

REGIMENTAL DOCUMENTS

Al 26-3-19

NAME **GHALLICO DAVID SPENCER** REGT. NO. **3146 55** UNIT *Lebanon High Bldg* H. Q. FILE NO. **11**

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)					
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				13554	DEATH Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)	<i>4-4-19</i>				
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)	"				
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)	"				
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Med Unfit</i>
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>6-7-4/3997</i>					
<i>PC</i>					
<i>Rela 2222</i>					

M

H
1521
649

F
Category

2
10-1
10-1
5-1
2

Box
1600

ATTESTATION PAPER.

No. 314655

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname?..... Challicom
- 1a. What are your Christian names?..... David Spencer
- 1b. What is your present address?..... 87 Hatherly Road TORONTO Ontario
- 2. In what Town, Township or Parish, and in what Country were you born?..... Ilfracombe South Wales
- 3. What is the name of your next-of-kin?..... Mrs Mary Challicom
- 4. What is the address of your next-of-kin?..... 55 Dearbourne Ave. Toronto Can.
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... May 13th 1888
- 6. What is your Trade or Calling?..... Engineer 29
- 7. Are you married?..... Yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... 6 yrs. 48 Highlanders
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 CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

David S. Challicom (Signature of Recruit)
J. Munro (Signature of Witness)

Date Dec. 18th 1915

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, David Spencer Challicom, 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.

David S. Challicom (Signature of Recruit)
J. Munro (Signature of Witness)

Date Dec. 18th 1915

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... Cobourg... this 18th day of December 1915
Lester Purdon (Signature of Justice)

Description of S. D. Challicum on Enlistment.

Apparent Age 27 years 7 months.
To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 7 1/2 ins.

None

Chest measurement { Girth when fully expanded 46 1/4 ins.
 Range of expansion 3 1/2 ins.

Complexion Ruddy

Eyes Blue

Hair Brown

- Religious denominations { Church of England X
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other Denominations
(Denomination to be stated)

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Dec 18 1915

J. H. Freed
 Capt.

Place C. Bony Mt.

Medical Officer.

* Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

David Spencer Challicum 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.

J. H. Kinnon (Signature of Officer)
 Major.

O. C. Cobourg Heavy Battery.

Date Dec. 18th 1915 1915

10-11-15
 10-11-15
 10-11-15

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 314655 (Rank) Pte.

Name (in full) CHALLICON, DAVID SPENCER enlisted in
the Cobourg Heavy Bty

CANADIAN EXPEDITIONARY FORCE at Cobourg on the 13th
day of December 19 15.

HE served in England and France

and is now discharged from the service by reason of Medically Unfit

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

Age 30 yrs. 6 mos.

Height 5' 7 1/2"

Complexion Ruddy

Eyes Blue

Hair Brown

Marks or Scars

Vacc. marks..... L. Arm

G.S.W..... R. Arm....5-9-18

David Spencer Challicon
Signature of Soldier

Issuing Officer
[Signature]
O.C. No. 2 Dist Depot
Rank
Appointment

Date of Discharge Feb. 18, 1919

Signed at Toronto this 13th day of February 19 19

in Military District No. No. 2

File Reference No. FEB 18 1919
DISTRICT DEPCT

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

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

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

M. F. W. 11a.
 15m - 3-16.
 H. Q. 1772-39-818.

OVERSEAS CONTINGENTS

Sheet No. 2.

Mary Challicom *Wife*
 PAYMENTS.

Name of Soldier

Challicom, David S
Rte

L. L. Job 95618-M. & D. 6555.

314655

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>J 24</i>	<i>40 -</i>	<i>40</i>
May		<i>V 1564</i>	<i>20</i>	<i>20</i>
June		<i>Q 6569</i>	<i>20</i>	<i>20</i>
July		<i>R 10427</i>	<i>20</i>	<i>20</i>
Aug.		<i>J 15131</i>	<i>20 -</i>	<i>20</i>
Sept.		<i>E-15481</i>	<i>20</i>	<i>20</i>
Oct.		<i>U 18340</i>	<i>20</i>	<i>20</i>
Nov.		<i>W 22015</i>	<i>20</i>	<i>20</i>
Dec.		<i>W 24976</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>V 27851</i>	<i>20</i>	<i>20</i>
Feb.		<i>V 31025</i>	<i>20</i>	<i>20</i>
March		<i>V. 33910</i>	<i>20</i>	<i>20</i>
April		<i>W 389</i>	<i>20</i>	<i>20</i>
May		<i>V 3606</i>	<i>20</i>	<i>20</i>
June		<i>X 7063</i>	<i>20</i>	<i>20</i>
July		<i>W 10102</i>	<i>20</i>	<i>20</i>
Aug.		<i>Z. 13328</i>	<i>20</i>	<i>13</i>
Sept.		<i>Z 16562</i>	<i>20</i>	<i>20</i>
Oct.		<i>H 22625</i>	<i>20</i>	<i>T</i>
Nov.		<i>V 24805</i>	<i>20</i>	<i>B</i>
Dec.		<i>G 25193</i>	<i>20</i>	<i>Hd 440 ✓</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

300

P. 878.

Extract from Sailing List No. 3

Unit:- C. F. A.

Reg No.

Rank

Name

314655

Pvt

Canada
CHALLICON, D. S.

Not Actg.

Sailed for Canada,
Military District No. 2

9/1/19

Acted on

Ledger Ck.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Challicum Christian Name Sail D

Examined on 18 day of Dec 1915 at Coburn Barracks Birthplace City or Town Alfreton County Notts

Approved by G. H. Field Rank Capt M.O.

Apparent age 27 Trade or occupation Engineer Height 5 Feet 7 1/2 Inches Weight 16 1/4 Lbs. Chest measurement Minimum 37 inches Maximum expansion 40 1/2 inches Physical development good Small-Pox Marks none

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. Includes entries for 15/9/16 and 17 SEP 1918.

Vaccination Marks Arm Right 0 Left 1 Number 0 1 When Vaccinated last 26.1.16

Table with columns: Date, Result, VACCINATIONS. Includes entry for 26.1.16.

(a) Marks indicating congenital peculiarities or previous disease none (b) Slight defects but not sufficient to cause rejection none except squint

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes entries for 13.1.16, 18.1.16, and 16.10.16.

Enlisted on 18 day of December 1915 at Coburn Barracks

Table with columns: CORPS, REG'T L NUMBER, HABITS, DATE. Includes entries for M.I. Signally Battery, Res. Bde. 6.2.A., and Drafted to 1st 10. A. Co.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes entry for E. Camp, 4/2/09, and disease description.

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

CANADIAN

Surname *Challison*

Christian Name *David*

Spencer

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				
MILITARY HOSPITAL, DEVONPORT.		6	9	18	14	10	18	ly. S. W. Rt Arm & Rt Side of Abdomen non penetrating	39	Flesh gutter ^{slight} wound forearm No fracture - wound healing gutter wound slight - right side of abdomen. wound healed Xray shows no evidence of FB Transfer to Epsom Quite well now discharge D.F.A.	<i>W. H. Steele</i> Capt R.A.M.C. 12-10-18
<i>Mr C. H. Epsom</i>		14	10	18				<i>DO</i>	52		<i>James W. Howell</i> Capt. C.A.M.C. No. 1 Division.

4 - DEC 1918

DENTAL HISTORY SHEET

M.F.B. 465,
200M-6-18,
1772-39-950.

CANADIAN ARMY DENTAL CORPS DISTRICT 2

NAME OF SOLDIER Shallicom, David Spencer

REGIMENT Spte RANK Spte No. 314655



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhosa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
<i>Discharge Exam</i> <i>At Exhibition Camp</i> <i>Date FEB 4 1919</i>																					
																					<i>Certificate issued for</i> <i>Shellac, Prophylaxis</i> <i>& Porcelain Crowns</i>
																					<i>H. Sample</i> <i>Major</i>

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank *Plc.* Name *Challicombe* Surname *David Spencer*
 Unit or Corps *Cobourg Heavies - 12th Res.* (If a soldier) Regtl. No. *314655*
 Born at *Leyton, Eng.* on, date *May 13th 1888*
 Signature (for identification) *David Spencer Challicombe*

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight *170* lbs. *Estimated no*
 Height *5 7 1/2* ins.

2. **NUTRITION AND DIATHESIS?**

Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**

no

4. **RESPIRATORY SYSTEM.**

no

5. **HEART?**

Abnormal Sounds? *no*
 Abnormal Size? *no*
 Pulse Rate? *76* Intermittence or irregularity? *no*

6. **ARTERIES.**—Any hardening?

no

7. **DIGESTIVE SYSTEM?**

no

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? *1026* Reaction? *ac* Albumen? *0* Sugar? *0*

9. **SKIN, MIDDLE EAR, EYE**
or any other part?

Right internal strabismus as on enlistment

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

11. Opinion as to the health and physical condition of the one examined?

Good

Examined at *Kimber Rd* Signed *W. B. [Signature] Capt.* M.O.
 Date *3/12/18* Signed *W. [Signature] Capt.* M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the ship
of an officer in the general service of the Navy in the

James M. ...
1882
1883
1884
1885
1886
1887
1888
1889
1890
1891
1892
1893
1894
1895
1896
1897
1898
1899
1900

1. PHYSICAL

1882

2. NUTRITION AND DIGESTION

1882

3. RESPIRATORY SYSTEM

1882

4. RESPIRATORY SYSTEM

1882

5. HEART

1882

6. ARTERIES

1882

7. VEIN SYSTEM

1882

8. CIRCULATORY SYSTEM

1882

9. SKIN, NAILS AND HAIR

1882

10. SENSES

1882

11. MENTAL

1882

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1138 (D.P.) 250M.-12-18.
1772-39-908.

LAST PAY CERTIFICATE

Regimental No. 314655 Rank Pte Name Challicombe D. D.
(Surname first)
Unit No. 2 District Depot. who was* DISCHARGED
On FEB 18 1919 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 to FEB 18 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	9.82	
Regimental Pay..... 18 days at \$..... c.		18.80
Field Allowance..... 10 days at \$..... c.		18.00
Separation Allowance		30.00
Clothing Allowance		10.00
Post Discharge Pay <u>W.P.C.</u>		10.00
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No. <u>22100</u>	48.00	
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>22099</u>	114.98	
Total	<u>172.80</u>	<u>172.80</u>

*Give particulars.

A monthly stoppage of \$ 20.77 (†) has..... (‡) been paid on account of
Assigned Pay for the month of Jan 191..... }
and Separation Allee. for month of Feb 191..... } (to) Assignee Mrs M Challicombe
(Address) 55 Dearbourne Ave Toronto
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$.....has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment married or single.....
(2) Separation Allowance, entitled or not yes..... (3) Reason for discharge.....
(4) Authority for discharge or transfer DU 46.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date FEB 17 1919
Place TORONTO, ONT.

Alcock
PAYMASTER, No. 2 DISTRICT DEPOT
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT.

MEDICAL HISTORY SHEET

Station.....Date admitted.....19..... Date discharged.....19.....

1. (a) Service Unit.....(b) Regimental No. *314655*.....(c) Rank.....
 (d) Surname *Challison*.....(e) Christian name *D.S.*.....
 (f) Home address.....

2. Age last birthday.....Date of birth.....

3. Enlisted at.....on.....

4. Personal description:

(a) Height.....(b) Weight.....(c) Complexion.....
(Stripped)
 (d) Colour of hair.....(e) Colour of eyes.....(f) Identification marks.....

5. Next of kin and address.....

6. Former trade or occupation.....

7. Service:

In Canada.....
 In England.....
 In France.....
 In other parts.....

FROM	TO

(b) Date of discharge.....Pension No.....Pension Class.....

8. Original disease or injury.....

(a) Date of origin.....(b) Place of origin.....
 (c) Cause.....

9. Family history:.....

10. Personal history:.....

11. Present illness—(Physical examination under following headings: (a) Circulatory (b) Respiratory (c) Digestive (d) Muscular (e) Osseous (f) Genito-urinary (g) Nervous (h) Special)

b/c multiple boils left forearm. Refer. O.P. Deph. T.H. *afk*

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) CHALLICOMBE, D.S. MD 2

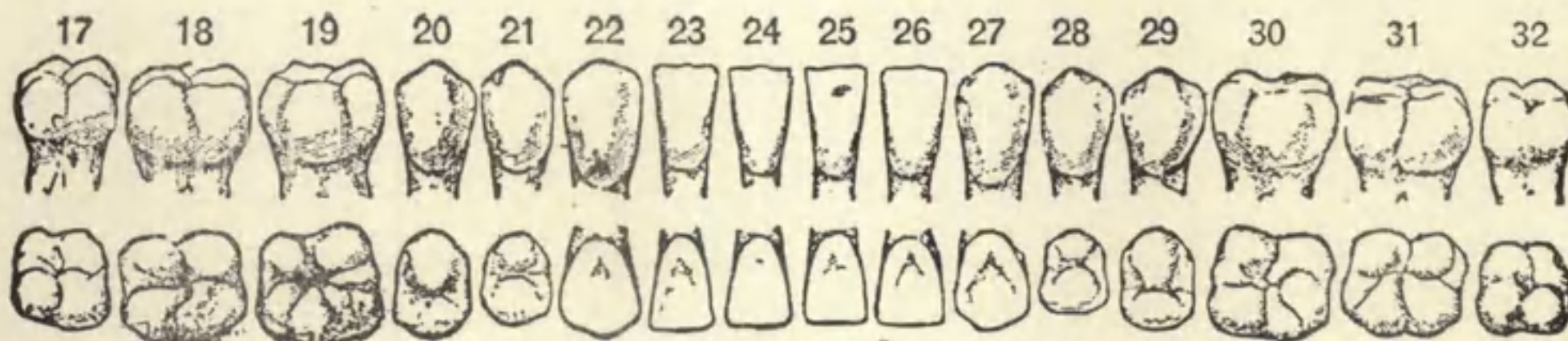
REGIMENT 15th BN RANK Pte No. 314655

Date of Examination in England 2/1/1919 Date of Examination in France

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

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

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 4 - 13

2. EXTRACTIONS

3. CROWNS 12

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower 20 - 29 - 30 - 31

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

(c) In France Yes

KINMEL PARK, NORTH WALES.

Signature of Dental Officer

[Handwritten Signature]

11 10
100
100
100

CHARLTON COMBEE, D.S. MD 2
PL

12 E BM

10-24-51

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103-1.
Part I.

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

Nothing to be written in this margin.

W1889 - PP 1150 1M 5/18 G.W.P.Co (34/10)

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (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)	(2) Regiment or Corps (3) Regtl. No.
--	---

(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) _____
---	---

Initials and Rank of an Officer.

(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) (Place) _____

(19) Pivotal-man (f) (Date) _____

(20) Qualifications (g) or (21) Corps trade and rate _____

(22) Extended { (23) Re-engaged {

(24) Miscellaneous entries:—

(Signature of Posting Officer)

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, Shoemaking, &c.

Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	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.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

Attached C. C. C. K. P. ³⁴ Part 2 Orders pending transfer to C. E. F. Canada.

Ceases to be attached on transfer to C. E. F. Canada. Part 2 Orders ³⁸
 12/1/17

[Handwritten signature] Lieutenant for Officer Comd'g M. D. 2. C. W. Kinmel Park Camp, Rhyl.

JAN 11 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 24

[Large handwritten signature]

For O. C. No. 2 District Depot

8-2-19 S.O.S. (Discharged) No. 2 District Depot
 Cancelled *[Handwritten]* Part II, D.O. No. ⁴¹ 39 ⁴² 37

18-2-19 S.O.S (Discharged) No. 2 District Depot
 Part II, D.O. No. ⁴⁶

[Handwritten signature]
 For O. C. No. 2 District Depot.

Nothing to be written in this margin.

Spencer

Bert R. 2-2-91
R. 25 8117
Fill in Only.—Unit, Number, Rank and Name.

ORIGINAL II

M. F. W. 5
150M. 10-15.
H.Q. 1772-39-920. *413*

Casualty Form—Active Service.

Unit, Regiment or Corps No 1 Siege Artillery Battery.

Regimental No. 314655 Rank Gunner Name Challicom. David Spencer.

Enlisted (a) 18-11-1915 Terms of Service (a) Period of war. or, 6 months after. Service reckons from (a) 18-11-1915

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) Engineer.

CERTIFIED CORRECT.
OCT. 1916
LONDON.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
10/4/16	O.C. R. Bde.	Taken on strength Res Bde GA	Shorncliffe	10 ⁴ /16	Reserve Brigade, O.F.A. No. 86.
13/10/16	O.C. R. Bde	Drafted to 1st Det B.	Shorncliffe	13/10/16	Reserve Brigade, O.F.A. No. 86.
14-10-16	C.D.D.	Reinf. attached Begac	Field	14 ¹⁰ /16	NR. Ptn 0 71 d/ 17 ¹⁰ /16
15-10-16	"	left for amb	"	15 ¹⁰ /16	"
20-10-16	C.R.A. (D.C.D.)	Posted to 2nd CRA D de.	Field	20 ¹⁰ /16	9-132. Ptn 6. 20 d/ 30-10-16.
"	"	Taken on 2nd by 670a	"	21 ¹⁰ /16	9-132 Pn Ord 91-d/30-10-16.
4.2.17	26 Amb.	For Eye refraction 1 ² /17 to	16 Amb	1.2.17	U36 Obsd 14 d 22 ² /17 Crt 37
7.3.17	10 Amb	Dischd to duty	Field	3.2.17	letter KT 115/2052 Obs 425 d 3-4-17
24.4.17	Unit	Appointed S/S	Field	24.4.17	Hom Roll Pn Ord 74 d 12.5.17
24.11.17	"	Granted leave of absence	"	19.11.17	B213 Pn Ord 189
15.12.17	"	Returned from leave	"	8.12.17	B213 Pn Ord 196

(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]

314655 Challicom D.S.

In care of training

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				
5-1-18	Unit	Awarded Good Conduct Badge		18-12-17	B213 P11 Ord 5
22-6-18	A.F.G.	S.O.S. 2nd Bde. C.F.A on transfer to 15th Can Inf Bde.	Field	22-6-18	A.F.B241. File K.E. 30115 P.O. # 65. 4/18.
28.6.18.	C.F.B.A.	T.O.S. 15th Bn from above	"	23.6.18.	P.O. 51. of 1918.
1-7-18	"	T.O.S. for Inf. training	"	28.6.18.	G.R. 366.
29.6.18	2 Bde C.F.A.	Left for C.C.R.B.	"	1-7-18	NR. 186. 1872.
1-7-18	C.C.R.B.	Left for 15th Bn via C.C.R.B.	"	26.6.18	B213
17 AUG 1918	15 Bn	arrived C.C.R.B. JOINED UNIT	"	30.6.18.	G.R. 1005.
7.9.18.	2. C.F.A.	A.W. Arm. R. & side	arr to C.C.	7-9-18	A/26.
5.9.18.	7 Can. Bde.	"	to England.	8-9-18.	H. 5961.
3.9.18.	"	"	arr 7. C. Bde.	2-9-18.	H. 7514.
5.9.18	A. Preece Elizabeth	Invalided (Wded) Posted to 1st CORD. Witley	Eng	5.9.18	A 3083/5929 R " 82 16/9/18
16-9-18	1 CORD	JOS from 75 Bn	Witley	5-9-18	P: 257 Mayer Pham
9.12.18	12th Res.	JOS. 12th Res.	Witley	4-12-18	Pt. III 292
30-12-18	12th Res	On Command Hillmell Park	Witley	30-12-18	Pt II 309.

Pham

LIEUT.
FOR LT COL.
A.A.G.

LIEUT.
FOR LT COL: I/C RECORDS, C.O.M.F.

RVG

Rank Name CHALLICOM, David Spencer
If in perm. Corps, What Unit?

Reg'l No. 314655

Unit Dft Siege Coy & Hy
Arty Unit to R.B., C.F.A
Place and Date of Enlistment

Married or Single Married

Cobourg, Dec 18th 1915

Place of Birth Illfracombe, S. WALES

Name and Address, Next-of-Kin Mrs. Mary Challicom,

55, Dearbourne Ave, Toronto, Ont, Canada

Relationship Wife

Assigned Pay Monthly \$

Payable to

Separation Allowance \$



Payable to

Relationship

N/E. R.B. No 17976
File R.L.
Category CAN. OR

Discharge, Date and Place

Reason

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	REMARKS.	
Date.	From whom received.			Date.	Taken from Official Documents
		<i>Arrived in England. per S.S Adriatic</i>			
10.4.16	<i>1st Res. Bde.</i>	<i>Taken on Strength</i>	<i>Shorncliffe</i>	10.4.16	<i>Pt II O. 86</i>
13.10.16	<i>O.C.-R Bde</i>	<i>S. O. S. To Ist D A C</i>	<i>S'Clife</i>	13-10-16	<i>Pt 2, O, 260</i>
17.10.16	<i>1st B.C.</i>	<i>Taken on Strength attached</i>	<i>France</i>	14.10.16	<i>Pt II O 71</i>
"	"	<i>automatically reverts to rank on arrival in France as reinforcement</i>	"	14.10.16	<i>Cancelled P. 40 80</i>
30.10.16	"	<i>Caused to be attached & posted to 2nd Bde</i>	"	20.10.16	<i>80</i>
"	<i>2nd Bde</i>	<i>Taken on Strength</i>	"	20/10/16	<i>" " 91</i>
27.2.17	"	<i>Admitted No 2 C.F.A</i>	"	1/2/17	<i>BL A 500 Eye refraction</i>
"	"	<i>Lo No 1</i>	"	1/2/17	<i>" " "</i>
10.4.17	"	<i>Discharged</i>	"	2/2/17	<i>" A 500 "</i>
12.5.17.	"	<i>App'd s/s. (Shoony Smith)</i>	"	24-4-17.	<i>Pt II O. 74</i>

A.F.B. 103 CHECKED
2 - JAN. 1917

A.F.B. 103 CHECKED
20 OCT. 1916

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.				
12-1-18.	2 Bde etc. A.	Awarded one Good Conduct Badge.	Field.	S/S.	18-12-17 O.I. 80-5.
27-6-18	do	S.O.S. on file to 15th Batt.	"	"	22-6-18 Pte 65 (15 Bn Pte 510/276/8 Pte)
10-9-18	15 Bn	Rep. Missing	to "	Pte.	1-9-18 Pte 79.
10-9-18	"	Wounded	"	"	3-9-18 Pte 315
13-9-18	"	Prev. rep. missing now	"	"	2-9-18 Pte 81
16-9-18	"	rep. in No. 6. B. A. Inv (w) posted 1st BORD	"	Pte	5-9-18 Pte 82 (1st C.O.R.D. Pte 257/162/8)
9-12-18	12 Res	SOS from 10000	- Witby	4-12-18	Pte 292 GORD 341 9/12/18 GA
27-1-19	✓	SOS to CEF Canada	"	9-1-19	- 22

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 25m-4-17.
 H. Q. 1772-39-819.

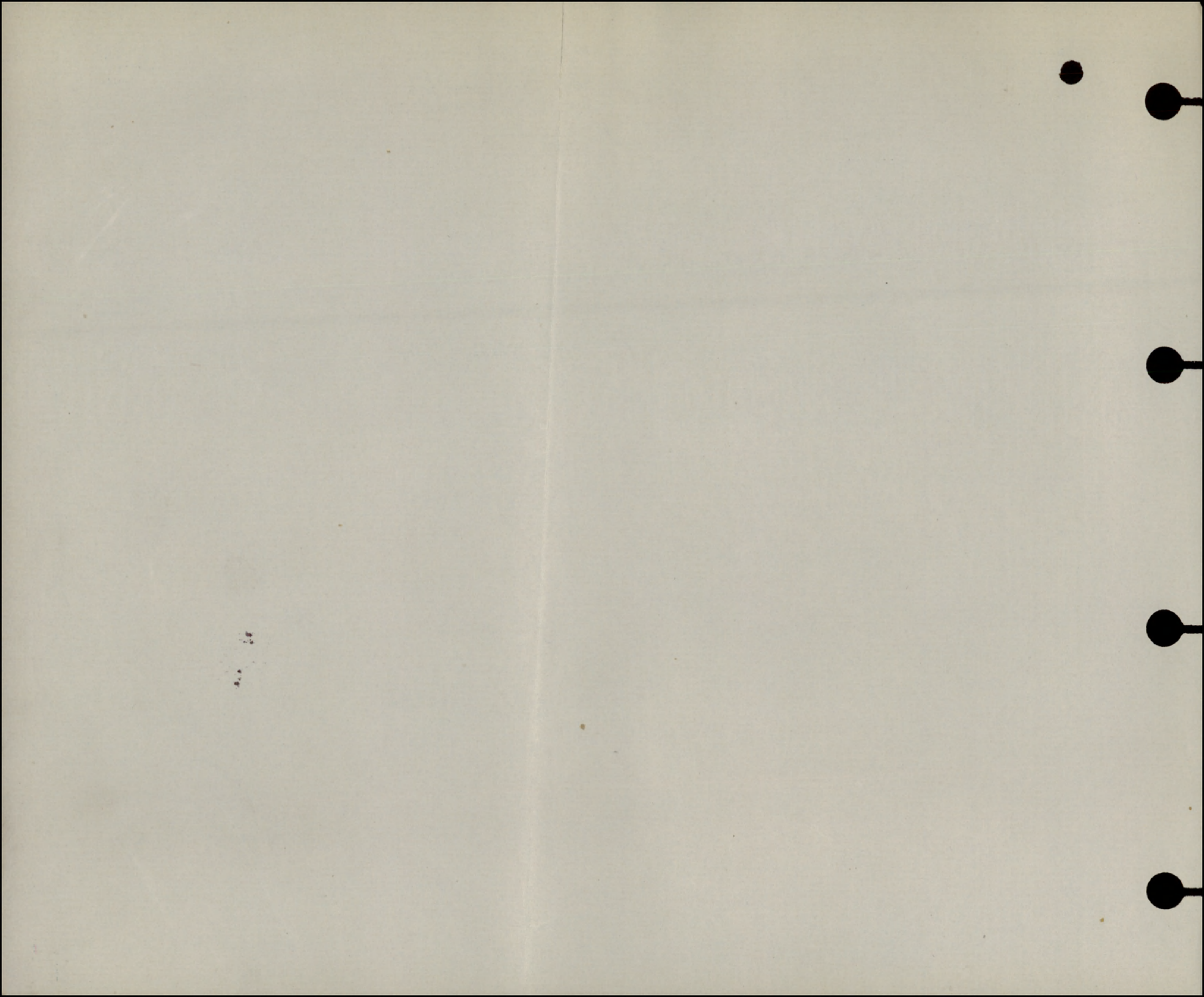
To Whom *Mrs Mary Challicom* By Whom Assigned *Challicom D. S.*
 Address *55 Dearbourne Ave* Regtl. No. *314655*
Toronto Rank *Dr.*
Ont. Corps *12th Bde C.F.A.*
 Rate *\$ 4.50*

SPECIAL REMITTANCE

Sched 405 28-7-17. PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	<i>1915</i>			
Feb.				
March				
April				
May				
June				
July				
Aug.		<i>18451</i>	<i>42</i>	
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





SEPARATION ALLOWANCE

1-3-16

Name *Mary Challicorn*
Address *55 Dearbourne Ave*
Toronto
Ont

Name of Soldier *Challicorn, David S*
Regtl. No. *314655*
Rank *Pte*
Corps *Cobourg Heavy Batty*
To what Corps belonging }
when called out } *✓✓*

Relation to Soldier }
wife, child or mother } *Wife*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



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10-12

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

2nd Contingent

To Whom *Mrs Mary Chalice^{wife}*
 Address *55 Deobourne ave,
Toronto ont*
 Rate *20⁰⁰XX* APR 1 1916
 By Whom Assigned *Chalice D.S.*
 Regtl. No. *314655*
 Rank *Gr.*
 Corps *No 1 Seige Arty. Btry,*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



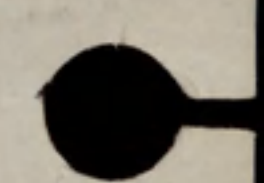
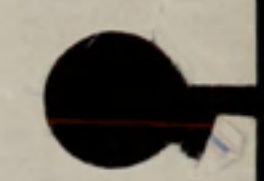
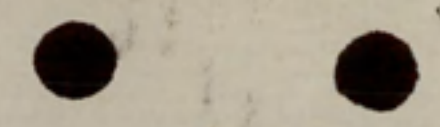
1750-1800

1800-1850

1850-1900

1900-1950
H
G
S

1950-2000



MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 15m.-3-16.
 H. Q. 1772-39-819.

Sheet No. 2.

L. L. Job 95618-M. & D. 6555.

Mrs. Mary Challicome *wife of*
 OVERSEAS CONTINGENTS
 PAYMENTS.

Name of Soldier

Pr. Challicome D.S.
\$ 314655. 701. S. Arty. Btry.
20 00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	U 2242	20	
May		U 4965	20	
June		Q 9053	20	
July		E 8966	20	
Aug.		G 10781	20	
Sept.		Z 16795	20	
Oct.		7 21161	20	
Nov.		7 26110	20	
Dec.		H 31365	20	
Jan.	1917	9 36649	20	
Feb.		G 4222	20	
March		J 49370	20	20 w. J. 49370. Canceled p. 213.
April		V 830	20	20 B
May		E 7503	20	8.7503 cancelled see Mail Book, also Finance <i>Stamp</i> <i>Order 14-8-17</i>
June		Q 13710	20	20 X
July		H 20456	20	Cancelled 14-8-17
Aug.		M 30502	20	03 <i>Stamp</i> <i>way</i>
Sept.		X 35510	20	20 picture
Oct.		R 46856	20	
Nov.		V 53054	20	
Dec.		Q 55212	20	420 ✓
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

pro.

40 B

M 30502 Canceled!

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1913			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Date of Enlistment

MILITIA AND DEFENCE

3923

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

C

3974

Apr 16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25 ⁰⁰ / _{11/14}	30 ⁰⁰	
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PL 3251
1-7-18
P.B. 2753
M.O. 26410

RATE OF ASSIGNMENT

20			
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3832

PARTICULARS OF SEPARATION ALLOWANCE

No. 314655
 Rank Dr. Promoted Reverted Discharge
 Soldier's Name D. S. Challicorn
 Battalion No 4 Siege Hvy Batty.
 Beneficiary Mrs. Mary Challicorn
 Relationship Wife
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Mary Challicorn
 Address 53 Dearbourne Ave. Toronto Ont.
 Change of Address
 1
 2
 4

M.F.M. 2554-26
 22-11-18

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31/17		1440	420	860	
1918					
Jan	F 62493	30	20	50	S
Feb	D 92614	25	20	45	
Mar	A 110799	25	20	45	
Apr	L 8093	25	20	45	H ✓
May	g 19788	25	20	45	✓
June	g 20840	25	20	45	✓
July	Y 30802	25	20	45	✓
Aug	E 34303	25	20	45	✓
Sept	g 42118	25	20	45	✓
Oct	g 51310	25	20	45	✓
Nov	D 51334	25	20	45	✓
Dec	D 63706	45	20	65	✓
	g 71751	30	20	50	✓
		795	680	1475	

File 3023 D-3

M. F. W. 128
 400M.-6-17-1772-38-141
 L. L. 2320-M. & D. 7993.

A/c Closed 31-1-19
 Ret'd per... Olyropie
 Date 17-1-19 M.F.W. 18 M.D. 2
 Closed ... a Hunt 22-1-19 M.R.O. 63832



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

Challicomb

Surname Christian Name or Names Reg. No.
~~Challicomb~~ *Challicomb* *D. S.* 314655
 Rank Unit Co. Troop Batty.
Sgt *2nd C.F.A.* *15 Bn. P.S.O. Coy*
 Hospital Date of Admission
2 Can. Fld. Amb. 29-1-17.

Transferred *1 Can. Fld. Amb.* 1-2-17

7 Can Gen Staples Hosp. 3.9.18.
M H Devonport Hosp. 6.9.18.
Woodcote Park, Epsom. Hosp. 15.10.18.

Diagnosis Eye Refraction
P.S.W. R Arm. & R Side

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

DISPOSITION

dis. 3. 2. 17 Date

C.L. 27-2-17 A506
 " 10. 4. 17 4523.

dis. 4. 12. 18.
 REMARKS

10. 9. 18 B315 (4)

12. 9. 18 B317-2

17. 10. 18 B347 (3)

7. 12. 18 B391 (4)

"Q" name

A.M.D. 2 DEPT.

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

OK

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

*Name..... **L CHALLICOM, David Spencer** Rank..... Pte. Regtl. No..... **314655**

Original unit..... Present unit..... **12th Res.** M. or S. Age..... **30** Religion..... **C of E.** Fyle Depot..... Ref. H.Q.....

Port, ship, and date of arrival..... **Olympic Halifax 17-1-19**

Next of kin..... **Mrs. Mary Chalicom, Wife, 55 Dearbourne Ave. Toronto, Ont.**

Address on leave..... **same**

Address on discharge..... **same**

Transportation issued ~~No~~ Date..... Character on discharge.....

Previous occupation..... **Engineer** Date and place of enlistment..... **Cobourg Ont Dec. 18/15.**

Diagnosis..... **Bullet wound right loin** Date of Medical Boards..... **4-2-19**

Date.	Remarks	Pt. 2 Order No.
T.O.S.		
11-1-19	Posted to Gas Co (Ex. Camp) 17-1-19	
	Leave & Subs from 21-1-19 to 4-2-19	24
18-2-19	SOS DISCHARGED "MED. UNFIT" entitled to 183 days WSG	46

Date.

Remarks.

Pt. 2 Order No.

Date.	Remarks.	Pt. 2 Order No.
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No.

RANK

Gunner.

NAME

Challicome, D. S.

T. O. S. 18-12-15.

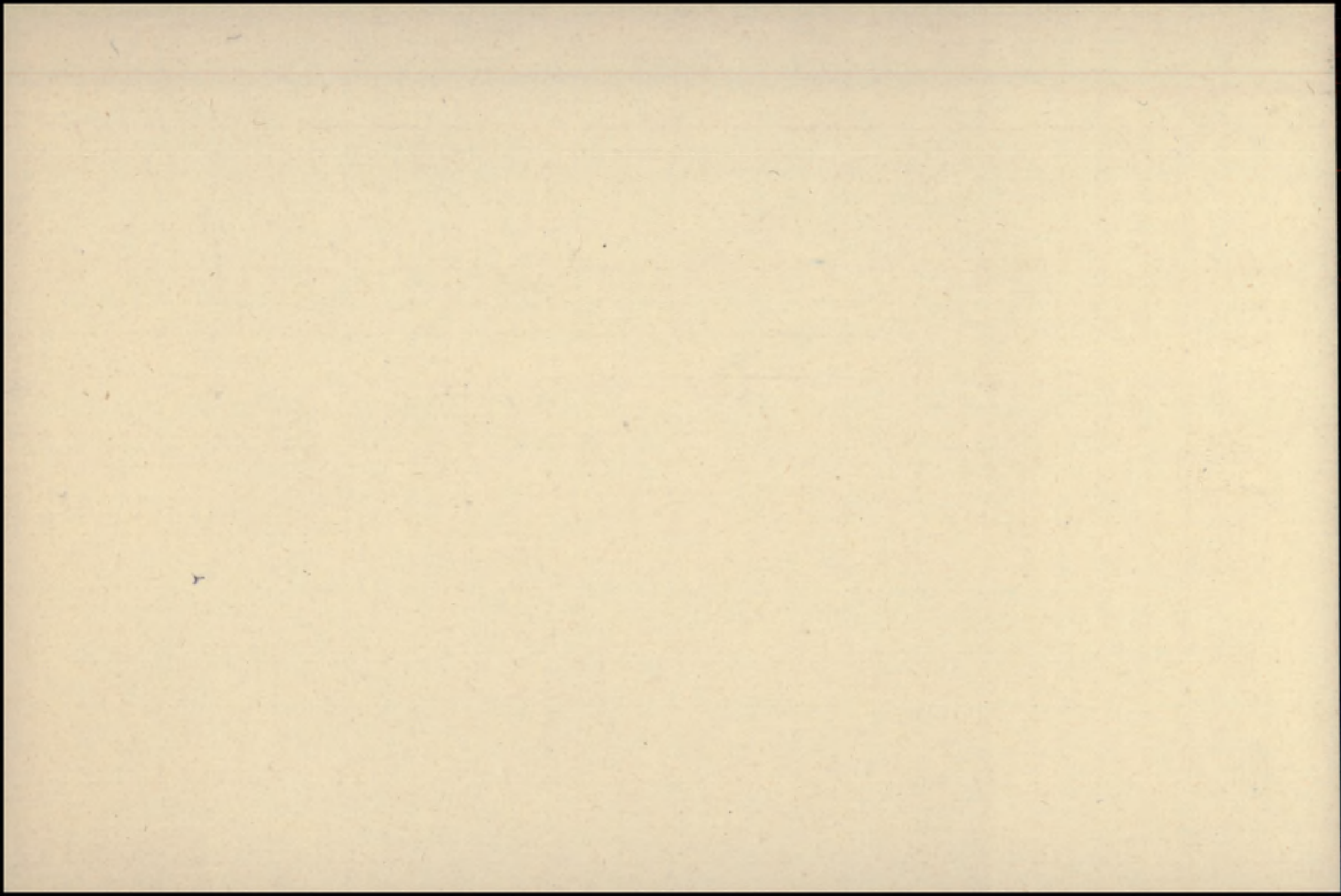
UNIT

Cobourg Heavy Battery.

(D.O. 9. 18-12-15.)

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec. 18	1915 Dec. 31	✓		
1916 Jan. 1	1916 Jan. 31	✓		
Feb. 1	Feb. 29	✓		
Mar. 1	Mar. 31	✓	Transf. Overseas. 28-3-16.	DD. 46. 28-3-16.



David Spencer

Name CHALLICOMB Rank ~~Sgt~~ Pte Reg. No. 314655

Unit 15th Bu

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
3 9	7.6 ft H. Staples	Yser R. Arm	R side	315	0 690	3869 1/2
6 9	Unit H. D. Devouport	do	do	317		26270
15 70	Unit C. P. P. P. P.	do	do	317		29117
4 12	Discharged		do	3391		981
<p>Photo 1919/10 reports missing (letter to dept 19/10) Cancelled 13/11/1920</p>						3191

SURNAME.

Challicom

CHRISTIAN NAMES

David Spencer

REGL. No.

314655

RANK

Gnr.

UNIT

Cobourg Heavy Bat. (1st R. D.)

FORMER CORPS

*48th Highlanders**Sol. Dis 18-2-19*
m. u. FOLL.
10046 of 15-2-19
DN2

NEXT OF KIN.

NAMES IN FULL

Challicom, Mrs. Mary

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

*55 Dearbourne Ave., Toronto,
Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Wales, Ilfracombe,

DATE

May 13th 1888

PLACE OF ATTESTATION

Cobourg, Ont.

DATE

*Dec. 18th 1915**P/S 5-2-16 324**R/C 17-1-19 254/42 - 2, Ple*

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Engineer.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

27 YEARS

7 MONTHS

HEIGHT

5 FEET

7½ INCHES

CHEST MEASUREMENT

40½ INCHES

EXPANSION

3½ INCHES

COMPLEXION

Ruddy.

EYES

Blue.

HAIR

Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Cobourg, Ont.

DATE

Dec. 18th 1915

REGT'L NO 314655

NAME Challicom, David S. *pen*

H. Q. FILE NO. 649-

RANK AND CORPS *S. Sgt.* *2nd Bde. C.F.A.*

FOLLOWS

NO.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

Q520	12-9-18	15th Bn <i>1st</i> Coy Cobourg <i>Detachment</i> Adm 1 Can Gen H. Report Sept. 3rd 1918 L.S.W. Park Side Not. Mrs Mary Challicom (Wife) 55 Dearbourne Ave Toronto Ont.
------	---------	--

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 506.	No. 2. Cam. Fl. Amb.	1-2-17.	Eye Refraction.
"	Fo. No. 1 " " "	1-2-17.	" "
A 5-23.	" Disc	3-2-17.	" "

REGT'L. No. 314658.

H. Q. FILE No. 649

NAME Challinor. W. S.

RANK AND CORPS Splgt. 15 Bn.

FOLLOWS
No.
FOLLOWS

CABLE
NO. DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 315	7 banden. & staples	3-9-18	Glw R. arm + R. side
B 319	Mit Newport	6-9-18	" " " " " "
B 347	Mil Cow, H wa PK Epson	15-10-18	" " " " " "
B 391	Discharged	4-12-18	

Number

314655

Rank

Cor

Surname

CHALLICON

Christian Name

David

Units

C. T. G.

Theatre of War

France

Date of Service

14-10-26

Remarks

89 Hatherly Rd.

Latest Address

~~55 Deane Avenue~~

Toronto Ont

Roll no.

B Page 19392

(This form to be filled in by all ranks on voyage to Canada.)

.....
RANK SURNAME INITIALS UNIT
.....

al address.....
(Street) (City or Town) (Province)

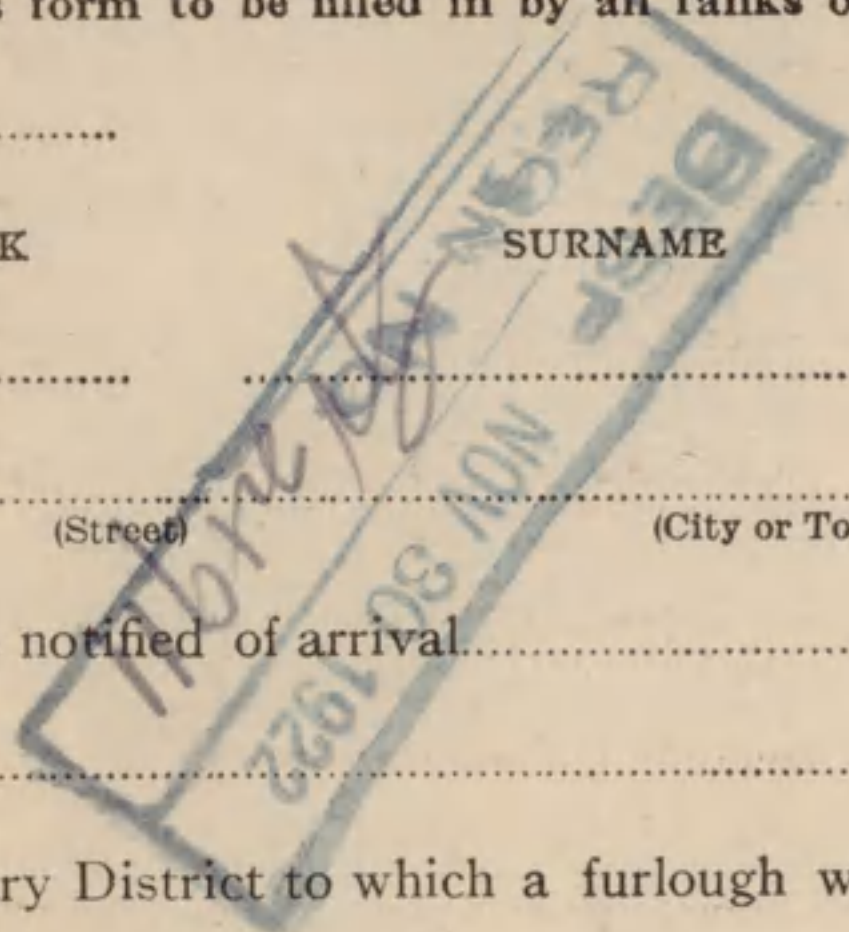
one person to be notified of arrival.....
.....

Station in Military District to which a furlough warrant is required.....
..... Railway.....

d, is your wife on board..... Number of children on board.....

destination.....

(Sgd.).....




LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23
 or Particulars of Recruit..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents are unobtainable.....
 Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
 Dental History Sheet..... Militia Form B. 465
 Medical Report..... M. F. W. 129 or D. M. S. 1375
 Regimental Conduct Sheet..... Militia Form B. 263
 Company Conduct Sheet..... Militia Form B. 263a

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

OK
 955909
 B
 54499

1. No.	314655
2. Rank.	Pte.
3. Name.	CHALLICON, DAVID SPENCER
4. Unit.	Cobourg Heavy Bty (#2 D.D.)
5. Date of Discharge	F ^b . 18, 1919 Place TORONTO, ONT.
6. Reason for Discharge	HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE 
7. Authority.	#2 D.D. Pt. 11 #46
8. Proposed Residence after Discharge	55 Dearbourne Ave Toronto
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.? <i>David Spencer Challicon</i> Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place TORONTO, ONT. Date F ^b . 18, 1919 <i>Decreed Date not stated</i> <i>And letter on file</i> <i>but 6/15/21</i> <i>d/1/33</i> Signature <i>[Signature]</i> (O. C. Discharging Unit.)	

28
 31
 30
 4
 3

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.

We concur

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)~~, Home service " C) ~~(Yes or No.)~~
- (d) ~~Home service (Canada only)~~, Canada " D) ~~(Yes or No.)~~
- (e) ~~Unit 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.)

To duty Category C. 11.

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 Exhibition Camp, Toronto

DATE 4/2/19.

[Signature] President.
[Signature] Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE.....
 DATE.....
 APPROVED BY.....
 APPROVED BY.....

[Signature]
 Assistant Director of Medical Services.

DATE 5-2-19

[Signature]
 Director-General of Medical Services.

DATE.....

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 Exhibition Camp, Toronto DATE Feb. 4/1919.

1. 1 (a) Unit No. 2 D.D. (b) Regimental No. 314655 (c) Rank Pte.

(d) Surname CHALLICOM (e) Christian name David, Spencer

(f) Home address 35 Dearborn Ave., Toronto

(g) Next of Kin Mrs. Mary Saki Challicom (h) Relationship Wife.

(i) Address of Next of Kin 55 Dearborn Ave. Toronto.

2. Age last birthday 30 Date of birth May 13/1889

3. Enlistment, or Appointment (if an Officer) (a) Place Cobourg (b) Date Dec. 12/15.

4. Personal description:

(a) Height 5' 7 1/2" (b) Weight 162 (c) Complexion Dark
(stripped)

(d) Colour of hair Brown (e) Colour of eyes D. Blue (f) Identification marks, Scars, etc. 1 Scar Rt. Loin - one scar Ant. surface rt. forearm.

5. Former trade or occupation Farmer.

	PERIODS	
	Years	Days
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).	<u>3</u>	<u>54</u>

	PERIODS	
	From	To
Canada	<u>Dec. 12 1915</u>	<u>Apr. 11/1916</u>
England	<u>Apr. 11 1916</u>	<u>Oct. 13 / 1916</u>
France or other theatres of War	<u>Oct. 13 1916</u>	<u>Sept. 6 / 1918</u>
<u>England and Canada</u>	<u>Sept. 6 1918</u>	<u>today.</u>

7. Original disease, or injury.....

Bullet wound rt. loin.

(a) Date of origin Sept. 2/18 (b) Place of origin France

(c) Cause Machine Gun Bullet.

M. F. B. 227.

300M-8-18.
 1772-39-117.

[Handwritten initials]

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.)

slight weakness Abdominal wall- right.

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.)

Objective- no adherent scar 1 " x 1/2" rt. loin- anaesthetic area over

scar. Can easily bend and touch toes without discomfort.

	At rest	Touching toes 10 times	After sitting a min.
Pulse	64	86	84

Respiration 18 20 18

Vessel wall soft - heart normal

Subjective - pain in scar- sharp needle like character- radiating into abdominal cavity- coming on at night and morning when undressing and dressing himself- rests only for few seconds. Perspires readily around head- also becomes dizzy in a hot room- passes off when he gets out in cooler room.

(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..... Alb- neg.
 (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be taken.)

Special Senses.....no..... Respiratory System.....no..... Integumentary System.....no

Disturbances of Mentality.....no..... Digestive System.....no..... Muscular System.....no

Osseous and Joint Systems.....no..... Any other general condition.....no

No Haemorrhoids, Hernia, Varicocele, Varicose Veins, Goitre.

Internal Strabismus rt. eye- present since 2 years of age.

M.H.S. both at time of enlistment- no severe aggravation.

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

Enlisted Dec. 12-15- Reached France Oct. -16. On Sept 2/18. Was hit in rt. forearm and rt. loin by a machine gun bullet. Wounded at 7.30 A. M.

Fresh dressing at 5 P.M. same day. Sent back to Etaples Staples. Evacuated to England 6/9/18 at Military Hospital Devonport till 14/10/18- flesh gutter wound (slight) rt. forearm- no fracture- wound healing. Gutter wound (slight) rt. side of abdomen- wound healed- X-Ray shows no evidence of H.B. At. M.C.H. , Epsom 14-10-18 to 4-12-18 - quite well.

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).)

Diphtheria - at age of two with resulting strabismus.

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

Scar rt. forearm- no disability- scar rt. side of abdomen.

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.)

Not Applicable.

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

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

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

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

France - Dressings.

England- Dressings- X-Ray.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

No.

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

17. Recommendations

Fit for duty- Category CII

J. P. Challicom
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, *D. P. Challicom, Pte.* 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

D. P. Challicom Rank.
Signature of invalid examined.

* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.
 EFFECTIVE DATE: 1-4-1916 *Stopped 1/19* EFFECTIVE DATE:
 AMOUNT: 20⁰⁰ AMOUNT:

NAME: CHALLICOM David
 NUMBER: 314655

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.
Mrs Mary Chalicom (Wife)
55 Dearbourn Ave.
Toronto, Ont.

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<u>Capt</u>

UNIT AND TRANSFERS

ORIGINAL UNIT 1st Regt Coy & Hwy Art. Unit

DATE ACCOUNT FIRST OPENED: 1-4-1916

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'FD	UNIT TRANSFERRED TO
			<u>1st Bde</u>
<u>20 57</u>	<u>21/6/18</u>	<u>23/6/18</u>	<u>23/4/19</u>
			<u>15th Bn</u>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<u>4/1/18</u>	<u>648</u>		<u>48 69</u>				
<u>1/1/18</u>	<u>2708</u>		<u>7 00</u>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
<u>Capt</u>	<u>1</u>	<u>-</u>	<u>-</u>	<u>10</u>

PARTICULARS OF RENDERING NON-EFFECTIVE: Discharged on 1/19/18 by NK 11 1/2 1/2 a pay 395

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<u>1918</u>											
<u>March</u>	<u>B. Sa</u>								<u>8 46</u>		
<u>April</u>	<u>G.O</u>	<u>33</u>		<u>AR 19 1/4/18 2 Bde</u>	<u>446</u>			<u>20</u>			
				<u>79 21/4/18</u>	<u>357</u>				<u>13 45</u>		
		<u>33</u>			<u>803</u>			<u>20</u>			
<u>May</u>	<u>G.O</u>	<u>34 10</u>		<u>AR 132 2/5/18 2 Bde</u>	<u>446</u>			<u>20</u>			
				<u>190 16/5/18</u>	<u>357</u>				<u>19 52</u>		
		<u>34 10</u>			<u>803</u>			<u>20</u>			
<u>June</u>		<u>33</u>		<u>AR 246 1/6/18 2 Bde</u>	<u>446</u>			<u>20</u>			
				<u>312 20/6/18</u>	<u>357</u>				<u>24 49</u>		
				<u>2248 1025 20/6/18 C.I.B.D.</u>	<u>446</u>				<u>2003</u>		
		<u>33</u>			<u>12 19</u>			<u>20</u>			
<u>July</u>		<u>34 10</u>		<u>AR 1025 20/6/18 C.I.B.D.</u>	<u>446</u>			<u>20</u>	<u>32 13</u>		
		<u>34 10</u>						<u>20</u>			
<u>Aug</u>	<u>P.P.</u>	<u>34 10</u>		<u>AR 406 3 Bde 18/8</u>	<u>357</u>			<u>20</u>	<u>44 66</u>		
					<u>357</u>			<u>20</u>	<u>13</u>		
		<u>34 10</u>						<u>20</u>	<u>57 66</u>		
<u>Sept</u>	<u>P.P.</u>	<u>33</u>						<u>20</u>	<u>57 66</u>		
		<u>33</u>						<u>20</u>			
<u>Oct</u>	<u>P.P.</u>	<u>34 10</u>		<u>AR 9155 cent 29/98</u>	<u>487</u>			<u>20</u>			
				<u>6588 22/98</u>	<u>487</u>				<u>62 02</u>		
		<u>34 10</u>			<u>944</u>			<u>20</u>			
<u>Nov</u>	<u>Dec</u>	<u>67 10</u>		<u>AR 1649-13/11-C.C.Neps.</u>	<u>9 73</u>			<u>20</u>			
				<u>7262 28/11</u>	<u>487</u>			<u>20</u>			
		<u>67 10</u>		<u>AR 1400 Dec</u>	<u>14 60</u>			<u>20</u>			

Compiled by Chalicom
B.S. 26/12

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918		6710			1460			40	6902		
Nov	10 days. 273¢	730		4589. CEN Exp. 1918.	1460				5897		
Dec	12 Res. 9/12/18.			648. " 4/12.	11867				395		
				3706 12 Res 16/12.	7700				1125		
		7440			8517			40			
				Supply (730)							
				issued 7/11/19							

MARRIED OR SINGLE *Married*
 PLACE OF BIRTH *Ilfracombe S. Wales.*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs Mary Challicom*
55 Dearbourn Ave Toronto Ont.
 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

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. *314655* RANK *Gunner* NAME *Challicom David Spencer*
 IF IN PERM. CORPS WHAT UNIT *off Reg Coy* UNIT *Ry Artillery Unit* TRANSFERRED TO *1st Dac.* DATE *23/10/16* AUTHORITY *DO 260 13-10-16*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *12 Bde CFA* DATE *9. 2. 17* AUTHORITY *Debit notes*
 PLACE OF ATTESTATION *Cobourg Ont* TRANSFERRED TO *2 Bde CFA* DATE *2. 8. 17* AUTHORITY *a.k.*
 DATE OF ATTESTATION *Dec 18/15* TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *1-4-16*
 PAYABLE TO *Next of Kin Mrs Mary Challicom, 55 Dearbourn Ave, Toronto* RELATIONSHIP *Wife*
 ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____
 PAYABLE TO _____ RELATIONSHIP _____
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) _____ EFFECTIVE _____ REASON _____
 DISCHARGE DATE AND PLACE _____ REASON AND AUTHORITY _____
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) _____
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) _____

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT \$	C.	NO. OF DAYS	RATE				AMOUNT \$	C.	NO. OF DAYS	RATE	AMOUNT \$	C.	1	2				3	4				1	2

Checked [initials]

Trans a/c. Jan 26/18. Cheque for £ 6.12.4 deposited to the credit of this mans account, due from the estate of the late 83974 Gr Oliver Challicom, 6 Bde, C.F.A.
 Auth. o. i/c. pay 27. Jan 25/18.

"OLYMPIC" 16-1-19

No. 2 DISTRICT DEPOT

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

REGT. No. 314655

RANK Pte. NAME (IN FULL)

CHALICOW, D.S.

61257 AUBITOR PAYMASTER

M. OR

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY
ADDRESS				
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE			
TO WHOM PAID	RELATIONSHIP			
ADDRESS				

ORIGINAL UNIT C.E.F. 1st C.O.R.D.

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 12/12/15 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, \$ 20.00 DATE EFFECTIVE 1.2.19

PAYABLE TO Mrs. Mary Challicow, (wife),
55 Dearbourne Ave.,
Toronto, Ontario.

RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

TORONTO, ONT. FEB 18 1919 M.U. D.O. 46 183

106 ✓

MONTH	PAY AND F.A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
Balance from previous account																		
31.12.18		\$1.10			3 95													
									30 00									AP. Jan. 1919. U.F.
									4 87									
									5 00									
										20 00								
31.1.19															59 87	55 92		
1.1.19	31	1 ¹⁰	34 10	12	46 10									55 92	55 92	9 82		
Feb. 1-18	18	1 ¹⁰	19 80	18 35	100	172 80	220 99	22 100	114 98	48				9 82	172 80			
183 days						600				70					30	100		1st W. S. G. Paid by #2 D. D.
										70	201292				30	200		
										70	243716				30	300		CRS mailed 18/4/19
										70	342920				30	140	140	W.S.G. PAID IN FULL
										70	659876				30	500	70	CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY
						730	60730								607 30	7730	30	
										47	671974				30	140		
						600	730	607 30		424 30					180	607 30		

W.S.G. PAID IN FULL
CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY