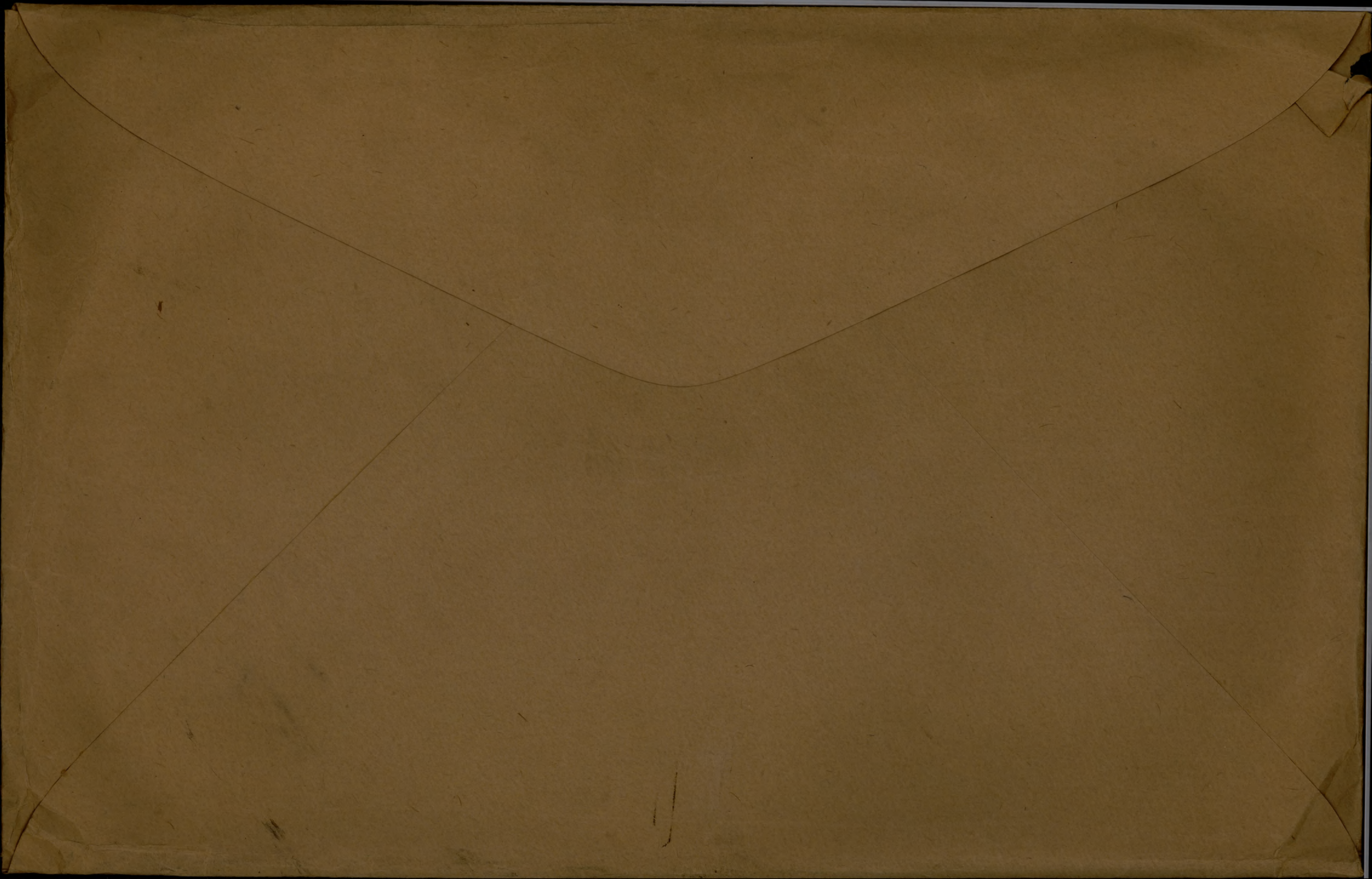


A circular stamp containing the letter 'S' is located in the upper left corner of the page. The stamp is dark and somewhat faded, with the letter 'S' being the central element.

No. X3908



Unit Can Field Coy Rank 1st Lieut Name J. Arnoldi

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS).

1. (a) What is your Surname? Arnoldi
(b) What are your Christian Names? Jean Louise
2. (a) Where were you born? (State place and country) Montreal Canada
(b) What is your present address? 10 Bruner St. Holkestou
3. What is the date of your birth? 9th December 1882
4. What is (a) the name of your next-of-kin? Paul Arnoldi
(b) the address of your next-of-kin? 103 Bait Street Toronto
(c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Canadian Service
6. What is your religion? _____
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? _____
9. State particulars of any former Military Service? _____
10. Are you willing to serve in the
CANADIAN OVERSEAS EXPEDITIONARY FORCE? yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Jean L. Arnoldi (Signature of Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him fit for the CANADIAN OVERSEAS EXPEDITIONARY FORCE.

Date 19/3/18 191

Place Holkestou

* Insert here "fit" or "unfit."

W. J. Jones
Medical Officer.

CANADIAN EXPEDITIONARY FORCE

S.M. 2-38.

R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank).....Hon. Lieutenant.....

(Name in full).....Joan Louise ARNOLDI,.....

Enlisted in.....Canadian Field Comforts Commission......

CANADIAN EXPEDITIONARY FORCE, on the.....~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~.....

day of.....~~XXXXXXXXXXXXXXXXXXXX~~191~~XX~~.....AND WAS APPOINTED to COMMISSIONED RANK

in.....Canadian Field Comforts Commission......

CANADIAN EXPEDITIONARY FORCE on the.....Twenty Seventh.....day

of.....September.....191.....

HE SERVED in CANADA, and England with the Canadian Field Comforts.....

Commission.,.....

and was STRUCK OFF THE STRENGTH on the.....Thirteenth.....day

of.....August.....1919 by reason of.....General Demobilization.....

Dated at Ottawa, this.....Ninth.....day

of.....June.....1920

Brought to the Notice of the Secretary of State for War for valuable
services rendered in connection with the War, W.O. Comm. 13-3-18.

for

Capt.
Director of Personal Services.

original

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

MEDICAL HISTORY OF

Surname

Arnoldi

Christian Name

Joan Louise

TABLE I.—General Table.

Birthplace { Parish Toronto
County York Canada
Examined { on 31 day of January 1915
at Shorncliffe
Declared Age 35 years 5-3 days

Trade or Occupation

Height 5 feet 10 inches

Weight 165 lbs.

Chest Measurement { Girth when fully Expanded
Range of Expansion

Physical Development Good.

Vaccination Marks { Arm RIGHT LEFT
Number 2

When Vaccinated 1904.

Vision { R.E.—V
L.E.—V

(a) Marks indicating congenital peculiarities or previous disease

2 Vertical scars above inner side rt. eyebrow.

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

None.

Approved by W. Whittemore
Rank Capt. Cand.
Medical Officer.

Enlisted { at Quebec
on 27th day of Sept 1914

Joined on enlistment Que. Field Coy. 6th
Transferred to Commission

Became non-effective by
on day of 191
(Signature)
(Rank)

TABLE III.—Boards; Courts of Enquiry, 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
<u>Oct 19/14</u>	<u>1cc Typhoid vaccine</u>
<u>" 19/14</u>	<u>1cc Typhoid vaccine</u>

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
<u>"Franconia"</u>	<u>Sept 25, 1914</u>	<u>Oct 14, 1914</u>

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

[illegible]

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. Rank *H/Lt* Surname *ARNOLDI*
(Given name in full)
JOAN LOUISE
Unit or Corps *C.F.C.C.* Birthplace *TORONTO*

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

1. GENERAL DESCRIPTION:

Physique *Good* Weight *170* lbs. Height *5' 10* in. Colour of Eyes *Brown*.
Nutrition *Good*
Pulse *74*
Condition of arteries *Normal*
Vision Rt. *20*; Left *20*
Hearing (conversational voice) Rt. *20* ft.
Left *20* ft.

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

*One perpendicular linear
scar over right eye -
(about base of nose -)*

Opinion as to general health and physical condition *In good health & condition*

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 *No*

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.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Shorncliffe Hotel (Overseas)
Date 3rd July 1919 Signed C. A. Dinean Capt. 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 John S. Cusack
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)
Date Signed M.O.

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

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

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

[OVER]

Surname **ARNOLDI.**

Christian Names

Joan Louise

Rank **Lieut.**

Name and Address of Next-of-Kin

Frank Arnoldi (Father)

103 Bay St. Toronto

Promotion

Unit **Can. Field Comforts Commission.**

Place of birth

Toronto.

Married (Yes or No)

Miss.

Appointments

Date of leaving Canada

Date and Cause of Resignation

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				
22-11-14	Com.Cans.	Appointed Can. Field Comforts Commissioner with rank of Lieutenant.		27-9-14	R.O. d 22-11-14
13-3-18	W.O.	Brought to the notice of Sec of State of War for valuable service rendered during in connection with the war			W.O. Communique
27.6.18	A.G.	Granted 21 days of leave Med Reasons		23.7.18	Let. on file (A.G. 19. 8-11-107.) folio 2.
13 AUG 1918	W.O.	Brought to notice of Secretary of State for War for Valuable Service rendered in connection with the War.			W.O. Communique
28-12-18	Hq. O.M.F.C.	Cancelled by Hq. RO. 54100/26-3-19		11-11-18	RD. 5123
22-12-19	O.M.F.C.	S.O.S. on Trans to C.E.F. in Canada (Having been retained)		1-8-19	Part in order 21-8-19

10233

25455

[illegible]

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

Casualty Form—Active Service.

Temporary: original not available

Unit, Regiment or Corps.

C.A.M.C.

Regimental No.

Rank

Hon. Lt. *n/s.*

Name

ARNOLDI, Joan Louise

C. E. F.

Enlisted (a) *27 Sep 14*

Terms of Service (a)

Service reckons from (a)

Date of promotion to
present rankDate of appointment
to lance rankNumerical 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				
	O.M.F.C.	Att. from O/s & posted to L&F Sec. #2DD	Toronto	20-4-18	Auth. Pt. 2 D.O. #16
		Ceases to be attached on proceeding O/s	Toronto	25-2-19	Auth. 2MD 30-A-39 of 28-2-19 Pt. 2 D.O. 60

Capt.
For O. C. No. 2 District DepotCapt.
For O. C. No. 2 District Depot*7.7.55*
rel. aut.
7.7.57.(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.

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				

DUPLICATE.

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—I.
Part I.

CERTIFIED CORRECT
JUN. 1919
CANADIAN RECORD OFFICE

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

(6 28 19) W10416—P2151 100,000 3/19 HWV(R1460) Forms/B. 103/8

(1)*Substantive rank *Acting rank (To be entered in pencil to facilitate alteration.)				(2) Regiment or Corps		(3) Regtl. No.	
(4) Surname (5) Christian Names (6) Army Form, number of, Attestation Form or Record of Service paper (7) Whether of British or of Alien origin (vide A.C.I. 578 of 1918) (8) Date of birth as stated on enlistment (9) (a)				<i>Lieut.</i> <i>G. Arnoldi</i> <i>Joan Louise</i> <i>Cor. Hld. Comforts</i> <i>Commissioner</i>			
(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) of conditions of service							
(11) Engagement (c) (13) Special conditions (if any) of enlistment (d)				(Authority) (date)			
(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (vide Army Order 93 of 1917)			
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)			
(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)				(Place) (Date) or (21) Corps trade and rate			
(22) Extended {				(23) Re-engaged {			
(24) Miscellaneous entries:—							

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (vide A.C.I. 470 of 1918). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
Date	From whom received					
22-11-14.	Com. Can.	Appointed Can. Fld. Comforts Commissioner with rank of lieutenant			27-9-14. Ro. d/	22-11-14.
13-3-18.	W.O.	Brought to the notice of Sec. of State for War for valuable services rendered in connection with the war				W.O. Communique
27-6-18.	A.G.	Granted extension of leave on reasons to			23-7-18. Leg. file (A.G. 1a 8-A-107) folio 2.	
13-8-18.	W.O.	Brought to notice of Sec of State for War for valuable services rendered in connection with the war. Cancelled by Hqrs. R.O. 5410 d/26-3-19.				W.O. Communique

CERTIFIED TRUE COPY.

E. E. Kelly

Major,

For And. Canadians.

R. Pham
For MAJOR General,
Adjutant General, Canadians.

1/8/19 - S.O.S. O.M.F. of C.
ON EMBARKATION FOR CANADA.

Nothing to be written in this margin.

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

Casualty Form—Active Service.

Unit, Regiment or Corps. *F. C. C.*Regimental No. Rank *H. Lieut.* Name *Arnold J. H.*
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				
<i>20 8/19</i>	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	<i>8/19</i>	C.E.F. R.O. No. <i>2135-19</i>
<i>21-8-19</i>	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. <i>2</i>	<i>13-8-19</i>	C.E.F. R.O. No. <i>2138-19</i>
<i>W. H. Smith</i> for Director Personal Services					

(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.

[illegible]

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ARNOLD, J. L.
 REGIMENT C. F. C. C. RANK Hon. Lt. No. _____

Date of Examination in England 3-7-19 Date of Examination in France _____



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 23

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

nil

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 yes

(c) In France _____

Signature of Dental Officer

E. J. Kelly
capt.

**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

ARNOLO J. L.

Mr. J.

C. F. C. G.

3-1-14

Enclosed

find the

same

53

Mr.

Mr.

Mr.

Mr.

Name

How/ Lt. Arnoldi J. L. (Miss) ✓

M. F. W. 41
100M-1-18.
1772-39-889.

Regimental No.

Name and address of next-of-kin

Do 16

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	No.	Date					
Sept.														
Oct.														
Nov.														DD 16 reads attached to L. & F. Section. Name is therefore dropped from Pay List.

M. F. W. 41
100M-1-18.
1772-39-889.

Name and address of next-of-kin

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

Name

Arnoldi (Miss J. Louis)

H/Lieut

M. F. W. 41
100M-1-18
1772-39-839

3254-3-190

Regimental No.

Name and address of next-of-kin

Unit

Con. Field Comforts Comm

Date of enlistment

Place of

Married (yes or no)

Amount of pay assigned monthly \$

To whom payable

MAURETANIA

APR 9 1918

APR 15 1918

Date and place discharged

Reason for discharge

Character on discharge

Leave extended to 25th 19Leave extended to Nov. 23rd 1918R.D. 719 Leave extended to July 2nd 1918Spec Leave to 9th 18th

M.D. 2

Own

L.P.C. clear 30-4-18
C.P.C.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	No.	Date					
												6326		Transportation to Canada
												140 00		2801 d/28 th 18 M.D. #2
												129 00		3192 d/28 th 18 " " #2
												142 00		3373 d/26 th 18 " " #2
												400 00		3534 d/30 th 18 " " #2
														1090151-19 20000 ✓
														142426 142426
														142426 142426 20000
														350 00 142426 3698 d/13 th 19 #2
														L.P.C. forwarded to the P.M.G. on 4 th 1919

Recovered by
P.M.G. on 7th 1919
Letter P.L. 11-a-21
P.M.G. 26419
in SAAP File.

P.L. 11-a-21
P.M.G. 26419
SAAP File
516-1-50

M. F. W. 41
100M-1-18.
1772-39-889.

Name and address of next-of-kin

Date of enlistment

Place or “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]

NAME

Arnoldi, Miss. J.

Notmullyh

Regimental No.

Name and address of next-of-kin

Unit

Field. Comfats. Comm.

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

14 June - 13 Sept.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	No.	Date					
Sept 30/14	Oct 31/14	35	2	70	35	60	21			91			91	
1/11/14	30/11/14	30	2	60	30	60	18			78			78	
1/12/14	31/12/14	31	2	62	31	60	18			80	60		80	60
27/9/14	31/1/15				127	97	173			173	62		173	62
1/1/15	27/1/15	31	2	62	31	60	18			80	60		80	60
1/2/15	27/2/15	28	2	56	28	60	16			100	05		100	05
1/3/15	31/3/15	31		62	31		18			111	60		111	60

Sub. all @ 4/- pd
27/9/14 to 31/1/15
Auth Verbal P.M.B.P.D.
⊙ Sub 4/- pd.
1-28/2/15.

[illegible]

Number

Rank

LIEUT

B

Surname

ARNOLDI.

Christian Name

JOAN LOUISE.

Units

Theatre of War ENGLAND.

Date of Service

22.9.44

Remarks

Latest Address

1177 Bay St
~~35 North Street~~
Toronto. Ont

Roll No.

A Page 3833

200m.-6-21.4.

y. m. c. a.

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

DESP MAR 28 1923
REG. NO. 41560

SURNAME. *Arnoldi*

CHRISTIAN NAMES *J. L.*

REGL. NO.

UNIT *b. a. m. b.*

FORMER CORPS

RANK

H./Lt. Nursing Sister

CARD NO.

2
Sol 13-8-1918
ROLL
PO 215-5-94-9-19
DO 241 is cancelled
by DO 255 of 12-9-1921

NEXT OF KIN.

NAMES IN FULL

Arnoldi, Mrs. Mother

RELATIONSHIP TO SOLDIER

ADDRESS

21 North St., Toronto, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

DATE

PLACE OF ATTESTATION

DATE

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

1. Triplicate Declaration Paper (M.F.W. 51), or
Triplicate Attestation Paper (M.F.W. 23).
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. Proceedings on Striking off Strength (M.F.W. 2591).
7. Last Pay Certificate (P. 41)
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

Group H-2
 Checked by No. 31
 Date 1-8-19

Occupational Group 1
 Dispersal area 1

A 91

Proceedings of an Officer or Nursing Sister
 Struck off Strength
 OF THE
 Canadian Expeditionary Force.

1. RANK H. Lieut
 2. NAME Arnold, Joan Louise
 3. UNIT Can. Field Comforts Commission
 4. DATE STRUCK OFF STRENGTH _____ PLACE _____
 5. REASON La 13-8-19 RD 2138-19

EMBK'D 1.8.19
 LAPLAND
 DISMBKD 9.8.19
 HALIFAX

6. AUTHORITY _____
 7. PROPOSED RESIDENCE _____

35, North Street.
 Toronto
 Ontario

This folder should contain the following documents :—

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report, M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

M. F. W. 2591.

(923) Wt. /45P 3/19 15m D.St.

ASSIGNED PAY.

UNIT.

NAME OF

Rates
DATE AUTHORITY

RANK.

DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount, \$

Separation Allowance issued. Yes or No.....

*C. F. C. b. Pay 2nd pd.
+ A 2.00 pd.
Mess 1.00 pd.*

Miss

Name *Arnoldi*

Initials *J.*

Bank

*Nat. Bk of Scotland
34 Nicholas Ldg
E.C.*

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

1918

Apr 4 Adv April Pra.

15 Sub 1-31 3/18.

Cash 98

574.

108

*Draw to loan
L. 5 to 30 4/18
6.7.5 #31
L. 5 to be earned*

19 Apr Pay (R)

108.

May 22 May Pay (R)

111 60

June June Pay (R)

108

July July Pay (R)

111 60

Aug Aug Pay (R)

111 60

Sep 16 Sept Pay R.

108

Oct 17 Oct Pay R.

111 60

Nov 18 Nov Pay (R)

108

Dec 16 Dec Pay R.

156.

*1919 Ret. in Canada, Overl. Pra 1 1/8-31 12/18
Jan 18 auth L.P.C. 30 4/18 P.E. 7/2 No. 462*

926 40

Mar 15 Subs 1-8 4/18.

13875

24 Subs. allee 1-8 1/8 (L. 1-12-10) P.M.C. 13875 Subs. 7/2 No. 337 8.

27 Sub. 4-31 3/19.

14538

28 Pra. fr 1 1/8 to 31 3/19 No 262.

1286 40

" add outfit allee. No 11-a-

100

30 Subs. allee 4-31 1/9 (L. 11-10-2) L.P.C. 30 4/18 P.M.C. 14538 V. 528

56 00

April 5 advanced in Can. auth. L.P.C. No 745.

1424 26

April Pay (R)

120

23.

Bank.

736.

146 14

May 6 Sub. 1-30 4/19.

1460

7 Sick Leave 9 4/19-28 2/19

1788

9 May Pay (R)

124

b. Forward

*bh.
124*

*4-10-2 56 00
From Ledger 12 to 5-19 3/19
Held 1424 Adv in Can
Rep Pra as usual
from 1 1/8 9/19
12-6-2 60 00
46-17-9 258 00*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$.

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

b. S. b. b.

Pay

La

mess.

Miss

Name Arnoldi

Initials J.

Bank Nat BK of Scotland

34. Nicholas Lane

b. b.

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

May 12

Brought Forward

124

" Spec leave. Allee in Canada 146-17. 9 auth Pmc 1728

10341

228 20

20

Bank

2477.

352 20

June 3

Sub. 1-31/9

2807

12-14-9 62⁰⁰

13

Pay (R)

120

23

Bank.

120

July 4

Adv July Pca

Bank.

124

8

Subs 1-30/9

4325

July Pay R

124

30

Subs 1-7/9

5107

Aug 20

Subs Allee 1-7/9 12-17-6 Pmc 5207. 10 30.

14

Dec. 31

Trans. to b. b. 4.

1121

14

new to Camp
P. P. Chs 31. 92/9.
11. 9. to W. C. Ledger.
12. 6. 7 60⁰⁰
12. 17. 6 14⁰⁰
12. 3. 12. 15 9⁰⁰
12. 19. Adv. note Cr 14⁰⁰

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

C. F. C. C.

Pay #2nd pa
F.A. 60/pd
Mes 1.00/pd
Total 3.60

Miss

Name Arnoldi

Initials J.

Bank Natl Bk of Scotland
34 Nicholas Lane
E.C.

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

1917

April 21 April Pay (R)

24

Bank

2888

108 60

108

May 22 May Pay (R)

23

Bank

5998

111 60

111 60

June 14 June Pay (R)

19

Bank

7909

108

108

July 19 July Pay (R)

23

Bank

111 60

111 60

Aug 18 August Pay (R)

Aug 20

Bank

17008

111 60

111 60

Sept 14 September Pay (R)

20

Bank

21699

108

108

Oct 11 Military 10/ - 31 7/17.

2443

12-10-8. 6100

Oct 19 October Pay (R)

Nov

Bank

26082

111 60

111 60

Nov November Pay (R)

Dec 4 December Pay (R)

1 6 Sub allow 1st 7-30 7

Bank

30652

108

108

13

Bank

34440

111 60

111 60

Jan 9 Dental charges 10/- 7 28 7. 223 Jan 10. 113

Jan Pay (R)

21

Bank

39296

111 60

109 17

Feb 13 Feb Pay (R)

19

Bank

40813

100 80

100 80

b 7 or.

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank

b.f. b.b

Pay # 2.00 per Miss
7A 60
mess 1.00

Arnoldi
J.

Nat Bk of Scotland
34 Nicholas Lane
b.b

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

1918

Brought For.

Feb 11 Sub 1¹²/₇ - 31¹²/₇

Mar March Pay (P)

19 Sub. 1¹²/₁₈ - 18¹²/₁₈

21

Bank

14144

111 60

16183

111 60

18-18-1 #92

12-2-5

Loan to loan.

P. O. to 30¹²/₁₈

Ok to be carried
forward until return

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.

C. F. C.

Miss

Name Arnoldi

Initials J.

Bank Nat Bank of Scotland
34 Nicholas Lane
Ed.

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case

INITIALS

1916

1916-17

Apr 24 Pay. apr (R)

Bank

108

108

May 22 Pay May R

Bank

111 60

111 60

June 17 June Pay

Bank

108

108

July 19 Pay July
25 Bank

111 60

111 60

Aug 17 Pay Aug (R)
23

Bank

111 60

111 60

Sep 18 Pay Sept (R)
28

Bank 9449

108

108

Oct 21 Pay Oct (R)
25

Bank

111 60

111 60

Nov 17 Pay Nov
24

Bank

108

108

Dec 9 Pay Dec.
15

Bank

111 60

111 60

Jan 22 Pay Jan.
15

Bank

111 60

111 60

Feb 13 Pay Feb
22

Bank.

100 80

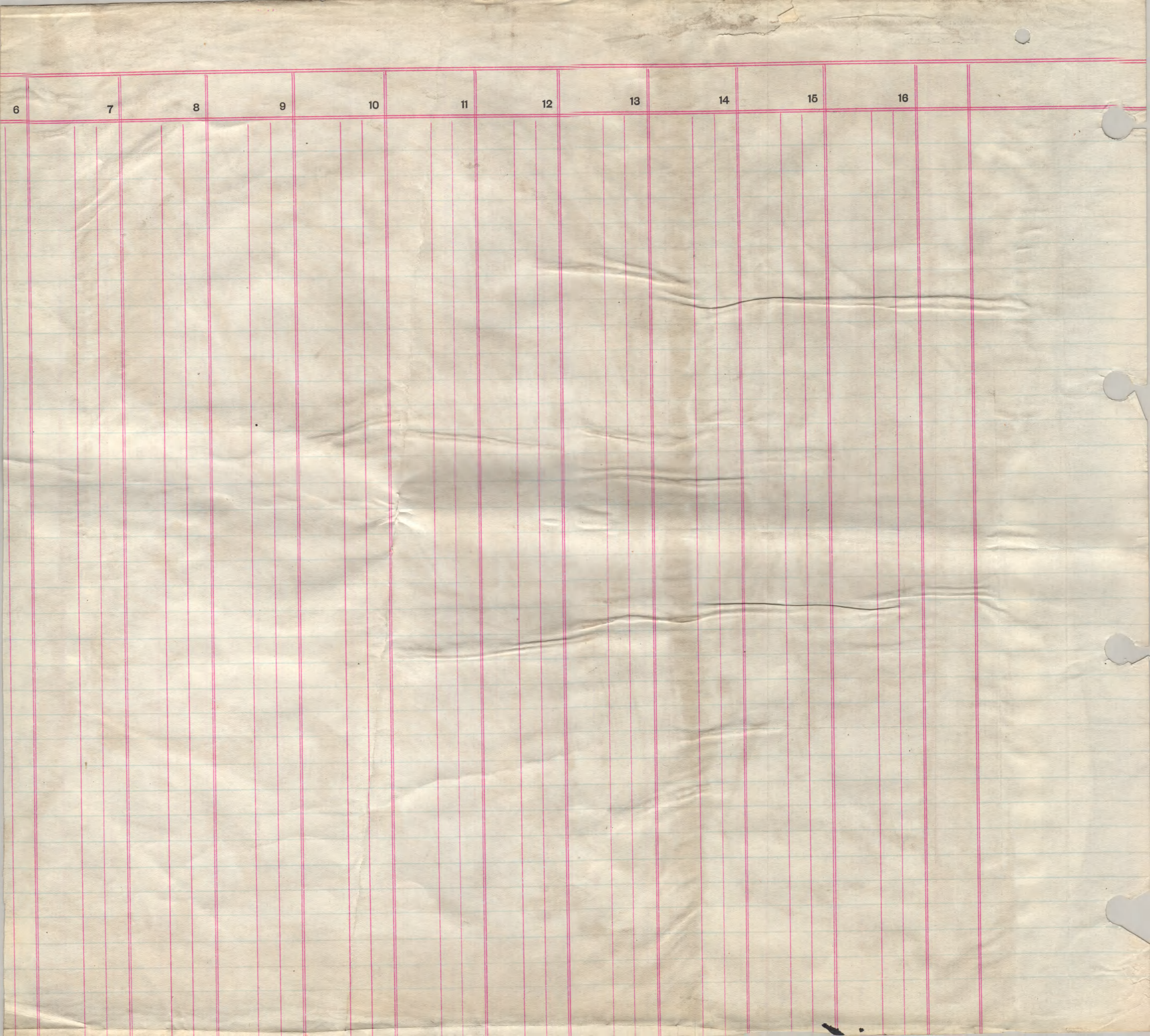
100 80

March 19 March Pay.
24

Bank

111

111 60



6

7

8

9

10

11

12

13

14

15

16

SS
N

[illegible]

