Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids..... 1

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

Name COLEMAN PATRICK

Regt. No. 477183 Rank PTE

Regt. or Corps ROY. CAN. REGT

Corps Killed 3-8-16

28532

R. O. No.....

H. O. No.....

Cards
1 Index - Removed 14/1/18
1 Part II
1 Casualty

5018 Bpb 10729

9835 ORIGINAL

ATTESTATION PAPER.

No. 9835

Folio. 477183

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Patrick Coleman
2. In what Town, Township or Parish, and in what Country were you born?..... Cosport Hampshire England
3. What is the name of your next-of-kin?..... E. Coleman Wife
4. What is the address of your next-of-kin?..... Mpy Co Tyrone Ireland
5. What is the date of your birth?..... Sept 1 1874
6. What is your Trade or Calling?..... Labourer
7. Are you married?..... No yes
8. Are you willing to be vaccinated or re-vaccinated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force? If so, state particulars of former Service. Royal Irish Rifles 7 yrs 3 Months with the Colours and 2 yrs. 9 months of reserve service in South African war Discharged Not produced
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

Pte Coleman (Signature of Man).

Wilkins J.S. Cpl (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Patrick Coleman, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Pte P Coleman (Signature of Recruit)

Date AUG. 24 1915 191 . Wilkins J.S. Cpl (Signature of Witness)

ROYAL CANADIAN REGT. AUG. 24 1915 REGTL HEADQUARTERS No.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Patrick Coleman, 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.

Pte P Coleman (Signature of Recruit)

Date 191 . Wilkins J (Signature of Witness)

ROYAL CANADIAN REGT. AUG. 24 1915 REGTL HEADQUARTERS No.

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 ..... this ..... day of ..... 191 .

..... (Signature of Justice)

J. P. for City and County of Halifax.

ROYAL CANADIAN REGT. AUG 25 1915 REGTL HEADQUARTERS No.

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

..... (Approving Officer)

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-811.

Description of Patrick Coleman on Enlistment.

Apparent Age 41 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7½ ins.

Chest measurement: Girth when fully expanded 36 ins.; Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Red

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

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

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

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 ..... 191 .

Place AUG 24 1915

CAPTAIN
Medical Officer.
1 - C ✠ R . C . D .

*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.

Patrick Coleman 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.

LT.-COL
COMDG. R. C. R.
(Signature of Officer)

Date ..... No. ..... 191 .

ANTITYPHOID INOCULATION.

FIRST INOCULATION.

Place H.D. Ando Date 10-10-14

Batch Number of inoculation material 3

Date of preparation of inoculation material 25-8-14

Dose given ½ c.c.

Signature of Inoculator M Malone Capt RAMC

SECOND INOCULATION.

Place H Ando Date 19-10-14

Batch No. of inoculation material

Date of preparation of inoculation material

Dose given 1 c.c.

Signature of Inoculator M Malone Capt RAMC

For insertion in Table 3, Medical History Sheet.

W 5864—1345 25,000 1/14 H W V G. 06 522

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps ROYAL CANADIAN REGIMENT

Regimental No. 477183 Rank Pte Name COLEMAN, Patrick

Enlisted (*a*) 24-8-15 Terms of Service (*a*) for 1 year or duration of war Service reckons from (*a*) 24-8-15

Date of promotion to present rank } ____ Date of appointment to lance rank } ____ Numerical position on roll of N.C.Os. } ____

Extended ____ Re-engaged ____ Qualification (*b*) ____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
1-11-15.	6 C.R.C.R.	DISEMBARKED BOULOGNE 2 11 15			Nom Roll.
4/3/16	6 C.R.C.R.	Ou Command. 3rd Div. Sal. Coy	Field.	14/2/16	B 213
6/8/16.	3. 6. 16.	Frac. both thighs & compound frac. both legs. Died.	Field.	5/8/16.	R 426/6 D.O. P.I. II N° 32 d/ 14/8/16. Lieutenant 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.

[P.T.O.

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

N.T. Ron Ebbee Force Scotia

Army Form B. 117.

Report on Wounds or other Injuries, received otherwise than in Action.

114
Gen. No.
4269

Certificate of Medical Officer.

R.C.R.

No. 447153. Pte Coleman P. att. 5.R.W.F.

was admitted to hospital on the 5th August suffering

from Fracture Both Femurs Comminuted Leg & Lacerated Head

†Here insert "trivial" or "serious."
‡Here insert "will" or "will not."
*Here insert "claims" or "does not claim."

The disability is of a † Serious nature, and in all probability ‡ will interfere with his future efficiency as a soldier.

He* claims that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

Station Red Farm 88th Field Amb

Date Aug 5th 1916

D McLaughlin Capt
Medical Officer in charge. 88th Fd Amb C.E.

Certificate to be signed by soldier.

I, _____ hereby declare that the injury sustained by me on the _____ did not occur while I was in the performance of military duty.

_____ (*Soldier's Signature.*)

Station _____

Date _____

_____ (*Signature of Medical Officer.*)

Certificate of Commanding Officer.

(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)

†Here insert "occurred" or "did not occur."

I certify that the injury to the above-named soldier† occurred while he was in the performance of military duty.

‡If on duty, state
(*a*) The date of the injury.
(*b*) The place where it occurred.
(*c*) The nature of the duty.
(*d*) Whether the soldier was in any way to blame.

‡(a) Aug 5th 1916.
(b) Landrook Crossing
(c) Proceeding on tools Hiwis to Valentine
(d) No

The soldier has been so informed.

Station Okotoks

Date Augt 5th 1916

D McBethune Lieut.
Officer i/c
Commanding Infantry Railway Working Party
2nd x 3rd Canadian Divs

This Army Form will be attached to the Medical History Sheet, on which it will be recorded whether the soldier was on duty, and whether he was to blame.

(8.75 40) W 1751—1403 30,000 5/15 H W V(P) Forms B. 117 10

F. Coleman

MEDICAL HISTORY OF

Surname Coleman *Christian Name* Patrick

Examined { on 12 day of Aug 1914
at Toronto

Birthplace { City or Town Gosport
County England

Apparent Age 38

Trade or Occupation Labourer

Height 5' Feet 7½ Inches

Weight 156 Lbs.

Chest measurement { Minimum 34 Inches.
Maximum expansion 36 Inches.

Physical Development good

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number 3 4

When Vaccinated last 18 years ago.

(a) Marks indicating congenital peculiarities or previous disease No

(b) Slight defects but not sufficient to cause rejection

Approved by

William A. Scott Major
Medical Officer i/c Stanley Bks

(Rank)
Medical Officer.

Examined for re-engagement

day of 191

*Considered

(Signature)
Medical Officer.

*If unfit, state disability.

Re-vaccinated on day of 1914

Arm Number

Result Good.

(Signature) W.C.H.
Medical Officer.

Enlisted on 13th *day of* August *191*4 *at* Toronto

	Corps.	Regt'l. Number.	Habits.	Date.
Joined on enlistment,	R.C.R.	9835 47183		13-8-14
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Mil. Form B. 313.

5m-8-12.
H. Q. 1772–39–439.

Christian Name Patrick

Surname Coleman

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day.	Month.	Year.	Dates of Discharge from Hospital. Day.	Month.	Year.	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Forrest	13/8/14										
Hamilton, Bermuda.		29	9	14	1	10	14	Wound (foot)	3.	No admissions. A.F.B 117. Antitox - Rest. R.	Maj. R.A.M.C.
St George's Bda		14	12	14	29	12	14	D A H.	16.	Largely dues alcohol. Rest. Pot Iod. R.	Capt R.A.M.C.
— " —.		31	3	14	T 22	4	15.	New growth Non malignant	23.	Tumour at back of R. Parotid. Pot Iod. Operation at first. Pot Iod. Recurrence. Operation Capt. R.A.M.C. Above R. knee. X-ray examination shows nothing apparently in Tendon. Relieved on Pot Iod. To attend M.D. Aden	Capt. R.A.M.C.
H.M.T. Caledonia.		15	8	15	17	8	15	Conjunctivitis	3	Transferred to Military Hosp. Halifax	Capt. R.A.M.C.
Halifax		17	8	15	22	8	15	Conjunctivitis	6		Lt. Col. R.A.M.C.

R—122.

Rank 76 Name COLEMAN Patrick Reg'l No. 477183

Unit Royal Canadian Regt. If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment 24th August 1915. Place of Birth Gosport Hamps. England

Name and Address, Next-of-Kin E. Coleman, ~~Moy Co. Tyrone Ireland~~ c/o Miss Mary Coleman, Drumanney Moy. Co. Tyrone, Ireland (A 208)

Relationship Wife

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N.E R.B. 7

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
	O/C 20th	5 days pay for absence from 12.01 am 11-9-15 until 11.30 pm 15-9-15			
17-9-15	R.C.R.	Embarked for France.	Shorncliffe	17/9/15 2.11.15	Pt II O No 216
2 NOV 1915					
7.5.16.	"	Att. 6 O.R.6. for duty 15.2.16	To the Field	20.4.16.	Pt II 19
9.8.16	"	Adm. No 3 Cas Clearg Station	Repotts	5.8.16	C.R.A 171 (50) Dangerously Ill Accident
14.8.16	R.C.R.	Died of Injuries	— " —	5.8.16	C.R.A 175
14.8.16	— " —	Died of Wounds rec'd in Action		5.8.16	Pt II O32
3.10.16	— " —	Daily Orders Pt II No 32 d 14.8.16 insofar as they concern the ~~man~~ are hereby Cancelled and the following Substituted			For particulars as to this mans death see File Rd 123
		Died of Injuries rec'd Accidentally		5.8.16	Pt II O48

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					

EPITOME OF HOSPITAL TREATMENT.

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

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Coleman	P.	477183

Rank	Unit	Co.	Troop	Batty.
Pte.	R.C.R.			

Hospital: No. 3 Ca . Clg. Stat.

Date of Admission: 5-8-16.

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died of Injuries 5. 8. 16

DISPOSITION

Date

C.L. 9-8-16. A 171.

14:8:16 a 145

REMARKS

O.C. No. 3 C.C.S. report Dang. Inj. (Acc.)

R

Number 477183 Rank Pte

Surname COLEMAN

Christian Names Patrick

Unit M.G.C. Theatre of War France

Dates of Service 20/9/14 1/11/15 5/8/16 D

Remarks

Latest Address Mrs. E. Coleman Widow

Drumnay Moy

Roll No. B page 421 Co. Tyrone. Ireland

FEB 28 1921

H.Q.

H. Q. 649-C-4438.

COLEMAN, Pte. Patrick, #477183, R.C.R.

Med & D	(Widow)	Mrs. E. Coleman, Drumay Moy, Co. Tyrone, Ireland.
P & S	(Widow)	Address as above.

(Ser.# 798788.)

Mem Cross	(Widow)	Address as above.

Elig. for star Pte. R.C.R.
" " Vm.
" " Russ.

Scroll Desp. APR 16 1921 Reqn. No Z-36045 49588

mf.

Medal Desp. NOV 2 1921 Regn. No P 14598 B.

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

R. 149.

Name Coleman Rank Pte. Reg. No. 477183.

Patrick

Unit R.C.R. R. L25-C-1529.

S. Coleman

Next of Kin C/o Miss Mary Coleman

Drumanuey. Moy. Co. Tyrone Ireland.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K. O.	W.O. List
	O.C.		Dangerously	a		M/0823.
5. 8.	No. 3. Cos. Clg. Stat	Reports	Injured. (abt)	9/171	7/8.	C.7 [illegible].
5. 8	Died		Comp. Fr. Legs Thighs	9/175	12/8	11158. 16/8
			+ Wd. in Head.			

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A.171	D.C. No. 3 Cas. Clg. Stat. Reports	5-8-16	Dangerously injured (acc.)
A175	3 Cas Clg Sta Reports	5-8-16	Died of Wounds

REGT'L NO 477183

NAME Coleman Patrick

RANK AND CORPS Pte. R. C. R.

H. Q. FILE NO. 649-

FOLLOWS NO.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
M.10823.	6-8-16.	Dangerously injured No. 3 Can. Cas. Clearing Stat. Aug. 5th/16. (Cause not Stated.)
M.11156.	12-8-16.	Died at No. 3. Can. Clearing Station Aug. 5th 1916.
a2090.	14-8-16	Died of Wounds Recd. ~~in Action~~. Accidentally at 3rd Can Clea Sta.

L. L. Job 90581—M. & D. 6314.

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

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Laborer RELIGION Not stated.

DESCRIPTION.

APPARENT AGE Not stated YEARS — MONTHS

HEIGHT — FEET INCHES

CHEST MEASUREMENT — INCHES — EXPANSION — INCHES

COMPLEXION — EYES — HAIR —

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Not stated. DATE

Present address, not stated.

(649-C-4438)

CARD NO. 1 5 7

FOLL.

SURNAME Coleman

CHRISTIAN NAMES Patrick

REGL. NO. 477183 RANK Pte.

UNIT R. C. R.

FORMER CORPS Royal Irish Rifles (7 yrs.) Colors (2 yrs.)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Coleman, Mrs. E.

RELATIONSHIP TO SOLDIER wife

AD Drumanney Moy, Co. Tyrone, Irelandd.

L.2 L. Can Rec. Eng. 6-1-19

COUNTRY OF BIRTH England, Gosport, Hants. DATE Sept. 1st. 1874

PLACE OF ATTESTATION Halifax N. S. DATE Aug. 25th. 1915

OS 268-15 204/3

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-18. H. Q. 1774-39-339.

Register No. D 6404 1

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 03448 A1

Regt'l No. 477183 Name Patrick Coleman
(Christian Name) (Surname)

Unit R.C.R. Rank Gte Date of enlistment

Date of casualty 5-8-1916 B.P.C. File No. 10729

Was service performed overseas ? yes

DEPENDENT

Name Mrs Ellen Coleman Relationship Widow

Address c/o Mr Hughes
Derrygortheany
Dungannon Co Tyrone Ireland.

Amount of Special Pension Bonus $ 64 Abstracted by J Baker

Eligible for Gratuity $ 180 00

Less amount of Special Pension Bonus paid $ 64 00

Less Debit Balance of S. A. or A.P. $

Total deductions $ 64 00

Balance due $ 116 00

DS 18

Cheque No. A89930 Date issued AUG - 5 1918

REMARKS :

Clerk W Mitchell

Audited by
E Saunders
Date 5/8/18 116 00

M.F.W. 2652
25M—6-20.
H.Q. 1772—39-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname | Christian Name

Regimental Number | Rank | Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

A—315.

ASSIGNED PAY.

~~PAID IN CANADA.~~

To whom Mrs. Ellen Coleman

Address C/o Miss M. Coleman.
Drumanney Moy.
Co Tyrone.
Ireland.

Rate $ 25-00

Date to Commence 1st Sept 1916.

Permanent Force Allce

By whom assigned Coleman. P.

Regtl. No. 477183.

Rank Pte.

Corps, &c. R. C. R.

	Month.	Cheque No.	Amt.	Amt. Debited.	REMARKS.
	1914.5 Oct.				
	Nov.				
	Dec.				
	1915.6 Jan.				Died 5/8/16.
	Feb.				
	March				
	April				
	May				
	June				
	July				
	Aug.		25 -		Per month paid to 31/8/16
	Sept.				
	Oct.				
	Nov.				
	Dec.				
	1916.17 Jan.				
	Feb.				
	March				

ASSIGNED PAY.

Month	Cheque No.	Amt.	Amt. Debited.	REMARKS.
1917. April				Pension granted from Aug 6/16 B.P.C. 10729 April 5, 1917. H.L. 19-5-17.
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1917. Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1918. Jan.				
Feb.				
March				
April				
May				
June				

P—56

Rank Pte. Name COLEMAN Patrick Reg'l No. 477183

Unit Royal Canadian Regt. If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment 24th August 1915. Place of Birth Gosport Hamps. England

Name and Address, Next-of-Kin E. Coleman, Moy Co. Tyrone Ireland (Drumnacy Rly)

Relationship Wife

Assigned Pay Monthly $ 39.00 Payable to Mrs. E. Coleman. (next of kin). C/o. miss mary Coleman Drumanney Rly. Co. Tyrone Ireland. P.L. 3-3-0 x 37=93

Including P.S. Allen Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place 5. 8. 16 Reason Died of Injuries Character G/Pte A175 114/8/16

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1 Sep. 1915	30 Sep	30	1.00	30 00	30	1.-	3 00	25 00	58 00			12 50	40 00	5 50	58 00	—	allen. Sept. cr allot 11-15 7/15 D0226 Deducted As Pay for Sept. allen. allot. cr.
1 Oct.	31 Oct.	31	"	31 00	31	"	3 10	25 00 10	60 10			7 30	39 00		46 30	13 80	
1 Nov.	30 Nov.	30	"	30 00	30	"	3 00	25 00	58 00	31		4 46	39 00		43 46	28 34	Allen. Nov
1 Dec. 1916	31 Dec	31	"	31 00	31	"	3 10	25 00	59 10	81 117		2 68 8 72	39 00		50 40	37 04	Allen Dec
1 Jan	31 Jan	31	"	31 00	31	"	3 10	25 00	59 10	184 2 17	7 Apls	4 36 2 61 2 61	39 00		4 8 58	47 56	Allen. Jan.
1 Feb	29 Feb	29	"	29 00	29	"	2 90	25 00	56 90	312 220 293	5 Apls "	2 62 2 62	39 00		44 24	60 22	Allen. Feb.
1 Mar	31 Mar	31	"	31 00	31	"	3 10	25 00	59 10	277	O/B.	3 49	39 00		45 11	74 21	
				213 00			21 30	176 00	40 30			56 59	274 00	5 50	336 09		

Statement of NOV 30 1916 Account rendered

Cash found in effects

Checked

BALANCE TRANSFERRED TO NEW LEDGER.

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

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

Date.	Brief details, and signature.
1914	Vaccination. W.L.H.
10/10/14	Inoculation. Dose ½ CC M.D.Ahern, Capt. R.A.M.C.
19/10/14	1 CC do.

Table IV.—Service Table.

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

4771 83
9835

DUPLICATE

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178[A] to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname COLEMAN *Christian Name* Patrick

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Gosport County England.

Examined ... ... on 12th day of August 1914.
at Toronto

Declared Age ... ... 38 years days.

Trade or Occupation ... Labourer.

Height ... ... 5 feet, 7½ inches.

Weight ... ... 156 lbs.

Chest Measurement — Girth when fully Expanded. 36 inches.

Chest Measurement — Range of Expansion 2 inches.

Physical Development ... Good

Vaccination Marks — Arm ... Right: 3 Left: 4

Vaccination Marks — Number

When Vaccinated ... ... 18 years ago.

Vision ... ... R.E.—V=
L.E.—V=

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

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

Approved by (*Signature*) Wallace A.Scott,
(*Rank*) Med.Officer Stanley Bks.
Medical Officer.

Enlisted ... ... at Toronto
on 13th day of August 1914.

Joined on Enlistment ...	Corps.	Regtl. No.
	Royal Can.Regt.	~~9835~~ 477183
Transferred to		

Became non-effective by

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

on day of 191 .

(*Signature*) H. Gillmore Betty
(*Rank*) Lieut.-Col.
In Charge of Records, Canadian Contingent.

2966. Wt. W8005/2748. 300,000. 8/15. D. L. & L.

[P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital must be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
Toronto 13/8/14 Halifax							No admission			J.D.Brousnan, Maj.C.A.M.C
Bermuda	29	9	14	1	10	14	Wound foot.	3	A.F.B. 11 Future - Rest R M.D.Ahern. Capt.R.A.M.C.	
St.Georges Bks.	14	12	14	29	12	14	D.A.H.	16	Largely due to alcohol, Rest. Pat. Lod. R.M.R. M.D.Ahern, Capt.R.A.M.C.	
do.	31	3	14	22	4	15	New growth non-malignant	23	Above right knee X ray examination. Shows nothing apparently in tendon. Reduced on Pat. Lod. to attend M.D.Ahern, Capt.R.A.M.C.	
H.M.T.Caledonia	15	8	15	17	8	15	Conjunctivitis	3	Transferred to Military Hospital, Halifax.	W.L.Hutton. Capt.R.A.M.C.
Halifax	17	8	15	22	8	15	do.	6		J.D.Brousnan. Lt.Col. P.A.M.C.

Married or Single: Married

Place of Birth: Gosport, Hampshire, Eng.

Name and Address of Next of Kin: Mrs. E. Coleman, c/o Miss Mary Coleman, Drumanney Roy, Co. Tyrone, Ire.

Relationship of Next of Kin: Wife

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

CASUALTIES, PROMOTIONS, &c.

Particulars	Effective Date	Authority
Died of Injuries	5/8/16	C.L. A 175 14/8/16

ADMISSIONS TO HOSPITAL, &c.

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

Reg'l. No. 477183 Rank Pte Name Coleman, Patrick.

If in Perm't. Corps What Unit — Unit ROYAL CAN. REGT. Transferred to N.E. Date 6/8/16 Authority C.L. A 175 14/8/16

Permanent Force Allowances $25 — Transferred to Date Authority

Place of Attestation Halifax, N.S. — Transferred to Date Authority

Date of Attestation 24th Aug. 1915 — Transferred to Date Authority

Assigned Pay Monthly $ 39.00 Date Effective 1/Sep/15

Payable to Mrs. E. Coleman c/o Miss Mary Coleman Drumanney Roy, Co Tyrone, Ireland Relationship

Assigned Pay Monthly $ — Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) 15/8/16 Effective 1/9/16 Reason Died of Injuries 5/8/16. Cas List A 175 14/8/16

Discharge Date and Place — Reason and Authority

Account transferred to Non-Effective Branch (Date) 6/8/16

Account transferred to Officers' Pay Branch (Date)

PAY OFFICE ... [stamp, illegible]

Date	Pay No. of Days	Pay Rate	Pay Amount	Field Allow. No. of Days	Field Allow. Rate	Field Allow. Amount	Working or Special Pay	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Remarks
								1 80		410 30						274		336 09	74 21		
1/4 30/4	30	1.00	30 00	30	.10	3 00			25 00	58 00						39 00		39 00	93 21		
1/5 31/5	31	1.00	31 00	31	.10	3 10			25 00	59 10	1111 11th; 313 CORC 10/4/16; 1275 11th 25/5; 1173 " 11/6				2 62; 2 62; 4 26; 3 41	39 00		51 91	100 40		
1/30/6/16	30	1.00	30 00	30	.10	3 00			25 00	58 00						39 00		39 00	119 40		
July 1/31/7/16	31	1.00	31 00	31	.10	3 10			25 00	59 10	27th Bn. 1291 9/6.			3 41		39 00		42 41	136 09		
Aug 1/5/8/16	5	1.00	5 00	5		5 50			25 00	30 50	258 394 20/7			4 36		39 00		43 36	123 23		Died of Injuries 5/8/16 Cas List A 175 14/8/16 Stop rend. 15/8/16 Effec 1/9/16 a/c transfd Non Effec 9/9/16 Effec 6/8/16
			Bal on Trans N.E. Branch													195			123 23		
N.E. Branch Jan/17.												123 23				469		123 23	-	-	$123.23 Pd by chq no 2[illegible] 4/1/17
N.E. March 1917.												4 36						4 36		4 36	4.36 Acq. Roll 1391 23/6/16. 27th Bn D.N.E. 4/17.
1918 Jany									4 36	4 36						Aw 1.00 per dies Sept 1916 4 36 468			0		[illegible] Authority Letter of Dep Minister OMFC M[illegible] 10-2-50 D 3-12-17

Checked [illegible]

Cash found in effects

Statement ... NOV ... Account rendered

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 $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4				CREDIT	DEBIT			