School Master

Height

5 feet *8* Inches

Weight

lbs.

Chest measurement

Minimum *31* inches
Maximum expansion *3 1/2* inches

Physical development

Small-pox Marks

Vaccination Marks

Arm Right Left
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

vision defective corrected

by proper glasses worn

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

4/7/16

Good

J.H. Tripp

M.O.

Date

Result

ANTI-TYPHOID INOCULATIONS, ETC.

14/6/16

Good

J.H. Tripp

M.O.

21/6/16

Good

J.H. Tripp

M.O.

4/7/16

Good

J.H. Tripp

M.O.

Enlisted on

1st

day of

June

191*6*

at

Weyburn

Joined on enlistment

CORPS

REG'TL NUMBER

HABITS

DATE

152013 *925915*

1/6/16

Transferred to

32nd Battalion C.E.F.
15th Canadian Res. Bn
5th Bn

21 OCT 1916

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION

DATE

DISEASE

RESULT

Went Camp 11 Wey.
acc.

31-3-19

By Vis.

A. D. Smith

28

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 EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No. 241265

THIS IS TO CERTIFY that No.

925915

(Rank)

Corporal

Name (in full)

Hall

Thomas

enlisted in

the

152nd. Battalion. C.E.F.

CANADIAN EXPEDITIONARY FORCE at

Weyburn, Sask.

on the

First

day of

June

1916.

HE served in

5th

C.E.F. Battalion

in France

and is now discharged from the service by reason of

Demobilization.

~~Medical Unfitness.~~

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

Age

23 yrs.

Height

5 ft 8 ins

Complexion

Fair

Eyes

Blue

Hair

L. Brown

Marks or Scars

Signature of Soldier

Thos. Hall

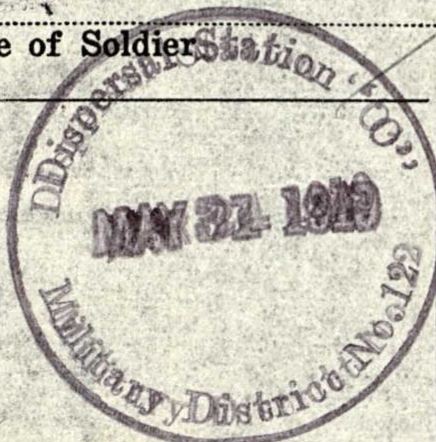
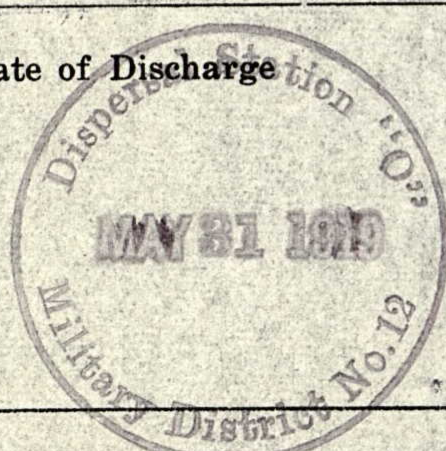
Issuing Officer

G. B. Badshuk

Rank

MAJOR

Date of Discharge



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.

To be made out in duplicate.

War Service Badge
Class "A" No.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- 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.
- All questions, etc., must be answered.
- 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.
- Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

- Name of Overseas Unit which Soldier joins..... 152 Overseas Batt.
Weyburn.
- Regimental Number 925915.
- Full Name of Soldier..... Hall.
Thos.
- Place of Birth..... Hyde.
DASH.
- Are you married, or not? No.
- If married, state,
(a) Full name of your wife..... —
- (b) Present Postal Address..... —
- Are you a widower? No.
- Have you any children? No.

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

Also their names and ages.....

28

(9) Is your Father alive?

Yes

If so, state name and address

Mr. R. H. Hall, Lemberg, Sask.

(10) Is your Mother alive?

Yes

If so, state name and address

Mr. R. H. Hall, Lemberg, Sask.

(11) If your Mother is a widow

No

Are you her sole support, or not?

No

(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?

No

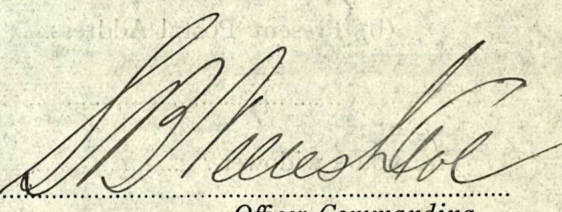
If so, in what Company?

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

1/6/16


Officer Commanding.
152nd Overseas Battalion.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

Class "A" No. _____

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

HALL, T.

REGIMENT

51 Batt.

RANK

Cpl.

No.

925915.

Date of Examination in England

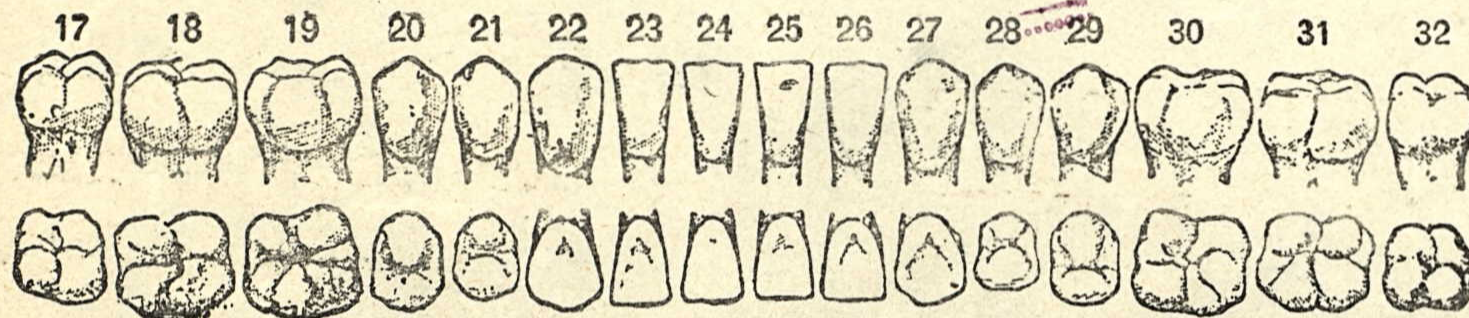
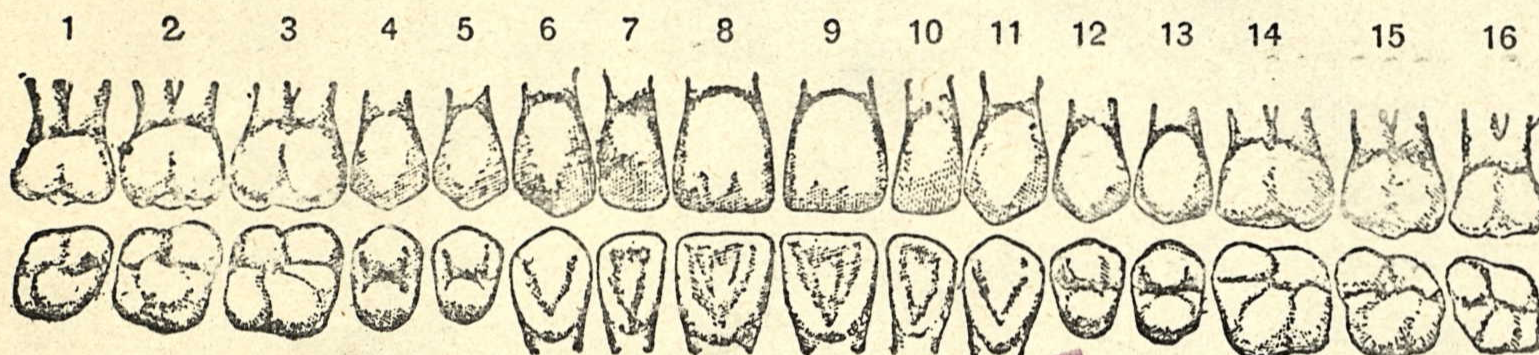
18-3-19

Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

5.

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

E. M. Mounter Capt Major
A.D.D.S., C.A.D.C., M.D. 12

HAS HE EVER REFUSED DENTAL TREATMENT?

No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

W. H. Hetherford Capt

AUDITOR	PAYMASTER
---------	-----------

REGT. NO. 925915 RANK Cpl NAME (IN FULL) HALL, T

TEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)	
ADDRESS <i>Union Bank, Lemberg, Sack</i>					<i>152nd 15th</i>			
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY	
TO WHOM PAID <i>Nil</i>	RELATIONSHIP				DATE OF ATTESTATION <i>1/6/16</i>	TRANSFERRED TO	DATE AUTHORITY	
ADDRESS					ASSIGNED PAY \$ <i>15</i>	DATE EFFECTIVE <i>1/9</i>	No. 12 DISTRICT DEPOT	
					PAYABLE TO <i>Mrs Mary Hall</i>	RELATIONSHIP <i>Mother</i>	ANY CHANGE IN ASSIGNEE OR ADDRESS	
					ADDRESS <i>Lemberg Sack</i>			
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE		
					DISCHARGED	PLACE <i>Regina</i>	DATE <i>31/5/19</i>	REASON <i>Demob</i>
							AUTHORITY <i>20 150</i>	IF ENTITLED TO POST DISCHARGE PAY <i>4/c</i>

BALANCE
FROM
PREVIOUS
ACCOUNT

Paymaster War Service Gratuity
Military District No. 12.

WAR SERVICE GRATUITY M.D. 12

GENERAL AUDITOR'S DEPT.
AUDITED
JAN 18 1920
DISTRICT A-112 H.B. 12

P. 559.
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Single
Byde Sask.
Mrs R. H. Hall
Leuberg Sask. Can
mother

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Prom to Capt	6/9/17	Bo 149 14/12/17

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. NO. 925915 RANK

NAME

IF IN PERM. CORPS
WHAT UNIT

UNIT

TRANSFERRED TO 32nd Batt. DATE 13/10/16

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO 15th Res Bn DATE 1/2/17

AUTHORITY R.O. 69.

PLACE OF ATTESTATION

Regina Sask

TRANSFERRED TO 5th (As) Battn DATE 11/3/17

AUTHORITY R.O. 17.

DATE OF ATTESTATION

1.5.16

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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9259.5

L. 6 Pl.

Sto Wall, Thomas.

Sep 30, 1933 -

ASSIGNED PAY.	ENGLAND or CANADA	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: HALL Thomas																		
EFFECTIVE DATE: 1/6/18		EFFECTIVE DATE: 1/6/18		NUMBER: 925915																		
AMOUNT: 1500		AMOUNT: 1500		PARTICULARS OF RANK OR APPOINTMENT																		
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A., THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				<table border="1"> <tr> <th>AUTHORITY</th> <th>DATE EFFECTIVE</th> <th>RANK OR APPOINTMENT</th> </tr> <tr> <td>B.O. 149</td> <td>14/12/17</td> <td>L/Corpl</td> </tr> <tr> <td>DO 41</td> <td>5/4/18 5Bn</td> <td>Corp</td> </tr> </table>	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	B.O. 149	14/12/17	L/Corpl	DO 41	5/4/18 5Bn	Corp									
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT																				
B.O. 149	14/12/17	L/Corpl																				
DO 41	5/4/18 5Bn	Corp																				
Mrs Mary Hall (Mother) Lemberg Sask. Canada																						
				UNIT AND TRANSFERS																		
				ORIGINAL UNIT: 152nd Bn																		
				DATE ACCOUNT FIRST OPENED: 1/10/16																		
				<table border="1"> <tr> <th>AUTHORITY</th> <th>DATE EFFECTIVE</th> <th>DATE LEDGER SHEET T'S'D</th> <th>UNIT TRANSFERRED TO</th> </tr> <tr> <td></td> <td></td> <td></td> <td>5th Bn</td> </tr> <tr> <td></td> <td></td> <td>9/5</td> <td>Can. Sect.</td> </tr> </table>	AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO				5th Bn			9/5	Can. Sect.						
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO																			
			5th Bn																			
		9/5	Can. Sect.																			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK																						
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT															
12/14	6138	5Bn	560	31/3/19		LPC Bal	28926															
2/3	1510	2CCC	7300																			
				DAILY RATES OF PAY AND ALLOWANCES																		
				<table border="1"> <tr> <th>AUTHORITY</th> <th>PAY</th> <th>F.A.</th> <th>P.F.A.</th> <th>SUBS'CE ALL'CE</th> </tr> <tr> <td></td> <td>100</td> <td>10</td> <td></td> <td></td> </tr> <tr> <td>DO 41 5/4/18 5Bn</td> <td>110</td> <td>10</td> <td></td> <td></td> </tr> </table>				AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE		100	10			DO 41 5/4/18 5Bn	110	10		
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE																		
	100	10																				
DO 41 5/4/18 5Bn	110	10																				

PARTICULARS OF RENDERING NON-EFFECTIVE: *transferred Canada 31/3/19 before 25021. 24/3/19 transferred to do M/P 12*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Bal forward								28319	270	
April	L/Corpl pay	3450		AR 44 5Bn 4/4/18	535						
	Un Cr Corp pay 3/4/18 - 30/4/18	435		5th Bn instal 30 loan loan	20						
				AR 153 5Bn 29/4/18	535				29134	285	
May	pt pay	3885			3070						
	Un Cr Corp pay	3110		AR 178 5Bn 6/5/18	535						
June	6pt pay	3620		AR 264 19/5/18	535				31784	300	
				A.P.	1070			15			
				AR 82 1/6/18	535						
				AR 378 15/6/18	535						
				AR 225 29/6 1st Div	535				32279	300	
		36			1605			15			
July	✓	3720		G.A.P.				15			
				AR 128 25/7 2 B.G.B.	535			15	33964	300	
		3720			535						
Aug	✓	3720		G.A.P.				15			
				AR 230 1/8	446			15	35738	300	
		3720			446						
Sept	✓	36		G.A.P.				15			
				✓ 417 5/9	892						
				✓ 492 14/9	446			15	36500	300	
		36			1338						
Oct	6pt P.	3720		G.A.P.				15			
				AR 729 20/10 2 B.G.B.	466						
				AR 985 30/10 5Bn	466				37788		
		3720			932			15			

C.F.

NAME HALL Thomas

U.S. Canada. 19/4/19. A.H. 45. 5 Pm.

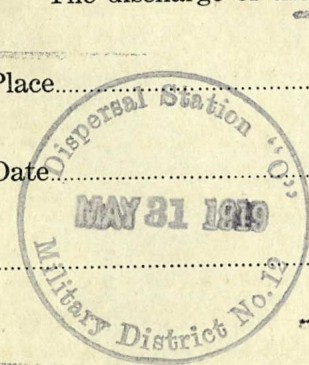
War Service Badge
Class "A" No. 241265

Da 0"

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

Occupational Group No. 19

1. No.	975915		
2. Rank.	Cpl.		
3. Name.	Hall Thomas		
4. Unit.	5th Cav Inf Bateria		
5. Date of Discharge	31. 5. 19	Place	Regina
6. Reason for Discharge	Demobilization		
7. Authority.	R.O. 1420 & D.D.O. 150-906		
8. Proposed Residence after Discharge	Lumburg Sask		
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.?..... Thomas Hall. Signature of Soldier.		
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Date..... Signature..... (O. C. Discharging Unit.)		



Signature
MAJOR

Received
29/6/20
authn 24
Havardger
3/23

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 on 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.O.S. 2).
12. Last Pay Certificate (P.851). + sup.
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2000).
15. Sundry Documents.

Group..... **B**

Checked by No.....

Date..... **5-4-1910**

ORIGINAL

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 H. Wing c.c.c. 1111 DATE 31/3/19

1. 1 (a) Unit 56. IB (b) Regimental No. 925915 (c) Rank Cpl

(d) Surname HALL (e) Christian name Thomas

(f) Home address Kemberg - 2nd

(g) Next of Kin Mrs. R. H. Hall (h) Relationship mother

(i) Address of Next of Kin Kemberg - 2nd

2. Age last birthday 23 years Date of birth 10.2.1896

3. Enlistment, or Appointment (if an Officer) (a) Place Weyburn, Sask. (b) Date 1.6.16

4. Personal description: Estimated

(a) Height 5'10" (b) Weight 150 lbs. (c) Complexion Ruddy

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. One scar over arm, 4, Scar on nose

5. Former trade or occupation School-master

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).

	PERIODS	
	Years	Days
	<u>2</u>	<u>300</u>
	PERIODS	
	From	To
Canada	<u>1.6.16</u>	<u>3.10.16</u>
England	<u>3.10.16</u>	<u>7.2.17</u>
France or other theatres of War	<u>7.2.17</u>	<u>15.3.19</u>

7. Original disease, or injury Myopic Astigmatism

(a) Date of origin 1914 (b) Place of origin Canada

(c) Cause Strain

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.)

Defective Vision Both Eyes

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.)

Eye Specialist's Report dated 19.3.19:-

*Visual Acuity Rt. 6/18 with sp. 6/9
Visual Acuity Lt. 6/12 with sp. 6/6*

Myopic Astigmatism.

*Condition was present before enlistment
Has not been aggravated by service.*

Sgt. Wm. A. Macdonald, Cpt. C.C.R.C.

- (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).)

*Occupational Evidence:- Vision defective corrected by
proper glasses worn (M.H.S. Defects Column)*

*Soldier's Statement:- Defective vision first noticed
in 1914 when he had been doing much night
stamping. Wore glasses ever since.*

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).)

Nil

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

Laceration on knee (accident 1915)

11.—(a) Did the disabling condition have its origin before enlistment? *yes*

(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.)

no

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *(a) no (b) no*

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? *Permanent*

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

Nil except glasses.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *no*

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

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

(If not, briefly state why)

17. Recommendations *N.G.*

H. P. Shuman for Capt. C. A. M. C.
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 *925-915- Cpl. Hall, Jr.* 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

Thomas Hall - 6pl. 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.

Yes

19. Is the invalid fit for

- (a) General service,
 (b) Service abroad, not general service;
 (c) Home service (Canada only),
 (d) Temporarily unfit.
 (e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.)
 (" B) (Yes or No.)
 (" C) (Yes or No.)
 (" D) (Yes or No.)
 (" E) (Yes or No.)

Yes A.
Yes

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.)

P. J. C. Auto AB Tu 90839 11-11-18

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.

PLACE

Wootly Camp H. Army Co. C.

DATE

31-3-19

W. S. M. L. H. T.
Deputy
 President.

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

J. H. Pearson
Capt. Lane
 for Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

4/4/19

DATE

Date of Enlistment

1-5-16

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

H

OVERSEAS CONTINGENTS

847

1st June 18

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

66742
80

PARTICULARS OF SEPARATION ALLOWANCE

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion *No. 1 For Draft 152 Bn.*

Beneficiary _____

Relationship _____

Address _____

PARTICULARS OF ASSIGNMENT

Name _____

Address _____

Change of Address _____

1 MRS. M. HALL,

2 LEMBERG,

3 SASK. 15 15.00

4 % 925915 L. CPL T. HALL

FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total
June	A 13667		15	15
July	W 28578		15	15
Aug	D 28122		15	15
Sept	L 35505		15	15
Oct	E 42366		15	15
Nov	C 50458		15	15
Dec	E 62757		15	15
Jan	C 70008		15	15
Feb	B 77065		15	15
Mar	E 82811		15	15
Apr.	D 525		15	15
		165		165

07779-7-28
~~07779-7-28~~
 REMARKS
 M. R. #18152

A/c Closed 30-4-19

Ret'd per *Summary*

Date 18-4-19 M.F.W. 187 M.D. 12

Clerk 24-4-19 *W. J. H. H. H.*

M. R. O. A. 94011 destroy

M. F. W. 128.
 400M. 17-1772 30-11-11
 L. L. 22320-M. & D. 7993.

AUDITED

AUTHORITY 21M. Apr. 28-18.
 FOR
 NEW ACC'T. 8-6-18 Swatts