

## ATTESTATION PAPER.

205th BATT'N C. E. F.  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

No. 240139.

Folio.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Lang,
- 1a. What are your Christian names?..... George
- 1b. What is your present address?..... 150 Walnut St. S. Hamilton, Ont.
2. In what Town, Township or Parish, and in what Country were you born?..... Hamilton, Ont.
3. What is the name of your next-of-kin?..... Lang, Walter
4. What is the address of your next-of-kin?..... 122 Steven St., Hamilton, Ont.
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... 2nd Sept. 1895
6. What is your Trade or Calling?..... Lineman
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, George Lang, 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.

Date 8th March 1916. George Lang (Signature of Recruit)  
W. R. English (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Lang, 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.

Date 8th March 1916. George Lang (Signature of Recruit)  
W. R. English (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 Hamilton this 8th day of March 1916.

W. R. English (Signature of Justice)  
Wentworth County

Description of Lang, G. George on Enlistment.

Apparent Age 20 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. 1 ins.

Vacs. 1 Left

Chest measurement { Girth when fully expanded ..... 33½ ins.  
 Range of expansion ..... 3 ins.

Complexion ..... Clear

Eyes ..... Brown

Hair ..... Dark

Religious denominations { Church of England .....  
 Presbyterian .....  
 Methodist .....  
 Baptist or Congregationalist Yes .....  
 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 1st March 1916.

*Charles Carter*

Place Hamilton, Ont.

*W. J. ...*

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.

George Lang 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.

*A. R. ...*

Lieut. Col. (Signature of Officer)

Commanding 205th Battalion C. E. F.

Date APR 22 1916 1916

REGIMENTAL DOCUMENTS

NAME **LIANG GEORGE**

REGT. NO. **248139**

UNIT **3<sup>rd</sup> Can Div Sig Coy.** H. Q. FILE NO.

210  
11/5/19  
Jpr

⑤

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

*Demob*

07031

DESERTION

TESTATION PAPER (M.F.W. 23, 133, or 51)

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

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

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)

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

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

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)

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

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

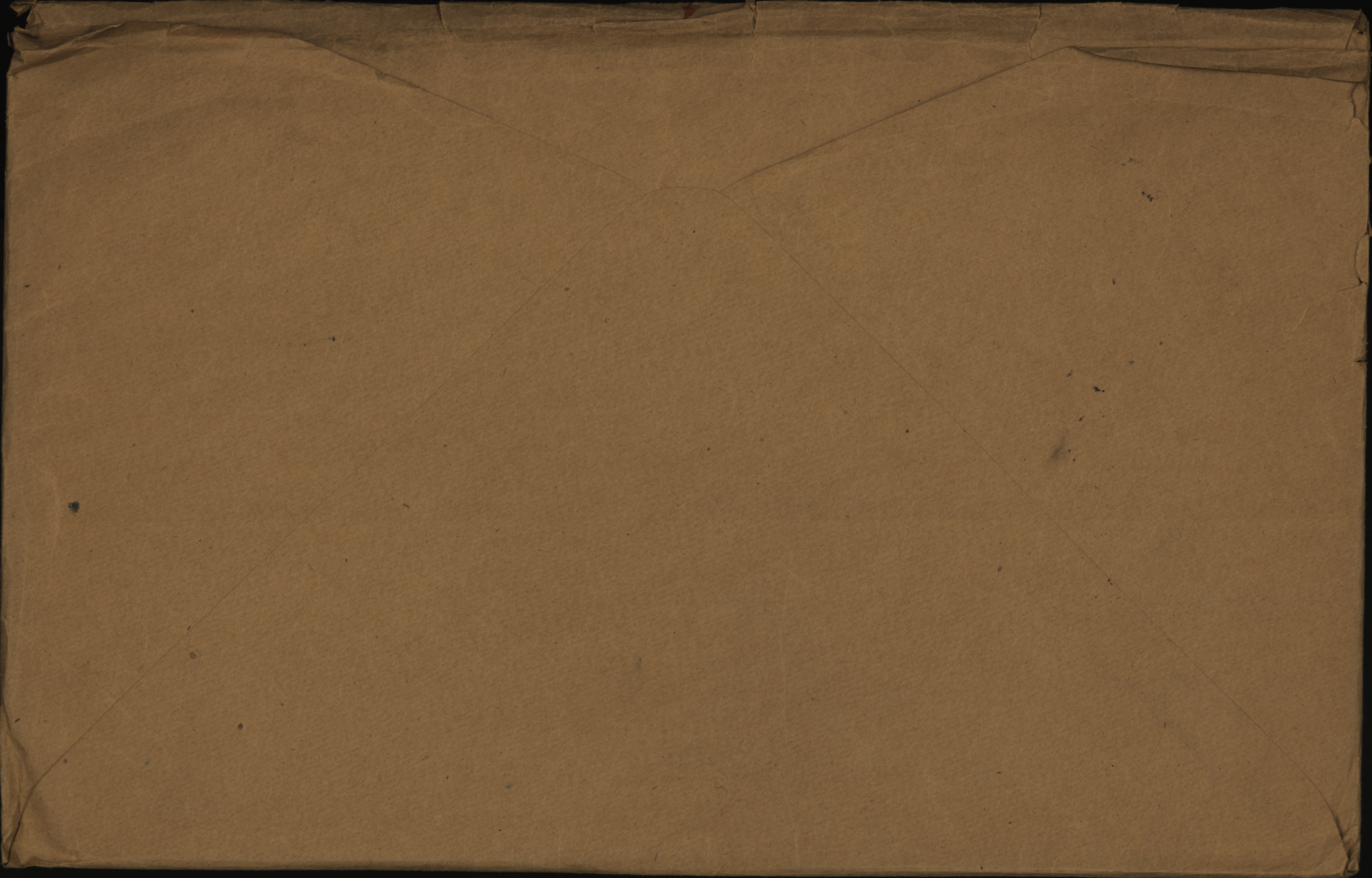
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

M

H

12  
12  
13  
28  
1

2 Misc  
1000  
1000  
1000  
1000  
1000



Surname

Christian Name or Names

Reg. No.

Lang  
Rank

G.  
Unit

240139

Cas. List.

C. E. Sig P.

H. C. Frank.

28-11-18.

4-11-18 A 362

pro. n.

15-11-18 A 372<sup>2</sup>

Disc to Duty 6-11-18.

A.M.D. 2 Dept.

Dep. of D.G.M.S. O.M.F.C. London

Cas. List.

No. 240139 RANK *Pte*

NAME *Lang George*

T. O. S. 15-3/16  
201 of 30-3/16

UNIT *200th Battalion C. E. F.  
(Tigers of Hamilton)*

M. D. *L*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>March</i>	<i>March</i>	<i>✓</i>		
<i>Apr. 1.</i>	<i>Apr. 24.</i>	<i>✓</i>		
<i>Apr. 25.</i>	<i>Apr. 30</i>	<i>✓</i>		
	<i>May.</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
	<i>July</i>	<i>✓</i>		
	<i>Aug.</i>	<i>✓</i>		
	<i>Sept</i>	<i>✓</i>		
	<i>Oct.</i>	<i>✓</i>		
	<i>Nov.</i>	<i>✓</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1917</i>	<i>1917</i>			
<i>Jan 1.</i>	<i>Jan 31</i>	<i>✓</i>		
<i>Feb. 1.</i>	<i>Feb. 12</i>	<i>✓</i>		
<i>Feb 13</i>	<i>Feb 21.</i>	<i>✓</i>		
			<i>attending two weeks course in Drumming DO. 230.</i>	
			<i>Ret'd gr. " Toronto 22-12-16 DDj 244.</i>	
			<i>Trans. to 164th Bm</i>	<i>DD 49 of 20-2-17 Over</i>

1917      1917  
Feb. 22   Feb. 28 ✓ how shown on 164<sup>th</sup> Gen. paylists -  
Mar.                    ✓

UNIT SAILED

APR 1 1 1917



NAME

*Lang J.*  
*Pte.*

REGT. No.

*240139*

RANK AND UNIT

*Sig P. Can. Eng.*

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 362<sup>1</sup>  
A 372<sup>2</sup>Hlean Hld. Amb.  
H " " "28-10-18  
6-11-18P. U. C.  
" Dis. to duty.

SURNAME.

*Lang,*

"G.I." CARD NO. *L*

CHRISTIAN NAMES

*George.*

*808-21030-379*  
*Demob FOLL th 50*  
*94 of. 4-4-19*  
*142 d. 1*

REGL. NO.

*240139*

RANK

*Plt*

UNIT

~~*205<sup>th</sup>*~~

*164<sup>th</sup>*

*Bn.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Lang, Walter*  
*Father*

RELATIONSHIP TO SOLDIER

ADDRESS

~~*122 Steven St.,*~~

*122 Catherine St. Hamilton, Ont.*

*Auth. 54-21-38-1*

*19-6-16*

COUNTRY OF BIRTH

*Canada, Hamilton Ont.*

DATE

*Sept. 2<sup>nd</sup> 1895.*

PLACE OF ATTESTATION

*Hamilton, Ont.*

DATE

*Mar. 8<sup>th</sup> 1916*

*Transferred from 205<sup>th</sup> to 164<sup>th</sup> Am. Auth. 164<sup>th</sup> Am.*

*M.R. 5-4-19.*

*R/C. 27/3/19 <sup>292</sup>/<sub>113</sub> Apr.*

L. L. 94504. M. & D. 6512.

*O/S. 11-4-17*

M. F. W. 22. 250M.-2.16. H. Q. 1772-39-339.

From Halifax Per St. Carpathia 11-4-17

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Lineman

RELIGION

Baptist or Congregat<sup>ionalist</sup>

DESCRIPTION.

APPARENT AGE

20 YEARS

— MONTHS

HEIGHT

5 FEET

— INCHES

CHEST MEASUREMENT

33 1/2 INCHES

EXPANSION

3 INCHES

COMPLEXION

Clear

EYES

Brown

HAIR

Dark.

DISTINGUISHING MARKS

Vacc. 1 left.

MEDICAL EXAMINATION.

PLACE

Hamilton, Ont.

DATE

Nov. 1<sup>st</sup> 1916.

Present Address: 150 Walnut St. S.,  
Hamilton, Ont.





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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) LANG GEORGE  
 REGIMENT 3rd Cdn Div Sig Co. RANK SPR No. 240139  
 Date of Examination in England \_\_\_\_\_ Date of Examination in France 17/1/19



DIRECTIONS TO DENTAL OFFICERS

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 2.5
2. EXTRACTIONS \_\_\_\_\_
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower \_\_\_\_\_

Dental Certificate issued.

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

*Handwritten signature: G. Chapman*  
*Captn*

1911

*[Faint, illegible handwriting]*

*[Faint, illegible handwriting]*

*[Faint, illegible handwriting]*

*[Faint, illegible handwriting]*

*[Faint, illegible handwriting]*



# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge  
Class "A" No. ....

THIS IS TO CERTIFY that No. 240139 (Rank) Sapper

Name (in full) LANG George enlisted in  
the 205th Canadian Infantry Battalion

CANADIAN EXPEDITIONARY FORCE at Hamilton, Ont. on the first  
day of March 19 16

HE served in 54th Can. Inf. Bn., 3rd Can. Div. Signal Coy.

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 years 6 months  
Height 5 ft.  
Complexion clear  
Eyes brown  
Hair dark

Marks or Scars vacc mark left arm

Geo Lang  
Signature of Soldier

B. McCason  
Issuing Officer  
Capt

Date of Discharge HAMILTON, ONT.  
NO. 2  
MAR 30 1919  
DISTRICT DEPOT.

For Rank  
D. G. No. 2 District Depot  
Date 30/3/19 19 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.

DISCHARGE CERTIFICATE

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. District.

DATE OF DISCHARGE  
DISTRICT OFFICE

2ND CEN. ONT. REGT.

G.C. Rank

Name LANG. George.

Reg'l No. 240139

Unit 164th. Bn.

If in perm. Corps,  
What Unit?

Married or Single Single.

Place and Date of Enlistment Hamilton. 8th. March 1916.

Place of Birth Hamilton. Ont.

Name and Address, Next-of-Kin Walter Lang.

122 Steven St. Hamilton. Ont.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No.	7470
File R.L.	
Category	CAN. OR

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—9546-16.

*Expend*

103 CHECKED  
 29 AUG 1917

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.				
25-4-17	2nd Res	T.O.S from Canada	51 Sand.	25-4-17	D.C'97
21-8-17	---	S.O.S to 54 <sup>th</sup> Bn.	Eland	21-8-17	NO 215 + 54 <sup>th</sup> Bn Pt 112
2-4-18	54 <sup>th</sup> Bn	S.O.S to Can Sig Pool Field	---	8-5-18	Pt 25-9 CS Pool. 20.17
14-12-18	3 <sup>rd</sup> Div. Sig Coy	T.O.S from Can Sig Pool	---	1-12-18	"56. & 8 ST. 63 D/14 <sup>12</sup> 18
18-3-19	200	S.O.S to Canada	Bromhott	18-3-19	200 30
		S.L. 29. D.A "J. Effect Date		19-3-19	

*BC*



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.....

205th M G D of Canada 164th Battalion C. E. F.

(2) Regimental Number.....

240139

(3) Full Name of Soldier.....

George Lang

(4) Place of Birth.....

Hamilton, Ontario, Canada

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

No

(6) If married, state,

(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?.....

No

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

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

Also their names and ages.....

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

If so, state name and address Walter Lang; 122 Steven St; Hamilton, Ont

(10) Is your Mother alive?..... Yes.....

If so, state name and address Sarah Lang, 125 ~~Steven St~~ James St S  
..... Hamilton, Ontario.....

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

Are you her sole support, or not?.....

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

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?..... Yes.....

If so, in what Company?..... Metropolitan Life Ass'c Co..... *James How*  
*On*

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

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

*A. R. Proctor*

.....  
Officer Commanding.

..... Lieut. Col.

.....  
Commanding 205th Battalion C. E. F.

Date..... Feb 16/17.....

# 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. 240139 Rank Spr Surname Lang  
(Given name in full)  
George  
 Unit or Corps 2nd Bde Div Sig Co Birthplace .....

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

1. GENERAL DESCRIPTION: *Est*

Physique Good Weight 130 lbs. Height 5 ft. 0 in. Colour of Eyes Grey  
 Nutrition Good  
 Pulse 72 Regular  
 Condition of arteries Soft  
 Vision Rt. 4/12 Left 4/12  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  
vac wound 1916

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.

P-u. O 28-10-18  
Revised

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at Witten.....(Overseas)

Date ..1-2-19.....

Signed [Signature].....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 [Signature].....

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

## THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date .....

Signed .....

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 Medical Board.)

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

*[Handwritten signature]*



ASSIGNED PAY

MILITIA AND DEFENCE

ASSIGNED PAY.

M. F. W. 11.

50m.—6-16.

H. Q. 1772-39-818.

## SEPARATION ALLOWANCE

Name *Mrs Annie Lang.*Name of Soldier *Lang G.*Address *150 Walnut St.*Regtl. No. *240139**Hamilton*Rank *Pte**ont*Corps *205th Batten*

Relation to Soldier

*20<sup>00</sup>*

wife, child or mother

*April 1st 1917*

To what Corps belonging

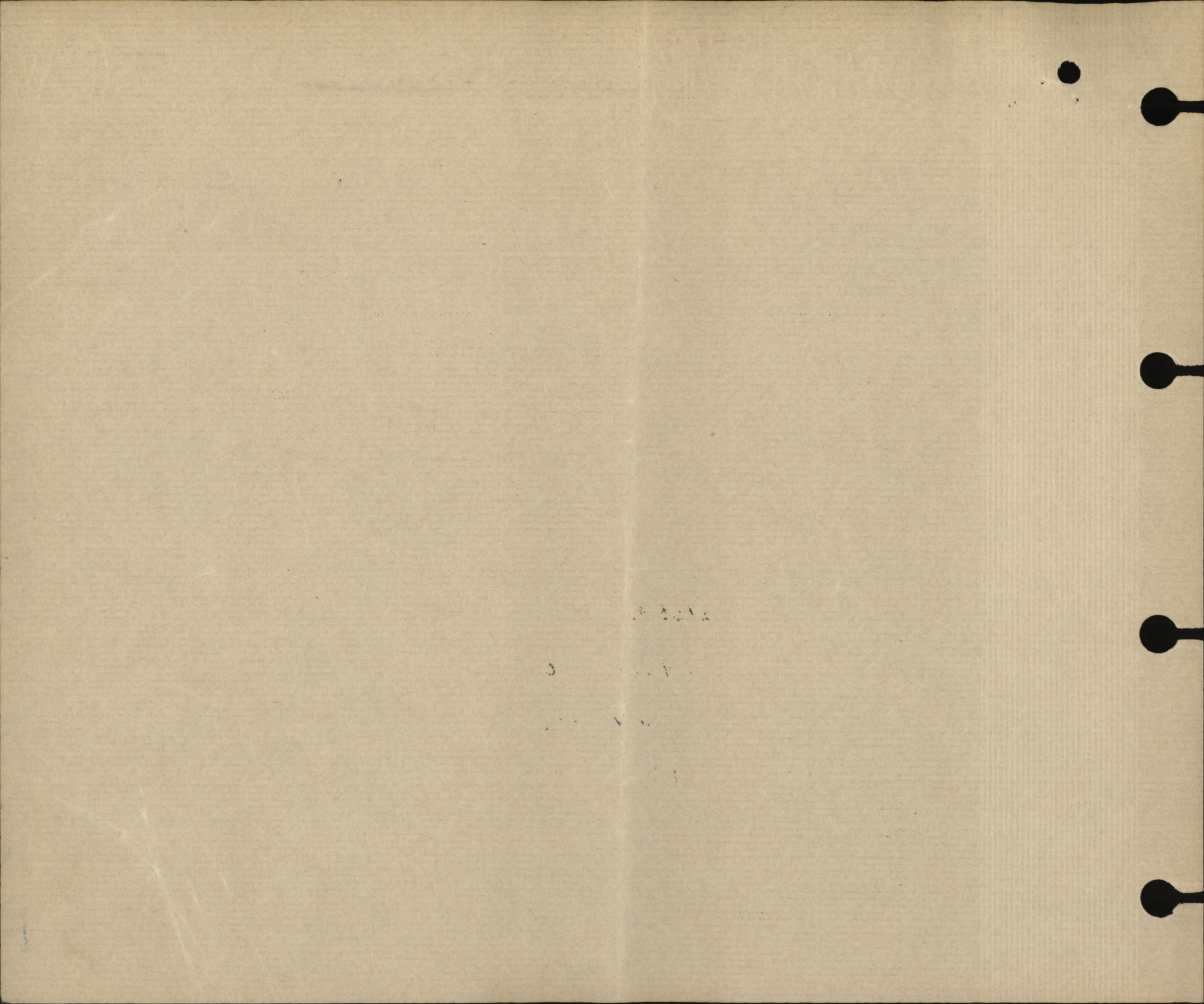
when called out

*APR 1- 1917*

## 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				





## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mrs Annie Lang.*

## PAYMENTS.

Name of Soldier

*Pte Lang G. 246139**205th.*

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

Month.	Year.	Cheque No.	Amt.	Remarks
				<i>20<sup>00</sup> April</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>M 12297</i>	<i>40</i>	<i>40 W</i>
June		<i>I 16893</i>	<i>20</i>	<i>B 20.</i>
July		<i>K 22950</i>	<i>20</i>	<i>Pa</i>
Aug.		<i>U 29312</i>	<i>20</i>	
Sept.		<i>V 36694</i>	<i>20</i>	<i>Pa</i>
Oct.		<i>V 41799</i>	<i>20</i>	
Nov.		<i>Z 48289</i>	<i>20</i>	
Dec.		<i>X 56512</i>	<i>20</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*APR 1- 1917**180.2.20*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 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.				

MARRIED OR SINGLE *B*

PLACE OF BIRTH *Hamilton, Ont*

NAME AND ADDRESS OF NEXT OF KIN *Lt Col Anne Lang,  
150 Walnut St., Hamilton, Ont*

RELATIONSHIP OF NEXT OF KIN *brother*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ *me* EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. *240139* RANK *Private* NAME *Lang George*

IF IN PERM. CORPS | UNIT *164th Bn* TRANSFERRED TO *2nd Res. Bn.* DATE *1-4-17* AUTHORITY *1097/23-2*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *54th Bn* DATE *1-11-17* AUTHORITY *Request*

PLACE OF ATTESTATION *Hamilton Ont* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *8-3-16* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *50.00* DATE EFFECTIVE *1-4-17*

PAYABLE TO *Lt Col Anne Lang, 150 Walnut St., Hamilton, Ont* RELATIONSHIP *brother*

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)

*6.*

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT			
			\$	C.			\$	C.			\$	C.																			
1-4-17	Balance from Canada														Nil																
Apr 30	1%	33												33					20		20	13									
May 31	10	34	10											34 10	16	7/5/17					20		29 73	17 37							
June 30		33												33	207	2/1/5					20		29 73	20 64							
July 31		34	10											34 10	292	15/6					20		29 74	25							
Aug 31		34	10											34 10	329	30/6					20	32	20 32	38 78							
Sept 30		33												33	401	21/7					20	06	32 24	39 54							
		201	30											201 30					120	38	161 76										
MONTH	PARTICULARS			CR. 1	CR. 2	PARTICULARS			DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.																
Sept 30	Bal. fwd			39 54									39 54																		
Oct	pp.			34 10									20 53 64																		
Nov	" "			33 -									4 267																		
				33 00									7 23																		

*6.*

*2nd 3005 7/7/17.*

*2nd 3287, 25/7/17.*

240139, Pte. Lang. G.

assigned Pay \$ 20<sup>00</sup>/<sub>100</sub>

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE					
MONTH PARTICULARS		CR 1	CR 2	PARTICULARS				DR 1	DR 2	DR 3	DR 4	MONTH PARTICULARS				CR.1	CR.2	PARTICULARS		DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. RED. PAY	SEP. ALLGE. ENBL.	
Brought Forward		33 00						1 13		53 64																	
Dec 31 Paying		67 22	1					2 57		20 79																	
		34 10		A/R 1294 17/10/17 54 <sup>ct</sup> Pm				3 57																			
				A/R 1403 5/11/17 " "				4 46																			
				A/R 561 27/8/17 H.C.I.B.D				4 46																			
				A/R 1052 3/9/17 54 <sup>ct</sup> Pm				2 67																			
				Can a/p follow r/llca						20																	
1918 Jan		64 10		A/R AF 20 3069-3877 31/8/17				53		57 92																	
		34 10		Can a/pay				22 82		40																	
				A/R 605. 54 <sup>ct</sup> Pm 3/12				4 46																			
				" 1530 " 15/11				12 49																			
Feb		34 10		" 1743 " 15/12				3 57		51 50																	
		30 80		a/p				20 152		20																	
				" 1830 " 1/1				4 46																			
				" 1917 " 15/1				3 57																			
				" 2097 " 1/2				4 46		49 81																	
March		30 80		C.A.R				12 49		20																	
		34 10		A/R 4830. 15/2/18. C.C.Sig Coy				3 57																			
				A/R 226. 3/3/18. ....				4 46																			
				" 2078. 15/2/18. 54 <sup>ct</sup> Pm																							
				" 244. 15/2/18. 54 <sup>ct</sup> Pm																							
				A/R 555. 16/3. C.C.Sig Coy				3 57		52 31																	
								11 46		20																	

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:-	LANG. George.			
EFFECTIVE DATE:-	1/4/17.	EFFECTIVE DATE:-		NUMBER:-	240139			
AMOUNT:-	20 <sup>00</sup>	AMOUNT:-		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.				
Mrs Anna Lang - Mother. 150 Walnut St. Hamilton Ont.				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT		
						Private		
				UNIT AND TRANSFERS				
				ORIGINAL UNIT:- 164 Bn.				
				DATE ACCOUNT FIRST OPENED:- 1/4/17.				
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO	
				17	9/3/18	1/4/18	54 Bn. Sig Pool	
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	
10/2/19	7294	3 sigs	9.32					
15/2/19		Lab/don	4.92					
17/2/19		"	5.43					
25/2/19		"	9.73					
			<del>31.52</del>					
				DAILY RATES OF PAY AND ALLOWANCES				
				AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
					1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE

Canada 1/3/19. L. 3816 6056 Bramshott 25/2/19. P. 8044 25/2/19. D.V.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
March 31	Bal fwd								52 31		
Apr	Pa	33		cap				20			
				AR 308 lab sig lang	18/4/18	3 57					
				AR 165 "	5/4/18	4 46			57 28		
		33				8 03		20			
May	Pa	34 10		cap				20			
				AR 871 66 sigs	15/5/18	3 57					
				AR 1173 S.S.B. N.D.	3/5/18	4 46			63 35		
		34 10				8 03		20			
June	Pa	33		cap				20			
				AR 1317 66 sigs	1/6/18	3 57					
				AR 1517 do	15/6/18	4 46			68 32		
		33 -				8 03		20			
July	Pa	34 10		cap				20			
				AR 1760 66 sigs	1/7	4 46					
				AR 2082 3 D. sigs	19/7	3 57			74 39		
		34 10				8 03		20			
AUG 1918		34 10		2141 1/2 3 sigs		4 46		20			
				2340 23/8/18 "		3 57			80 46		
		34 10				8 03		20			
Sept		33 -		cap				20			
				2924 21/9/18 3 llw. sigs		3 57					
				2544 1/9/18 "		3 57			86 32		
		33 -				7 14		20			
Oct		34 10		cap				20			
				1759 8/10/18 9 Bde		5 60					
				880 8/10/18 3 sigs		82 73			12 09		
		34 10				88 33		20			

NUMBER 240139

RANK *Spr*

NAME LANG *S*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal. Ford.					1209		
<i>Nov.</i>		33-		cap				20-			
				4024. 12/11/18. 3 sigs	373						
				4252. 15/11/19. "	1306						
<i>Dec.</i>		34/10		cap				20-			
				4953. 4/12/18 "	746						
				4676. 2/12/18. "	373						
<i>Jan</i>		34/10		cap				20-	2531		
		10/20			2798			60-			
<i>Feb.</i>		30/60		5121 4/12/18 " K	373						
				6220 14/1/19 "	373				5611		
				cap				20	883		
				6753. 11/2/19 "	373						
				7294 10/2	973						
				578 3/1 (Weka)	373						
				387 25/2	973						
				cpm 15/2	973						
				5601 10/3	487						
				20-10-0 17/2	243						
		3080			4728			20	1117		

lot 21-3-19 sh 24



M

DA-9  
156304

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

War Service Badge  
Class "A" No. 156304



B

1. No. 240139

2. Rank. Spr.

3. Name. George Lang

4. Unit. 3rd Can. Div. Sig. Coy.

5. Date of Discharge MAR 30 1919 Place Hamilton Ont

6. Reason for Discharge Demobilization

7. Authority. No.2 District Depot, Part II, D.O.No. 94

8. Proposed Residence after Discharge Hamilton Ont  
150 Walnut St

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.?

George Lang  
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place HAMILTON, ONT.

Date MAR 20 1919

Signature [Signature]  
(O. C. Discharging Unit.)  
For

O. C. No.2 District Depot.

APR 22 1918

PROCEEDINGS ON DISCHARGE

Demobilization

1	Name	W. J. ...
2	Rank	...
3	Company	...
4	Regiment	...
5	Date of Discharge	May 10 1918
6	Reason for Discharge	...
7	Authority	...
8	Proposed Residence after Discharge	...
CERTIFICATE TO BE SIGNED BY SOLDIER		
I hereby acknowledge that at the underlined place and date I received my discharge Certificate		
<p style="text-align: right;">W. J. ...</p> <p style="text-align: center;">[Signature]</p>		
CONFIRMATION		
The discharge of the above named man is hereby confirmed		
<p style="text-align: center;">W. J. ...</p> <p style="text-align: center;">[Signature]</p>		



Handwritten notes and signatures in the top section of the form.

May 10 1918

Reason for Discharge

Authority

Proposed Residence after Discharge

CERTIFICATE TO BE SIGNED BY SOLDIER

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

W. J. ...

[Signature]

CONFIRMATION

The discharge of the above named man is hereby confirmed

W. J. ...

[Signature]

LIST OF DISCHARGE DOCUMENTS

Medical Form W-100	Assessment Paper (History)
Medical Form W-101	or Examinations of Records
Medical Form W-102 or A.L.P. 102	Physician's Report
Medical Form W-103 or A.L.P. 103	Capacity Form
Medical Form W-104	Last Day's Observations
Medical Form W-105	Conditions (containing) of consent and dischargeable
Medical Form H-101 or A.L.P. 101	Medical History Sheet
Medical Form H-102 or A.L.P. 102	Proceedings of Medical Board
Medical Form H-103	Dental History Sheet
Medical Form W-106 or H.M.S. 106	Medical Report
Medical Form H-104	Psychological Conduct Sheet
Medical Form H-105	Company Conduct Sheet

Medical Form W-100

Medical Form W-101

Medical Form W-102 or A.L.P. 102

Medical Form W-103 or A.L.P. 103

Medical Form W-104

Medical Form W-105

Medical Form H-101 or A.L.P. 101

Medical Form H-102 or A.L.P. 102

Medical Form H-103

Medical Form W-106 or H.M.S. 106

Medical Form H-104

Medical Form H-105

18-3-N

**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 (M.D.C.).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing)
12. Last Pay Certificate (P. 351). *duplicate*
13. Pay Book (V.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group..... 13

Checked by No. .... 10

Date..... 18.3.19.

H. Q. Reference

No. **240139.** Rank **SAPPER.** Unit **205 BATT**

Surname **GEORGE.**

Christian names **LANG.**

Kindly forward Medals, to which I am entitled by reason of my  
service in **FRANCE & ~~Belgium~~ BELGIUM.**

(Theatre of War)

with **54 BATT. & 3RD, DIV. SIGNAL. Coy**

(Unit with which served in Theatre of War)

No. **88**

Street **OXFORD**

Town **HAMILTON.**

County **WENTWORTH,**

**GEORGE, LANG.**

(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

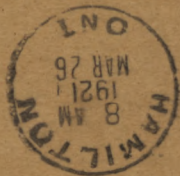
O. H. M. S.

POSTAGE  
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.



200M-1-21.

a.c.B.  
Ham

~~B~~  
~~V~~

Number. 240139 . . . . . Rank . . . Pte . . . . .

Surname. LANG . . . . .

Christian Name. George . . . . .

Unit. 54th Bn. Can. Inf. . . . Theatre of War France . . . . .

Date of Service. 21-8-17 . . . . .

Remarks. . . . .

Latest Address . . . 150 Walnut St. South . . .  
Hamilton Ont . . . . .

Roll No. Page 4836

U. S. V. 23018 *Slack*

MAY 21 1921



"CEDRIC" 27-3-19

**DISPERSAL "J"**

2.1484.

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

REGT. NO. 240139

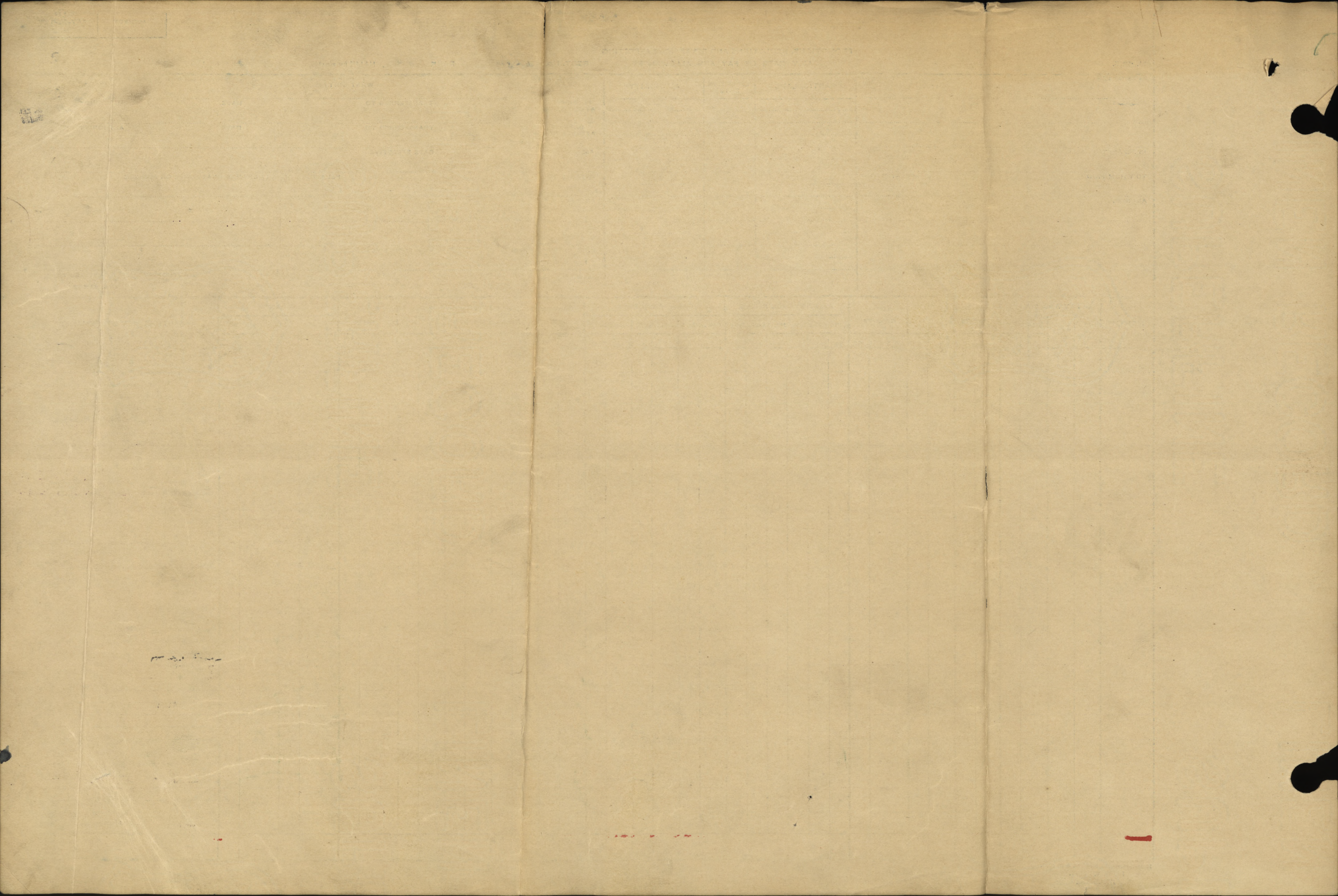
RANK *Spr* NAME (IN FULL) LANG, Geo

30

M. OR S. <i>S.</i> NEXT OF KIN ADDRESS IS SEPARATION ALLOWANCE PAID? <i>nil</i> TO WHOM PAID ADDRESS	RELATIONSHIP DATE EFFECTIVE RELATIONSHIP ADDRESS	PARTICULARS EFFECTIVE DATE AUTHORITY	ORIGINAL UNIT C.E.F. <i>36.D.S.C.</i> PLACE OF ATTESTATION DATE OF ATTESTATION <i>8/3/16</i> ASSIGNED PAY \$ <i>20.00</i> PAYABLE TO <i>Mrs. Annie Lang - mother</i> ADDRESS <i>150 Walnut St., Hamilton, Ontario.</i> STOP PAYMENT FORM RENDERED, DATE DISCHARGED <i>Hamilton</i> PLACE <i>Hamilton</i> DATE <i>30-3-19</i> REASON <i>Demob</i> AUTHORITY <i>DO 94</i> IF ENTITLED TO POST DISCHARGE PAY <i>Yes.</i>	IF IN P.F. WHAT UNIT? TRANSFERRED TO DATE AUTHORITY TRANSFERRED TO DATE AUTHORITY DATE EFFECTIVE ANY CHANGE IN ASSIGNEE OR ADDRESS EFFECTIVE
---	---	--	--	---

BALANCE FROM PREVIOUS ACCOUNT

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	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	\$	C.	\$	
<i>28.2.19.</i>	<i>3</i>	<i>4</i>																	<i>T.O.S. 19/3/19 D.O. 94</i>
<i>1.19-3.19.</i>	<i>34</i>	<i>1.10</i>	<i>37 40</i>																<i>SUBS. 10 D.O.</i>
				<i>35 00</i>															<i>1.2.19-2.4.19 - Pte.</i>
				<i>70 00</i>															<i>Clothing allowance.</i>
																			<i>1st Payment U.S.G.</i>
																			<i>A.P. March 19.</i>
									<i>487</i>	<i>500</i>									<i>Boat &amp; Train expenses.</i>
						<i>142 40</i>		<i>blague D79857</i>	<i>105 09</i>										
																			<i>U.S.G. paid as above.</i>
<i>183 45</i>			<i>420</i>			<i>420</i>													<i>Oversubscribed 4 days Pte.</i>
																			<i>1st W.S.G. Paid by #2 D. Temple</i>
																			<i>check 2-5-19</i>
																			<i>#R 5786 3-1-19 20 Pte</i>
																			<i>28/8/19</i>
																			<i>W.S.G. PAID IN FULL</i>
																			<i>CAPTAIN</i>
																			<i>IN SERVICE</i>



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

**L** 1542

*Apr. 1-1917*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No. *240139*

Rank *pt* Promoted                      Reverted                      Discharge

Soldier's Name *G. Lang.*

Battalion *205 Battr*

Beneficiary

Relationship *Aunt*

Address

## PARTICULARS OF ASSIGNMENT

Name *Mrs Annie Lang.*

Address *150 Walnut St.*

Change of Address *Hamilton*

1 *Ont.*

2

3

4

Date 1917.	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec. 31.	—	—	180	180	
1918 Jan	N 70672		20	20	✓
Feb	H 70055		20	20	✓
Mar	J 90045		20	20	✓
Apr	K 13522		20	20	✓
May	L 13719		20	20	✓
June	M 19403		20	20	✓
July	P 30603		20	20	✓
Aug	D 35766		20	20	✓
Sept	K 45410		20	20	✓
Oct	N 56469		20	20	✓
Nov	E 61063		20	20	✓
Dec	O 64612		20	20	✓
Jan	P 69214		20	20	✓
Feb	K 79073		20	20	✓
Mar	G 90932		20	20	✓
				480	

*Dealing L. H. 80868 sent 6 1/4 N.D.*

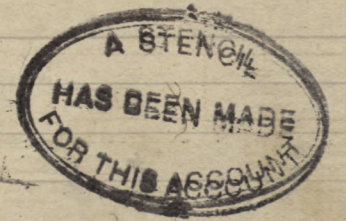
.....A/c Closed *31-3-19*

Ret'd per *Cedric*

Date *27/3/19* F.X. *6-4-19*

.....Clerk *H D Gordon*

*Transf to M.D. # 2*



M. F. W. 128  
400M-6-17-1772-38-1141  
L. L. 22220-M. & D. 1953.

*8*  
*21124*  
*ad.*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

## OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Name

Address

Change of Address

1

2

3

4

Date

Cheque  
No.

Amount  
S/A

Amount  
A/P

Total

REMARKS

M. F. W. 128  
40004-6-17-1772-39-1141  
L. L. 22320-M. & D. 1983.

7107 ORIGINAL

# ORIGINAL MEDICAL HISTORY SHEET.

Surname Laing Christian Name Geo.

Examined on 1st day of March 1911  
at Hamilton  
Birthplace { City or Town Hamilton  
County Westworth

Approved by Charles Carter  
Rank Major M.O.

Apparent age Lineman  
Trade or occupation  
Height 5 Feet — Inches.  
Weight — Lbs.  
Chest measurement { Minimum 30 1/2 inches.  
Maximum expansion 3 inches.  
Physical development Good  
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left !  
Number 1

Date	Result	VACCINATIONS.
<u>15/8/16</u>		<u>[Signature]</u> M.O.
		M.O.
		M.O.

When Vaccinated last 1916  
(a) Marks indicating congenital peculiarities or previous disease Nil

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/8/16</u>		M.O.
<u>8/8/16</u>		<u>[Signature]</u> M.O.
<u>15/8/16</u>		M.O.
<u>Aug 10/17</u>		

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

Enlisted on 8 day of March 1916 at Hamilton

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>205th BATT'N C. E. F.</u>	<u>240139</u>		
Transferred to.....	<u>164th Battalion C. E. F.</u> <u>2nd Amherst Bn</u> <u>54th Bn C. E. F.</u>			<u>FEB 21 1917</u> <u>23.4.17</u> <u>AUG 2 1 1917</u>

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

J. Mc

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.

ORIGINAL

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

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				

Surname.....

2

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

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

500M.—9-16

H. Q. 1772-39-9.0.

# Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 24 0139 Rank Pte- Name Lang George  
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				
MAR 19 1919	O. S.		T. O. S. No. 2 DISTRICT DEPOT, TORONTO		PART II D. O. 94
MAR 30 1919			S.O.S. (Discharged) No. 2 District Depot, Part II, D.O. No. 94		<i>Meunier</i> Lieut. For O. S. No. 2 District Dep.

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





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

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

250M.—1-16.

H. Q. 1772-39-929.

# Casualty Form—Active Service.

War Service Badge  
Class "A" No.  
164th Battalion C. E. F.

Unit, Regiment or Corps 205<sup>th</sup> O's Bn. C. E. F.

Regimental No. 240139 ✓

Rank Pte ✓

Name Lang, George ✓

Enlisted (a) 8/3/16 ✓

Terms of Service (a) Duration of war  
24 months after

C. E. F.  
Duration of war  
24 months after  
DURATION OF THE WAR END

Service reckons from (a) 8/3/16

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) \_\_\_\_\_

*Civil Lineman*

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
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Transferred to 164<sup>th</sup> Bn.

Warrington

Feb 21

Subscribed for Services.  
Disembarked ✓

Belgian

Apr. 10

Bugford

APR 22 1917

Transferred to 2<sup>nd</sup> Can. Reserve Bn.  
Reserve Bn. ✓

Stamford

APR 23 1917

HT. 2. A. 53

*fallen*  
Adjutant 164th Battalion C. E. F.

25-4-17 2nd Res.

Taken on strength 2nd Canadian Reserve Bn. ✓

E. Sendling

23-4-17

Pt. 2 D.O. # 97

Proceeded overseas for Service with 54<sup>th</sup> Bn. B.E.F. ✓

E. Sendling

21/8/17

Pt 2 D.O. # 15

*W. B. B. B.*  
CAPT. ADJUTANT 2ND CANADIAN RESERVE BATTALION

22 AUG 1917 C.B.D.

TAKEN on STRENGTH

22 AUG 1917

N.R. DO. 112.

26 AUG 1917

Left for Unit

FIELD

26 AUG 1917

N.R.

-8 SEP 17

Unit

Joined Unit

FIELD

-6 SEP 17

B. 213. PCS. 178

9-2-18

do

Lo Corps Sig School (Lincoln)

Field

7-2-18

B213.

8-3-18

Pl. G.A.C.

Transferred to Can. Signal Pool

do

8-3-18

28/36 (c). K.R. 24146. DO. 254/2/4/18.

(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  
 APR 26 1917  
 4-SEP-1917  
 21 1917  
 CIVIL RECORDS LONDON

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				
-	as	Don S	Sig Pool	9/17	P. 2. 0 <sup>th</sup> . 17.
17/11	C.C.A.C.	at	C.C.A.C.	5/17/18	A. 405-
28/10/18	14. C. S.A.	P.U.O.	14. C. S.A.	28/10/18	A. 1434 - M. 677.
4.11.18	17. C. S.A.	P.U.O.	17. C. S.A.	29.10.18	A. 1834 - M. 3740.
6.11.18	17. C. S.A.	P.U.O. to	Duty	6.11.18	A. 1927 - M. 5888.
10/11/18	3rd Sig Coy	Refined from	Hospital leave	6.11.18	B. 713
28.11.18	Do.	Granted L.O.A.	10-10-18 to 24-10-18.	30.11.18	Letter. 15517-1514. P. 61.
7.12.18	6.6. R.C.	Sp. to 3rd B. S Sig Coy.			N.R. 5406. P. 63
-	-	T.O.S. Do.		12-18	Do P. 56.
18.2.19	-	Granted 8 days leave to the UK		18.2.19	3 <sup>rd</sup> Can Div A127-3 f. 23 1/2.
19/2/19	G. L. C.	Proceeded to England		19/2/19	7th 010/19
	Sig Coy	at home on			Lieut. C. A. Hewett
	Sig Coy	proceeding Canada			for Lt. Col., A.G., Canadian Section
		at 11/10/17			R. H. Brown
					3RD CAN. DIV. SIGNAL CO.