

C.E.F. REGIMENTAL DOCUMENTS

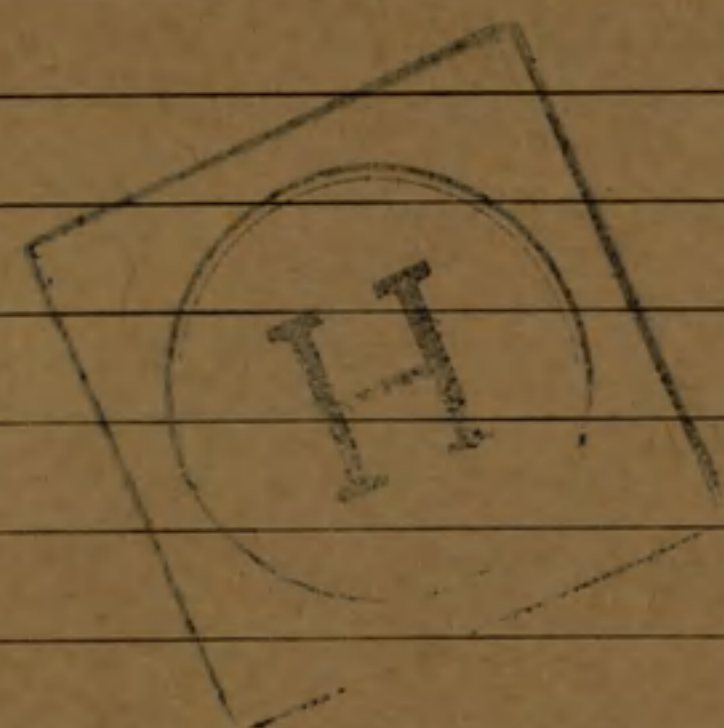
NAME BELL, GERALD G.

REGT. No. LIEUT.

UNIT 38 BN.

H. Q. FILE No. 11358

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH H
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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CARDS					
PAY-SHEETS					



M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

613

Box

OPEN
ATTN

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... *G. Gordon Bell*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Ottawa, Ont. Sydney*
- 3. What is the name of your next-of-kin?..... *Mrs. B.T.A. Bell (mother)*
- 4. What is the address of your next-of-kin?..... *37 Kent St. Ottawa. Canada*
- 5. What is the date of your birth?..... *June 11th. 1890.*
- 6. What is your Trade or Calling?..... *Engineer*
- 7. Are you married?..... *No.*
- 8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *Yes*
- 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? }

Gordon Bell (Signature of Man).
H. Reiffensteyn (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Gerald Gordon Bell*, 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.

Gordon Bell (Signature of Recruit)
 Date *FEB 1 1915* *February* 191*5*. *H. Reiffensteyn* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Gerald Gordon Bell*, 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.

Gordon Bell (Signature of Recruit)
 Date *FEB 1 1915* *February* 191*5*. *H. Reiffensteyn* (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 *Ottawa* this *1st* day of *February* 191*5*.

[Signature] (Signature of Justice)

JUSTICE OF THE PEACE IN AND FOR THE COUNTY OF *OTTAWA*

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

[Signature] (Approving Officer)

Lt.-Colonel.

Description of L. G. Gordon Bell on Enlistment.

Apparent Age.....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.....ft.....ins.

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

Complexion.....

Eyes.....

Hair.....

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date February 1915

Newton Deane
Major
 Medical Officer.

Place Ottawa

*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.

Lieut. G. Gordon Bell.....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.

Newton Deane.....(Signature of Officer)

Date February 1915

Lt. Colonel

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

S.W. 3-33. L.B.

ISSUED TO OFFICERS AND NURSING SISTERS



This is to Certify that (Rank) Captain.

(Name in full) Gerald Gordon BELL. D.F.C.

Enlisted in The 38th Battalion.

CANADIAN EXPEDITIONARY FORCE, on the

day of 191 AND WAS APPOINTED to COMMISSIONED RANK

in The 38th Battalion.

CANADIAN EXPEDITIONARY FORCE on the First day

of February 191 5.

He SERVED in CANADA, Bermuda, England, France, Egypt and

Salonika, with the 38th Battalion, and Eastern Ontario Regimental Depot.

and was STRUCK OFF THE STRENGTH on the Thirteenth day

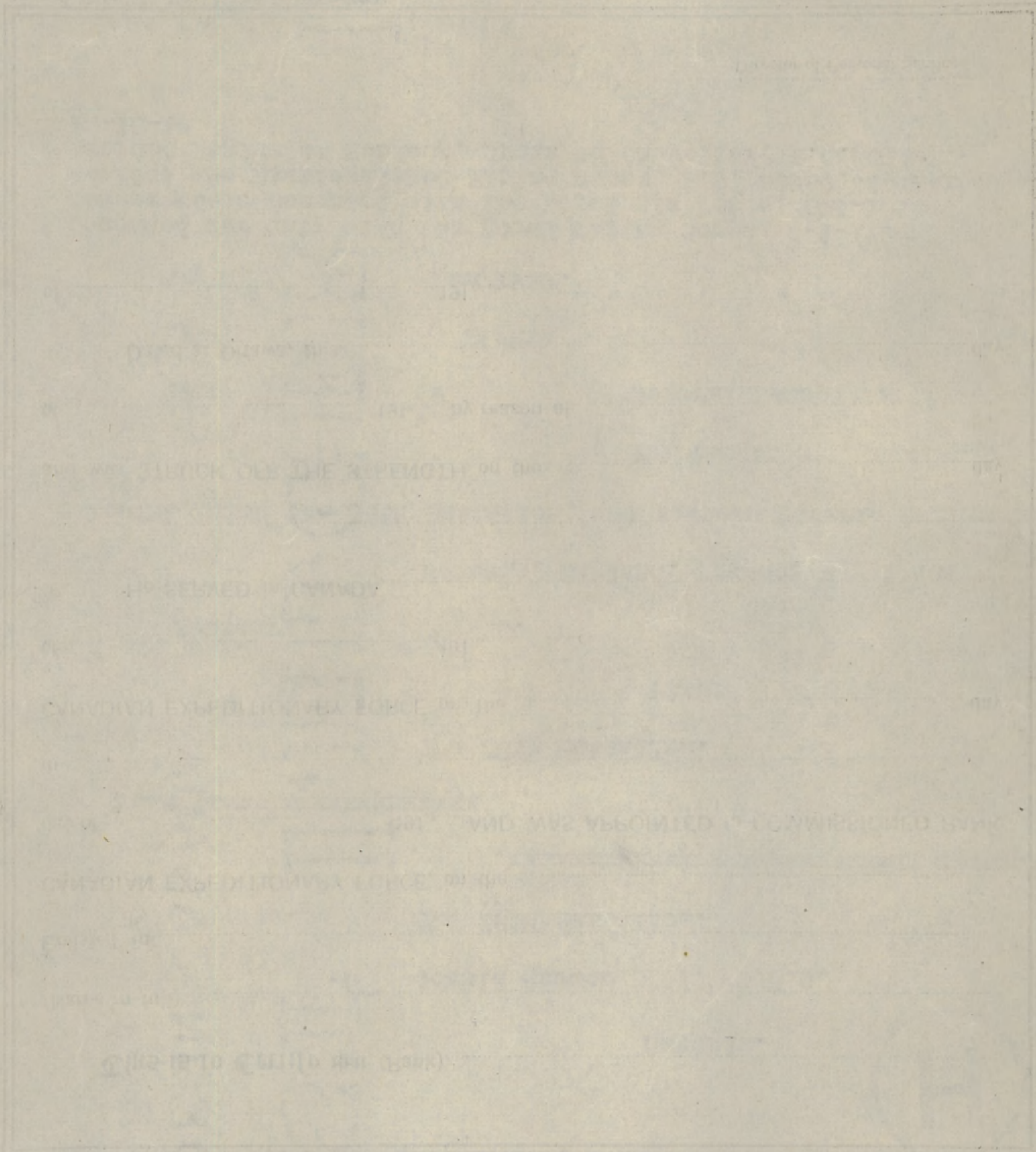
of May 191 9 by reason of General Demobilization.

Dated at Ottawa, this Eighth day

of May 191 1920.

Seconded for duty with the Royal Flying Corps, 9-1-17. Ceases to be seconded with the Royal Air Force, 6-5-19. Awarded the Distinguished Flying Cross, L.C.#30987, -2-11-18. Awarded Legion d' Honneur, Croix de Chevalier, L.C.#31592, -10-10-19.

for. Major. Director of Personal Services.



ISSUED TO OFFICERS AND MEMBERS

MINISTRY OF DEFENCE

CANADIAN EXPEDITIONARY FORCE

WH-3-33.

THIS IS TO CERTIFY that (Rank) *Capt.*

(Name in full) *Gerald Gordon BELL (D.F.C.)*

Enlisted in *the 38th Battr.*

CANADIAN EXPEDITIONARY FORCE, on the

day of _____ 19____ AND WAS APPOINTED TO COMMISSIONED RANK

in *the 38th Battr.*

CANADIAN EXPEDITIONARY FORCE on the *1st* day

of *February* 19*15*.

He SERVED in CANADA *Bermuda England France Egypt & Salonika,* with *the 38th Battr, C. O. P. Depot,*

R.D.1999

and was STRUCK OFF THE STRENGTH on the *13th* day

of *May* 19*19* by reason of *Gen Demob.*

Dated at Ottawa, this _____ day

of _____ 19____

14

Seconded for duty with the R.F.C. 9-1-17.

ceased to be seconded with the R. A. F. 6-5-18.

Awarded the D. F. C. L.G. 30989. 2-11-18.

Awarded Legion of Honour, Croix de Chevalier, L.G. 31592. 10-10-19.

ORIGINAL MEDICAL HISTORY SHEET.

Surname Bell Christian Name Gerald Gordon

Examined { on 14th day of Feb 1915
 at Ottawa
 Birthplace { City or Town Ottawa
 County Canada

Approved by J. H. Munro
 Rank Capt. M.O. JS

Apparent age 25
 Trade or occupation M. Engineering
 Height 5 Feet 10 Inches.
 Weight 150 Lbs.
 Chest measurement { Minimum 35 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.
		M.O.

Vaccination Marks { Arm Right Left R
 Number

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

When Vaccinated last 1912
 (a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15/2/15</u>		<u>JH Munro</u> M.O. <u>JS</u>
<u>28/2/15</u>		M.O.
<u>25/7/16</u>	<u>TAB</u>	<u>J. Seeger</u> M.O.

Enlisted on 8th day of July 1915 at Ottawa

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>38th Bant</u> <u>EFF</u>	<u>Lieut.</u>		
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.

Christian Name

Surname

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				
Prospect Bermuda	May 10/16						Examined for Active Service & found fit			Jas Seage	

WAR SERVICE BADGES.

File No. _____

INFORMATION REQUIRED.

To Director of Records:

Re application for War Service Badge, Class *A* & Class

No Rank *Capt* Name *Bell G S*

Unit *38th Bn* Address

(Strike out answer which does not apply)

Service over three months	Yes - No	APPROVED.
Service in Canada	Yes - No	<i>A 19/10/21 NP</i>
Service in England	Yes - No	
Service in France	Yes - No	
Detained for duty in Canada	Yes - No	
Discharged	Yes - No	Category

If discharged, state reason *Re-issue of lost badge*

Age Complexion Eyes Hair

Badge issued Class *A* No *349752*

" " " " " " " " " " No

Badge refused

19-10-21
Ray Hand

UNITED STATES DEPARTMENT OF JUSTICE

FILE NO.

INVESTIGATION REPORT

To Director of Bureau: [Faint text]
Re: [Faint text]
[Additional faint text]

(Strike out answer which does not apply)

Is this a case of [Faint text]	Yes - 20
Is this a case of [Faint text]	Yes - 20
Is this a case of [Faint text]	Yes - 20
Is this a case of [Faint text]	Yes - 20
Is this a case of [Faint text]	Yes - 20
Is this a case of [Faint text]	Yes - 20

[Faint text]

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.....

38th Ottawa Battalion C.E.F.

(2) Regimental Number.....

(3) Full Name of Soldier Gerald Gordon Bell (Lieutenant)

(4) Place of Birth Ottawa 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?.....

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

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

Also their names and ages.....

(9) Is your Father alive? **No.**

If so, state name and address

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

If so, state name and address **Sydney Bell.**

37 Kent Street, Ottawa, Ontario, Canada.

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

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

(15) Are you insured? **No**

If so, in what Company?

Have you made arrangements for payment of your Insurance premium?

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

Date **13th May 1916.**

C. M. Edwards
Officer Commanding **Lieut. Colonel.**
Comdg. 38th Batt. Can. Expeditionary Force

"D.F.C."

38th Bn July 31st 16
 do 1.9.16.
 do 1.10.16.
 do 1.11.16.
 do 1.12.16.

WGB Rank and Name BELL, Gerald Gordon

~~1st Lt.~~ Capt.

Regimental No.

Name and Address of Next-of-Kin

Unit 38th Bn.

Mrs Sydney Bell, (Mother)

Date of enlistment

37 Kent St,

Place of birth Ottawa, Ontario, Canada

Ottawa, Canada

Married (Yes or No) No

Date and place of discharge

If in Permanent Force

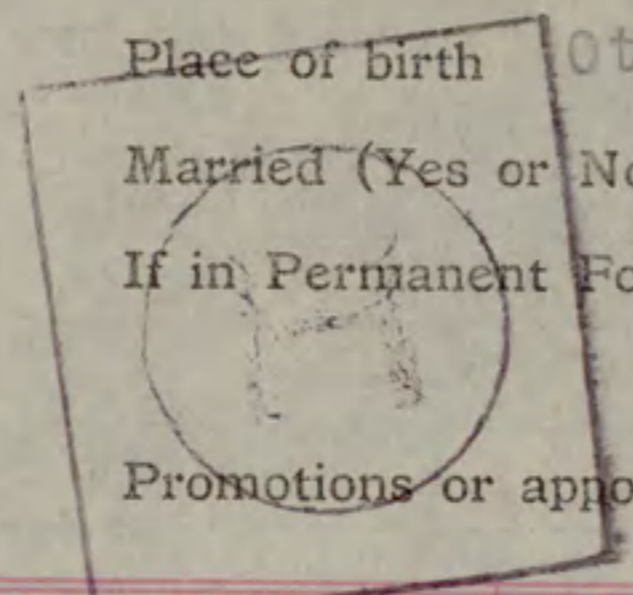
Reason for discharge

Promotions or appointments

Character on discharge

A.F.B. 103
15816

Left Can 8/8/15



92
R 150

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				
14.8.16	38 th Bn	proceeded ops.		13.8.16	at B. P. 11 ad 161
13.1.17	do	Attached to R.F.C. as observer on probation		2.1.17	P. 11 ord 5.
31.1.17	do	Detached to General Staff School proceeding to England for one month course with R.F.C.		9.1.17	P. 11 ord 16.
1.6.17	W.O.	1st Lt. Flying Officer (Observer) R.F.C. with seniority from 9.1.17		15.5.17	L.G. 30106
21.9.17	38 th Bn	From Post. Comd. Regt. ceases to be detached 9 th Hdq CTD on return to France as an observer att. to No 22 Squadron R.F.C.		15.2.17	P. 11 791
21.9.17	"	Det. to G.D. Reg Depot for duty. Home establishments		28/7/17	P. 11 0191
5.12.17	W.O.	To be Temp: Capt:		19.3.17	Boqueilled by L.G. 30513
5.1.18	38 th Bn	S.O.S. 9 Establishment		9.5.17	P. 11 ord 1
12.2.18	W.O.	From a Flying officer (observer) with seniority from 9.1.17. To be flying officer		19.12.17	L.G. 30520.
20.4.18	W.O.	Sec. for duty with R.F.C.		9.1.17	London Gazette 30461

A.F.B. 103
15 FEB. 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				
7. 9 18	38TBH	Struck off Nominal Roll posted to EORD on being recorded to R.A.F.		21.8.18	Pt E 82
2. 11 18	WO	Awarded the D.F.C.			L.G. 30989
30.5.19	WO	ceases to be sed for duty with R.A.F.		6.5.19	L.G. 31366
28.5.19	CORP	S/S on transfer to the C.E.F. in Canada		6.5.19	Pt II 124
6.6.19	WO	Relinq. Comm. on ceasing to be Empld (R.A.F.)		6.5.19	L.G. 31391
10.10.19	WO	Awarded Legion of Honour. (Croix de Guerre.)			Low. Gg 31592.

17588

Name

Capt. Bell, Gerald Gordon

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

332-2-54

Regimental No.

Name and address of next-of-kin

*37 Kent St
Ottawa*

Unit

38th Bu att 1 R.A.F.

Date of enlistment

A.P. 01244-9-72

Place of

S.O.S. 13719. R.O. 1999 7/19

Married (yes or no)

Date and place discharged

*Sp. Leave of 3 months from
date of embarkation*

Amount of pay assigned monthly \$

Reason for discharge

*From 7th December 1919
to 6 March 1919*

To whom payable

Character on discharge

Leahona 7th 1918.

Parents to be seconded to R.A.F. 7th 1919. (R.O. 1977).

*L.P. cler 31st 18
C.P.*

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					
<i>1/19</i>	<i>30/19</i>	<i>30</i>	<i>7⁵⁰</i>	<i>225 00</i>						<i>1359 22³/₁₉</i>			<i>200 00</i>	<i>H. Q. Cas.</i>
<i>31/19</i>	<i>13/19</i>									<i>229³/₁₉</i>			<i>150 00</i>	<i>H. Q. Cas.</i>
<i>1/19</i>	<i>5/19</i>	<i>5</i>	<i>7⁵⁰</i>	<i>37 50</i>									<i>48 67</i>	<i>aud. L.P. adavance 210,0.0,16/18</i>
<i>6/19</i>	<i>13/19</i>	<i>128</i>	<i>3⁰⁰</i>	<i>384 00</i>	<i>128</i>	<i>1⁰⁰</i>	<i>128 00</i>	<i>217 60</i>	<i>37 50</i>	<i>729 60</i>	<i>6 Bal</i>		<i>368 43</i>	
				<i>421 50</i>			<i>128 00</i>	<i>217 60</i>	<i>767 10</i>	<i>718 43</i>		<i>48 67</i>	<i>767 10</i>	

LLB. to ADPS 3/ 20/6/19

Consolidated Rate of Pay for 3rd day only.

Bell. G. G.

38th Bn

To France ^{38th Bn} 13-8-16

To U.K. 9-1-17

Seconded for duty
R. F. C. London G.

9-1-17

To France R. F. C.

R. F. C. 15-2-17

To U.K. 28-7-17

Awarded D. of C.

L. of H. C. - de G. -

Proceeded to Egypt

19-10-17

To U.K. 15-11-18

Also served with

38th Bn. Bermuda

D I R E C T O R A T E

OF CORRESPONDENCE RECEIVED AND
(Exclusive of all let

OUTWARD
To whom
despatched.

Particulars

FRANCE.

D.F.B

Name BELL G G ^{Ward} _{Gordon} File No. F-B-588
 Regt. No. _____ Rank lieut
 Unit 38th Inf Bn (allied R.F.C.) E.O. Ry.
 Sent to W.O. 28-11-17 List No. 159 & 174
 Action taken To be Captain

Effective 5-3-17
 Gazetted date 5-12-17 No. 30414 Page 12759
 G.O.C. Orders _____ No. _____ Date _____

To be Capt 19-3-17 Subst for 409 5-12-17 P.12759. List 185 To France W.O. 28-1-18
909 7-2-18 30513 P1791

Seconded for duty with R.F.C. 19-12-17. Act 176.

Seconded for duty with R.F.C. Act 181. Effect 9-1-17 Subst for above 909 20-4-18
30641 P1795

To be a Capt (Flying) from a flying Officer 13-6-18. To be gazetted by W.O. (as honorary)

Checked by _____ Date _____

P.T.O

E. O. Rgt.

Captain (D.F.C.) - leaves to be seconded for duty
with the R.A.F. 6.5.1919

WO 26.5.1919 List 534
1839

L. G 31366 30.5.1919 P. 6750

B & V by Air Mail 332-2-54

Number..... Rank Capt

Surname BELL

Christian Name Gerald Gordon

Units..... Theatre of War France

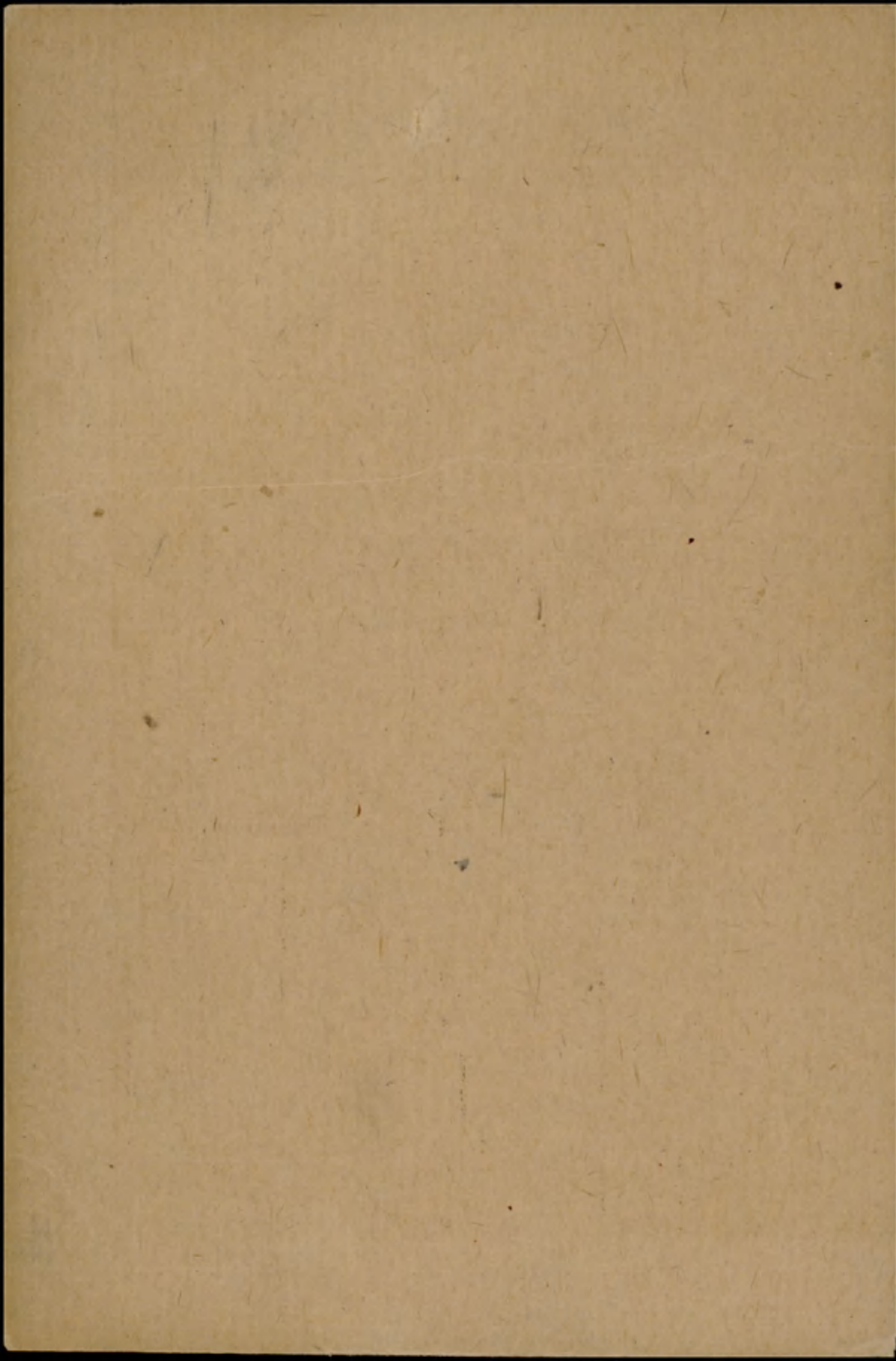
Date of Service Card for information only

Remarks.....

Latest Address 37 Kent St. Ottawa. 18⁵/₂₃

Roll No.....

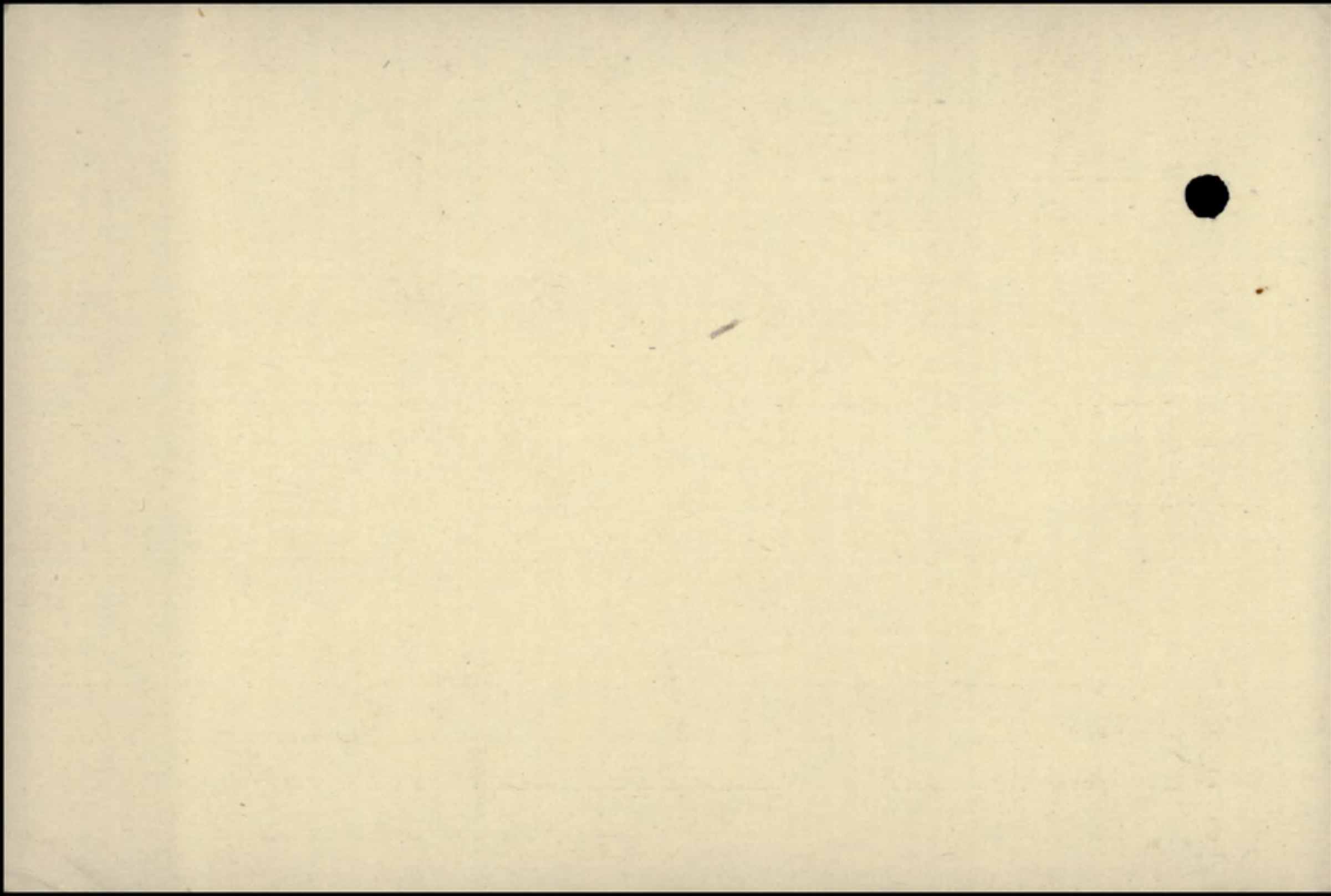
lm-5-23-M63



Surname *Bell* *Region of Honor*
 Christian names *Gerald Gordon* *(Croix de Chevalier)*
 Regtl. No. _____ Rank *Lieut*
 Unit *Can Local Forces*
 H. Q. _____
 M. D. No. _____
 T. O. S. _____ 19____
 D. O. Pt. II _____ of _____
 S. O. S. *13-5* 19*19*
 Reason *Demob*
 Auth. *Doc*

Next of kin _____ Relationship _____
 Address _____
 Also notify: _____

BORN—Place _____ Date _____
 ATTESTED—Place _____ Date _____
 O/S *In Bermuda 8-8-15* R/C _____



No.

RANK

Lieut

NAME

Bell. G. G.

T. O. S. *8/2/15*

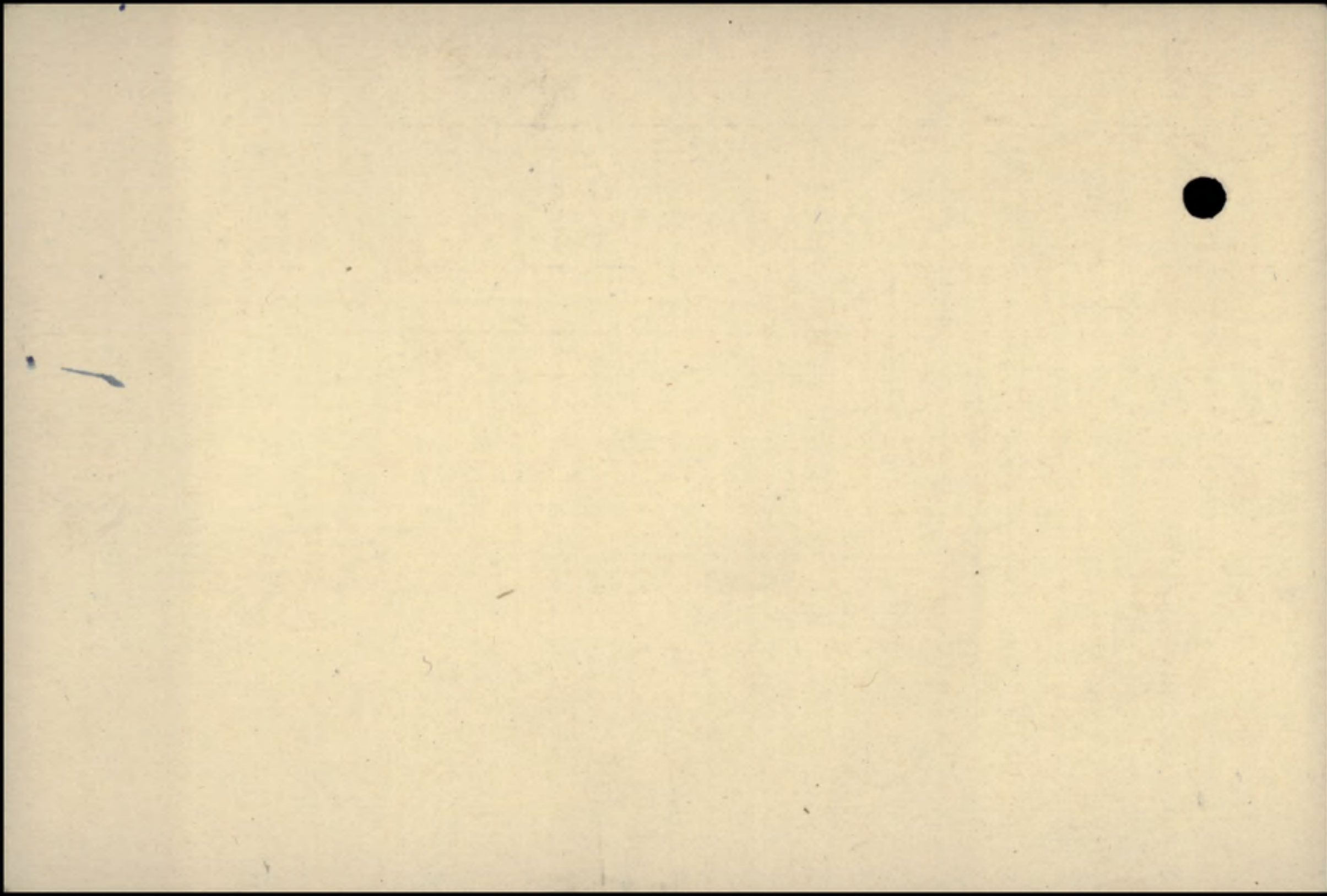
UNIT

38th Battalion

D. # 25/2/15

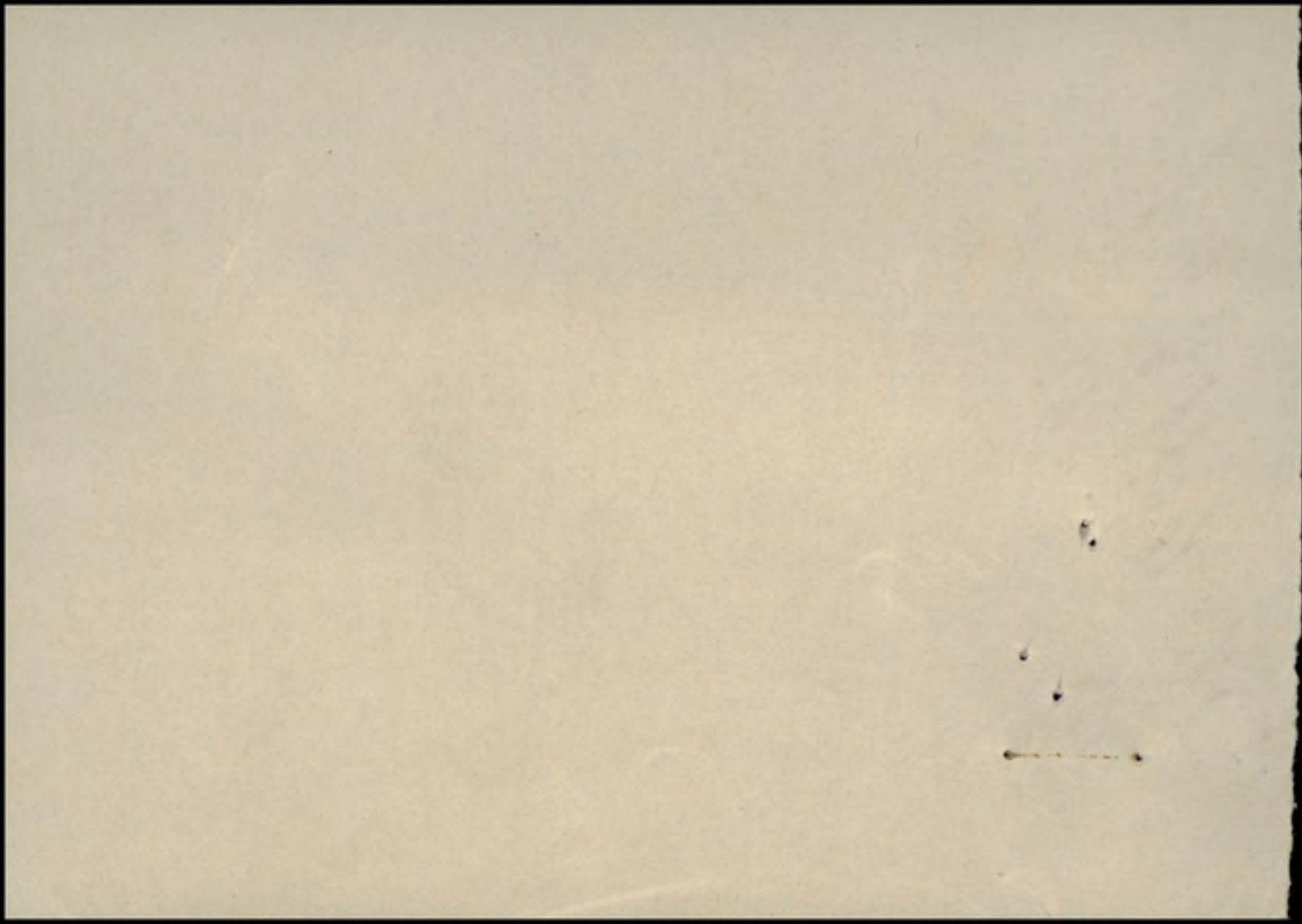
M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Feb 8</i>	<i>Feb 28</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>April</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>1916</i>	<i>1916</i>			
	<i>Jan</i>	<i>✓</i>		
	<i>Feb</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>Apr</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		



$$\begin{array}{r} 28 \\ \underline{13} \\ 43 \\ \underline{12} \\ 31 \\ \underline{20} \\ 11 \end{array}$$

Capt G. G. Bell.
38.



Name:- Bell, Gerald Gordon

Rank:- Lieut.

(D.F.C.
R.G. 30989.
2-11-18.)

Unit:- Can. L. Force.

Award:- Legion of Honour
(Croix de Chevalier.)

Auth:- R.G. # 315-92.

10-10-19



Name: Bell, Gerald Gordon

Lieut. (L./Capt.)

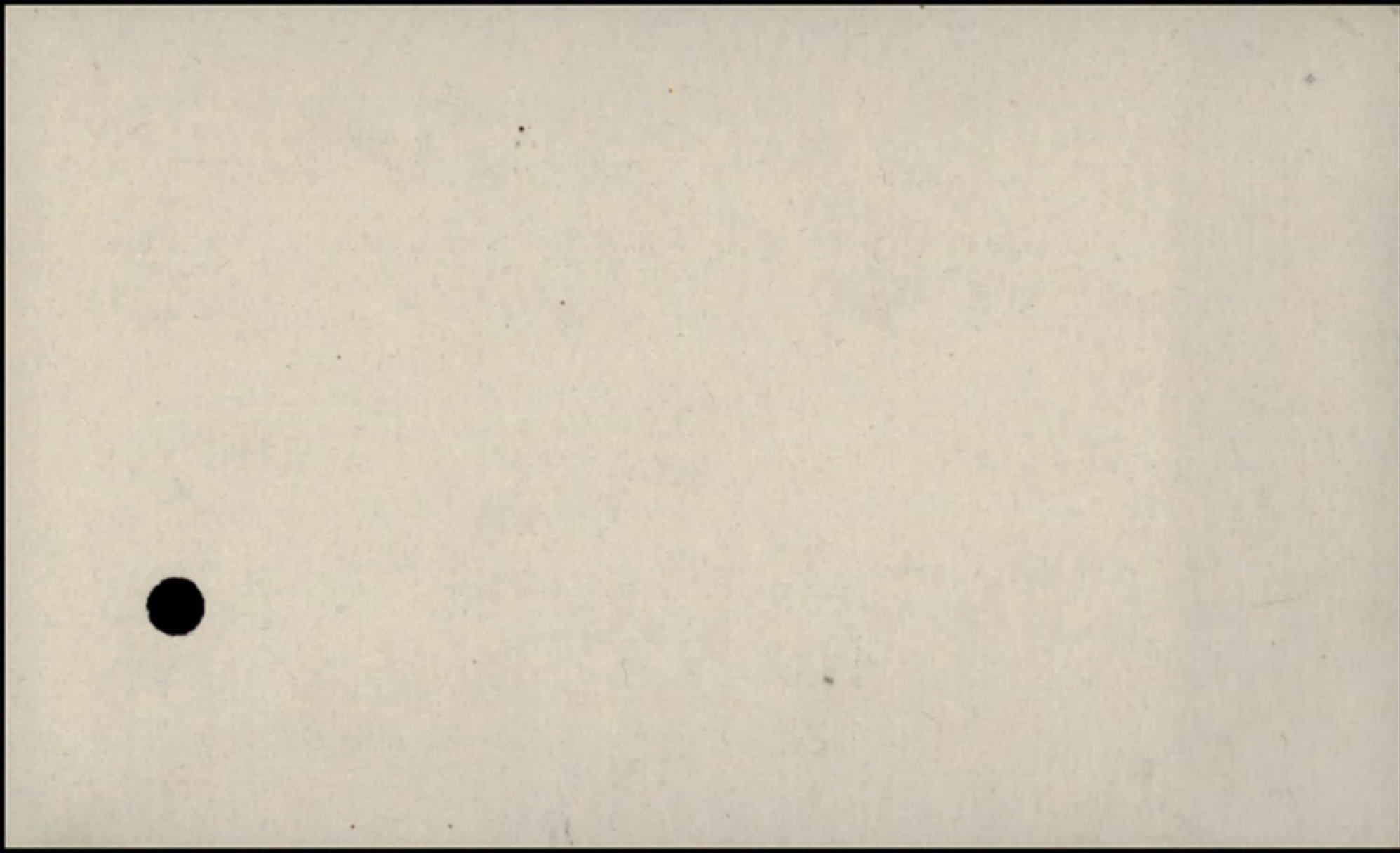
Unit: - E.O.R.

(Reg. of Honour
Croix de Chevalier
R.S. 31092. 10-10-19.)

Awarded: - D. F. C.

Auth: - L.G. # 30989. 2-11-18.

Noted
23/11/18
JH



OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

Given further anti-malarial treatment.

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

PLACE Ottawa, Ont.

DATE Feb. 20th 1919.

[Signature] President.
 Lt-Col R.M.S.
[Signature] Members
 Lt-Col R.M.S.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE.....

DATE.....

APPROVED BY *[Signature]*
 Assistant Director of Medical Services.

APPROVED BY *[Signature]*
 Director-General of Medical Services.

DATE FEB 25 1919

DATE 28/2/19

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

MILITARY MEDICAL OFFICERS
 FEB 27 1919
 H.Q. CANADA

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

STATION Ottawa, Ont. DATE Feb. 20th 1919.

1. 1 (a) Unit R.A.F. (b) Regimental No..... (c) Rank Captain.

(d) Surname BELL (e) Christian name Gerald Gordon.

(f) Home address 37 Kent St., Ottawa, Ont.

(g) Next of Kin Mrs. Sydney Bell (h) Relationship Mother.

(i) Address of Next of Kin 371 Kent St., Ottawa, Ont.

2. Age last birthday 28 Date of birth Jan. 11th 1890.

3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa, Ont. (b) Date Jan. 14.15

4. Personal description:

(a) Height 5' 10" (b) Weight 138 lbs. (c) Complexion Dark.
(stripped)

(d) Colour of hair Brown. (e) Colour of eyes Blue. (f) Identification marks, Scars, etc.....

None save vaccination scar left arm.

5. Former trade or occupation Mechanical engineer.

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

	PERIODS	
	From	To
Canada <u>6/12 38th Battalion.</u>	<u>Jan. 4th 1915</u>	<u>Dec. 1916.</u>
England <u>2-12 R.A.F.</u>	<u>Dec. 1916</u>	<u>Date.</u>
France or other theatres of War <u>3 yrs 6 mos.</u>		

	PERIODS	
	From	To
Canada <u>6/12 38th Battalion.</u>	<u>Jan. 4th 1915</u>	<u>Dec. 1916.</u>
England <u>2-12 R.A.F.</u>	<u>Dec. 1916</u>	<u>Date.</u>
France or other theatres of War <u>3 yrs 6 mos.</u>		

7. Original disease, or injury Malaria.

(a) Date of origin Sept. 1918. (b) Place of origin Salonika.

(c) Cause Plasmodium malariae.

[Stamp]
 2

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

Disability—ten pounds under weight, chills and weakness.

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

General physical condition appears good—slightly under weight—appetite good—spleen palpable and slightly enlarged. During past two and a half months has had slight chills. Last on Feb. 1st 1919. These chills are growing less in severity and frequency. This officer states that he also feels weak and legs get crampy after walking one half mile.

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

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

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

In Sept. 1918 first developed malaria at Salonika. Chills followed by high fever and sweats. Chills once a week and felt very weak for two or three days. Had insomnia up to one month ago.

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

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

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

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

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Six months.

14. Treatment (Case reports, general or special, should be secured and attached where possible.) Quinine by month, rest in bed, tonic.

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

16. Can the former trade or occupation be resumed? Not. not at present that this officer be given further anti malarial treatment, preferably by hypodermic method.

17. Recommendations

Newton Lynn Medical Officer by whom the case is brought forward. Lt.-Col. R.A.M.C.

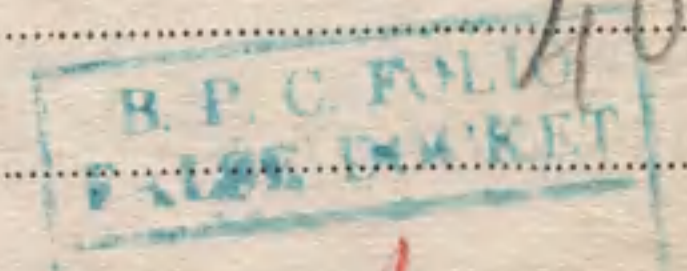
STATEMENT OF THE INVALID

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

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Handwritten initials



Signature of invalid examined. Rank.

4
OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) ~~Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

Disability is due to service-unfit for further service.

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

H. H. Johnson Captain President.
R. B. ... Members

PLACE Ottawa, Ont.

DATE April 8th 1919

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

APPROVED BY *D. H. Mundell* Major, A.M.C.
 For A.D.M. Assistant Director of Medical Services.
 For A.D.M.S. Mil. District No. 3
 DATE APR 11 1919

APPROVED BY *Jas. Macky* Captain
 Director-General of Medical Services.
 DATE 2, 5, 19

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Ottawa, Ont. DATE April 8th 1919

- 1 (a) Unit 38th B'n. (b) Regimental No. (c) Rank Captain
 (d) Surname BELL (e) Christian name Gerald Gordon.
 (f) Home address 37 Kent St., Ottawa, Ont.
 (g) Next of Kin Mrs. B.T.A. Bell (h) Relationship Mother
 (i) Address of Next of Kin 37 Kent St., Ottawa, Ont.
- 2 Age last birthday 28 Date of birth 1890 June 11th
- 3 Enlistment, or Appointment (if an Officer) (a) Place Ottawa, Ont. (b) Date Jan. 4/15.
- 4 Personal description:
 (a) Height 5' 10 1/2" (b) Weight 145 lbs. (c) Complexion Medium.
 (d) Colour of hair Brown. (e) Colour of eyes Grey. (f) Identification marks, Scars, etc.

5. Former trade or occupation Mechanical engineer.

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

	PERIODS	
	From	To
Canada <u>38th B'n.</u>	<u>Jan. 1915.</u>	<u>Aug. 1915.</u>
<u>Bermuda.</u>	<u>Aug. 1915.</u>	<u>May 1916.</u>
England <u>38th B'n.</u>	<u>May 1916.</u>	<u>Aug. 1916.</u>
<u>38th B'n.</u>	<u>Aug. 1916.</u>	<u>Jan. 1917.</u>
France or other theatres of War <u>R.A.F. France & the East.</u>	<u>Jan. 1917.</u>	<u>Nov. 1918.</u>

7. Original disease, or injury Malaria.
 (a) Date of origin Sept. 1918. (b) Place of origin Salonika.
 (c) Cause.....

4

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

Debility slight.

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

Healthy looking man-good physique. No anaemia evident-no enlargement of spleen-no chills-no fever now since Feb. 15th 1919.

Subjective symptoms- About once a week there is aching and tiredness in legs, this lasts for about two days. He cannot stand as much exertion as formerly. Is about 10 lbs below his normal weight and he is not as strong nor can he stand as much as before enlistment. In view of history and from result of observation while on strength of Fleming Hospital it is considered that symptoms are substantiated.

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

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

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

Malaria contracted in Salonika-after coming to Canada in Dec. 1918 he had chills and fever once a week till Feb. 15th 1918.

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

Negative.

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

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

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

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Six months.

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

Hospitals in Salonika and Canada.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No. (If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes. (If not, briefly state why)

17. Recommendations. Discharge.

Medical Officer by whom the case is brought forward. Capt. A.M.C.

STATEMENT OF THE INVALID

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

I, the undersigned..... have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

Signature of invalid examined. Rank. 64

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary
Address

38th km pay & pd. att R.F.B. 7⁵⁰

lying Officer 19¹²/₁₇ Lt. 1918, 19¹²/₁₈ 1/2 Capt. A. 9. 8. 13⁶/₈ Lt. 8504-19⁷/₁₆

Name Bell
Initials G. G
Bank of Montreal

Amount. \$

Ceases to be rec'd for duty with R.A.F. 6⁵/₁₉. Dg. 534 d/26⁵/₁₉ No. 4749

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

Add. Outfit allowance, 8/8

DATE
1918

PARTICULARS

1918-19

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

Apr 20
23

April Pay R

Prot Forward.

Bank 1145

180

155

25

Recover April

May 15
27

Pay May R

Bank 2645

186

186

June 13
25

Pay June R.

Bank 4144

180

180

July 17
25

Pay July R.

Bank 5607

186

186

Aug 20
24

Pay Aug R.

Bank 7235

186

186

Sept 26

Pay Sept R.

Bank 9162

180

180

Oct 22

Pay Oct R.

Bank 10393

186

186

Nov 26

Pay Nov R.

180

Add. Outfit allowance, 8/8.

100

Bank 12542

280

Dec 24

Dec Pay & Adjust of Pay advanced

Bank 12772

489

1919
Jan 22

Adjust to flight Comdr rates 13⁶/₁₈ - 30¹¹/₁₈ v. 17601
Pay Dec R. 16⁷/₁₈ v. 23250
Original P.M. & receipt lost at sea, adv 210
List 104 Jan. Gen'l v. 1477

1477

4867

Feb 28

Chgd to Can
Ordnance Stores issued 30⁹/₁₈ by British Army auth List 63 Mch Gen'l v. 872

872

122

May 28

Transfd. to Canada v. 558

558

122

Ret'd to Canada
L.R. to 31¹²/₁₈
Infrt to M.E. Ledger
Fr. L. 25/2 - 9/19.
5²/₁₉ a/1/18 to Can
L. 122 d/1/18 4867
Adv. to Can. 7/19/18
22

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

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

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary
Address

38 Bn.
R.F.C.

DATE

AUTHORITY

Rate 60ps

DATE

AUTHORITY

Temp Capt
10-6-16
Jr. Com. H.C.
D.A.O. #532
4-16-16
Flying Officer 15⁵/₁₇ 295401, d/16/17

Name
Initials
Bank

Bell
G. G.
of Montreal

Amount. \$

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

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apr 20	Apr Pay (R)		108					
	Bank	3017		108				
May 27	May Pay R. with Fly. Pay		127 10					
17	Fly. Pay. 9 ¹ / ₇ -30 ⁴ / ₇	Cash	4651	56				
19	SP	V ^o	2633	56				
25		Bank	6027	127 10			Jr. p. 14-5 9/6/17	
June 12	Adpt to 20's rates 15 ⁵ / ₁₇ -31 ⁵ / ₁₇		7642	32 30				
13	" " " " 15 ⁵ / ₁₇ -31 ⁵ / ₁₇	V ^o	4709	32 30				
15	Adv in field 125 Frcs. 23 ³ / ₇	V ^o	776	21 80				
20	June Pay R		180					
26			7999	158 20				
July 20	July Pay R		186					
26		Bank	13071	186				
Aug 14	Adv in fld 125 Frcs. 22 ⁴ / ₇	V ^o	901	21 80				
20	Pay R		186					
26		Bank	17361	164 20				
Sept 14	Adv in fld 80 Frcs. 19 ¹ / ₇	V ^o	863	14 28				
20	Pay R		180					
24		Bank	21814	165 72				
Oct 15	Pay R		186					
18		Bank	25833	186				
18	Opmt of outfit allice b. P. No 4291 d/ 15 ⁵ / ₁₆	V ^o	1438	154		100	To be returned at rate above per my	
Nov 17	Pay Nov. (R)		180				Carry \$100 ⁰⁰ as off set	
22		Bank	30733	180		100	entire for the capt. 6/15/17	
Dec 10	Adj of Fly. Pay Capt. Rates d/ 5 ³ / ₁₇ to 14 ⁵ / ₁₇ -71	V ^o	65	46 15				
10	SP	SP	Bank	32757	46 15	N/100	Can't overleaf.	

ASSIGNED PAY.	UNIT.	RANK.	NAME.
Beneficiary	38 BN	Capt ^{Lump} 1st Lt flying off	Name Bell
Address	R.S.B.	15 ⁵ / ₁₇ 19 ⁵ / ₁₇ 195401 D1 ⁶ / ₁₇ 19 ³ / ₁₇ 1954185, 19 ⁸ / ₁₈ Flying Officers 19 ¹² / ₁₇ 1918-12 ² / ₁₈	Initials G. G.
Amount. \$			Bank of Montreal
Separation Allowance issued. Yes or No.....			

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	Brought forward					Dr 100	Carry \$100 ⁰⁰ for offer	
Dec 10	Pay to Dec		186				until further instructions	
15	Pay to Bank	35096		186		Dr 100	Three of \$25 per	
Jan 21	Pay to Bank	39459	186				begin Jan. 1918	
Feb 15	Feb pay R		168			Dr 75	debit coming thro. 2	
13	paid diff between Capt's chart. with flying pay rates 5-18 ³ / ₁₇ to be 4 ³ / ₁₇ 19 ³ / ₁₇ incorrectly specified as 5 ³ / ₁₇ .	599		9 10				
20	Bank	40995		133 90		Dr 50		
Mich	Mich pay R		186					
23	Bank	45616		161		Dr 55		

ASSIGNED PAY.	UNIT.	RANK.	NAME.
Beneficiary	38 th Balm	Lieut	9-13-1376 Name Bell,
Address		10/6/16 from Canada	Initials G. G
Amount. \$		A th Cen. D. R. O	Bank of Montreal
Separation Allowance issued. Yes or No.		532 d/16 6/16	

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
June 21	Bank			99		99		
July 20	Pay July and June from 10 th		20 60					
25	Bank	5565	99	111 60		0		
Aug 19	Pay Aug (R)		111 60					
25	Bank	7408		111 60		0		
Sept 19	Pay Sept R		108					
25	Bank			108		0		
Oct 21	Pay Oct R		111 60					
26	Bank			111 60		0		
Nov 24	Pay Nov. R		108					
27	Bank			108		0		
Dec 14	Pay Dec		111 60					
16	Bank			111 60		0		
1917 Jan 27	Pay Jan.		111 60					
23	Bank	19288		111 60		0		
Feb 15	Adv. P. d. Feb.	20760		24 33		24 33		
15	Feb P. d.		100 80			76 47		
20	Bank			76 47		0		
Mar 12	Pay Mar		111 60					
23	Bank	24836		111 60		0		

2-B-163

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

M. OR S. _____ REGT. NO. _____ RANK *Capt.* NAME (IN FULL) *BELL, Gerald Gordon*
(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN _____ RELATIONSHIP _____ ORIGINAL UNIT *58th Bn., attached R.A.F.* IF IN P.F. WHAT UNIT?
ADDRESS _____

PARTICULARS *Reg. Pay \$3.00*
7 acc'nt \$1.00

EFFECTIVE DATE _____ AUTHORITY _____

PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY \$ *Nil* DATE EFFECTIVE _____

IS SEPARATION ALLOWANCE PAID? *Nil*

TO WHOM PAID *Nil* RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS *Capt Gerald Gordon Bell*
37 Kent St.
Ottawa Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED *Kingston* PLACE _____ DATE *13/5/19.* REASON *Demot.* AUTHORITY *R. O. 1499.* IF ENTITLED TO POST DISCHARGE PAY *1885*

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL 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.	\$	C.	\$	C.	\$	C.	\$	C.	
			\$	C.																			
<i>1919</i>																							
<i>May</i>					<i>368</i>	<i>43</i>															<i>368</i>	<i>43</i>	<i>Cr. Bal. as per L.P. 2.</i>
					<i>732</i>	<i>00</i>				<i>732</i>	<i>00</i>												<i>War Service Gratuity</i>
					<i>732</i>	<i>00</i>																	<i>W.S.G. S.A.</i>
	<i>183 days</i>	<i>4⁰⁰</i>			<i>368</i>	<i>43</i>																	<i>W.S.G. S.A.</i>
					<i>1100</i>	<i>43</i>																	<i>War Service Gratuity</i>
					<i>640</i>	<i>50</i>				<i>640</i>	<i>50</i>												<i>W.S.G. S.A.</i>
					<i>1100</i>	<i>43</i>																	<i>War Service Gratuity</i>
					<i>640</i>	<i>50</i>				<i>640</i>	<i>50</i>												<i>W.S.G. S.A.</i>