08317-3-14

REGIMENTAL DOCUMENTS

NAME CLARK, GEORGE REGT. NO. 4080168 UNIT 1st Depot Bn H. Q. FILE NO.

(H)

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	TRAINING HISTORY SHEET (M.F.W. 113)				21413	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
1	DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category
2	MEDICAL EXAMINATION (M.F.W. 129)					Demobilization
1	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
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
~~1~~	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	In Ltr 192					21-7
3	Cancd					2-7
1	A & D.					3-7
2	21-37					
1	In Duly					1

W. 2589
100M-11-18
1772-39-1377

ORIGINAL

11 M. D. 1st Depot Battalion BC Regiment

Regtl. No. 408168

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname: Clark
2. Christian name: George
3. Present address: Revelstoke BC
4. Military Service Act letter and number: Unregistered
5. Date of birth: Mar 27th 1892
6. Place of birth (town, township or county and country): Lachine Montreal Que
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Chauffeur
10. Name of next-of-kin: Miss Archie Clark
11. Relationship of next-of-kin: Sister
12. Address of next-of-kin: Revelstoke BC Can. SUFFICIENT ADDRESS
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: ~~No~~ 101st Regt. Militia 3 yrs 1910-1912
15. Medical Examination under Military Service Act:—
    (a) Place: Revelstoke BC (b) Date: Dec 2nd (c) Category: A 2

DECLARATION OF RECRUIT

I, George Clarke, do solemnly declare that the above particulars refer to me, and are true.

George Clarke (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	34 yrs	5 mths.
Height	6'	1/2 ins.
Chest measurement	fully expanded	38 1/2 ins.
	range of expansion	3 ins.
Complexion	Sallow	
Eyes	Blue	
Hair	Brown	

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

Tattoo marks on right arm. female figure. shield and flag.

Lt-Col Mf. Monhamburt

O. C. 1/22 Depot Btln.

BC Regt.

Place: Vancouver BC Date: Jan 3rd 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

District Depot M.D. XI
FEB 14 1919
Discharge Section

This is to Certify that No. 408 0168 (Rank) Pte.

Name (in full) George Clark enlisted in

the 1st Depot Bn. B.C. Regt.

CANADIAN EXPEDITIONARY FORCE at Vancouver on the 3rd

day of January 1918

HE served in France with the C.C.R.C.

and is now discharged from the service by reason of DEMOBILIZATION

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

Age	35 yrs.
Height	5' 6 1/2"
Complexion	Sallow.
Eyes	Blue
Hair	Brown

Marks or Scars: Tattoo Marks Scar end of big and 3rd toes. End Second toe missing - right foot.

G. Clark.
Signature of Soldier

H. S. Andrews.
Issuing Officer

Captain
Rank

Date of Discharge: February 14th

For O.C. Dist Depot XI
Appointment

Signed at Vancouver this 14th day of February 1919

in Military District No. Eleven

File Reference No. D.D. C 6665

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.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

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.

N.K. (Sister) Annie Clark, Revelstoke, B.C. Emp of Board 22/1.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Leave 12/2/19 6665
No BA

X1.C.C.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 4080168 Rank Pte. Surname Clark.
(Give name in full)
George.

Unit or Corps 72nd. Bn. Birthplace Montreal, Quebec.

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 155 lbs. Height 5 ft. 6½ in. Colour of Eyes Blue

Nutrition Good

Pulse 80

Condition of arteries Normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 15 ft.

Left. 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Tattoo marks right arm-
Scar end big and 3rd toes -
End second toe missing - right foot.

Opinion as to general health and physical condition Good

2. **Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)**

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System As Stated Any other general condition no

3. **If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.**

Had shrapnel wound toes right foot, end of second toe missing, and rather poor circulation and a little limitation of movement - toes right foot - but he states disability now pertaining is negligable - no other disabilities present.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at New Westminster (Canada)

Date Feb. 7, 1919 Signed A. J. Fuller Capt. M.O.

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

Signature G. Clark

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

4080168

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET. Duplicate

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname CLARK Christian name GEORGE

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule .....

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number, if any) Revelstoke, B.C.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22nd day of December 1917, by the undersigned medical board sitting at Revelstoke, B.C.

5. Age as stated 34 Years 8 Months. 6. Apparent age 34 Years ..... Months

7. Height 5 Feet 6½ Inches. 8. Weight 147 Pounds.

9. Chest measurement { Minimum 35½ Ins. / Maximum 38½ Ins. } 10. Complexion Sallow { Eyes Blue / Hair Brown }

11. Physical development ..... { Good / Fair / Poor } 12. Smallpox marks none

13. Number of vaccination marks { Right arm 0 / Left arm 3 } 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Tattoo marks on right arm, female figure, shield and flag.

16. Slight defects but not sufficient to cause rejection slight deafness in right ear, probably due to wax.

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category **A 2**

17.
(a) Vision R. 20 L. 20
(b) Hearing. R. slightly reduced. L. normal

.....*President.*

(Signed) J.H. Hamilton. Capt.*Member.* (Signed) J.E.H. Velro. M.D.*Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
5-1-18		W. F. D Graham M.O.	5-1-18		W. F. D Graham M.O.
		M.O.	12-1-18		W. F. D Graham M.O.
		M.O.	19-1-18		W. F. Graham M.O.

Joined .....*day of* .....*191* ....*at* .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
	VANCOUVER, B. C. FEB 4 1918 VANCOUVER, B. C. FEB 16 1918	A 2 A2	certified true copy.

N. B.—This sheet is 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.

M. F. B. 313.
300M.—10-17.
1772-39-439.

(Signed) George Clark.
Revelstoke, B.C.
Signature of Man

No. Depot Battalion
VANCOUVER, B. C.

Surname Clark Christian Name George

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT XI

NAME OF SOLDIER Clarke, George

REGIMENT 72nd Battalion RANK Pte. No. 408018.

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	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1919. Feb. 6th.	1/16									10 13 14 20	9 18 19 29 30 32					1/10			Lieut Sproule	XI	No Work Required

M.F.B. 465.
200M.—6-18.
1772-39-950.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	4080168	Pte.	Clark.	G.
	Unit.		Age.	Service.
	72nd Canadians		25.	9/12.

Station and Date.

Disease Rt. foot ft.: Leg ft.: Neck.

4 Can C.C.S.

26.9.18 2nd Dal ampt: ether tars cleaned & dressed L.B. removed from neck.

28.9.18 Drain removed from neck. Dressed Foot. Dakins dressing. Condition good.

Nov Admitted to Hospital

Transferred to England

H Nicol

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

3813.

S/O-46- Service - 1 yr.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names ..... George ..... 2. Surname ..... Clark .....

3. Rank ..... Trk ..... 4. Original Unit ..... 72 ..... 5. Reg. No. 40.80168 .....

6. Address, in full, to which future payments of gratuity are to be forwarded ..... Revelstoke. .....

7. Date of enlistment in the C.E.F. ..... 3/1.1918. .....

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... nil .....

9. Relationship of such dependent ..... nil .....

10. Address, in full, of such dependent ..... nil .....

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? ..... none .....

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

..... none .....

..... (Draft) 72 Batt Jan/18 .....

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? ..... none .....

14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service ..... none .....

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ..... 14 Months with 72 Batt for

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..... N ....

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ..... no .....

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

HEM

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... none .....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid .....

20. Have you been issued with a War Service Badge? If so, what class ? ..... none .....

21. Have you, during the present war, served in the Imperial Forces ? ..... none .....

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled .....

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ? ..... none .....

(b) If so, was such reversion in consequence of misconduct or inefficiency ? ..... none .....

24. Are you now serving in the C.E.F.? ..... none ..... If not, give:—(a) Date of discharge ..... Feb. 14th 1919 ..... (b) Reason for discharge ... Demobilized.

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... none .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit with 72nd. from May 1918 to Sept 29th 1918.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... none .....

(b) If so, are you in receipt of full pay and allowances from that Department ? ..... N/A .....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: George Clark

Place of Residence: Victoria Hotell

Declared before me at: Revelstoke B.C.

This 14 day of Feb 19 19..

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

J.B. Andrews Capt.
Discharge Section, District Depot, M.D. 11

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....			.....	
.....			.....	
.....			.....	

Certified Correct.

District Paymaster.

Forms
I. 1237
12

Army Form I. 1237.

RC

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
G 15348	408168	Pte	Clark	G

Year	Unit.	Age.	Service.
1918	72nd Can Inf	25.	9/12

Station and Date.	Disease
Ann Est	Gsw R Foot one toe
an: Conval: Hospital, Bear Wood.	amput - GSW Instep
8 NOV 1918	W^d not quite healed, Painful.
	P.C. paid
	Sklaadsen Capt
11-11-18.	Ent D1
15.11.18	Disc to Kly L
	A.G. Finnegan

25 NOV 1918

Registrar, Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

To be made out in duplicate. H.Q. 54-21-23-53

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 1st Depot Batt'n B.C. Regt

(2) Regimental Number 4090168

(3) Full Name of Soldier Clark, George

(4) Place of Birth Lachine, Que.

(5) Are you married, or not ? No

(6) If married, state,
(a) Full name of your wife

(b) Present Postal Address

(7) Are you a widower ? No

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.
500M.—9-16.
1772-39-951.

(SEE OTHER SIDE.)

(9) Is your Father alive? No.

If so, state name and address .....

(10) Is your Mother alive? No.

If so, state name and address.....

.....

(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.

Annie Clark (Sister)

Revelstoke, B.C.

(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 Feb 14/18

Harry J. Attwood Lieut.
for *Officer Commanding.*

M.S.A. 45.

4080168 5701

MILITARY SERVICE ACT, 19..

ORIGINAL

MEDICAL HISTORY SHEET. Original

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Clark Christian name George,

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Revelstoke, B.C.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22nd. day of December 1917, by the undersigned medical board sitting at Revelstoke, B.C.

5. Age as stated 34 Years 8 Months. 6. Apparent age 34 Years Months

7. Height 5 Feet 6½ Inches. 8. Weight 147 Pounds.

9. Chest measurement { Minimum 35½ Ins. / Maximum 38½ Ins. } 10. Complexion Sallow { Eyes Blue / Hair Brown }

11. Physical development { Good / Fair / Poor } 12. Smallpox marks None

13. Number of vaccination marks { Right arm 0 / Left arm 3 } 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Tattoo marks on right arm, female figure, shield and flag.

16. Slight defects but not sufficient to cause rejection Slight deafness in right ear, probably due to wax.

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category **A2.**

Vision R.D-20. L.D-20.
Hearing normal L.
R.slightly reduced.

J. W. Hainestown Capt. President.

J. G. H. Kelso M.D. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
5-1-18		M. T. D Graham M.O.	5-1-18		M. T. D Graham M.O.
		M.O.	12-1-18		M. T. D Graham M.O.
		M.O.	19-1-18		M. T. D Graham M.O.

Joined ..... *day of* ..... *191* ..... *at* .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to	72nd B. C. R. Seaford	4080168 10-12-17 Enlisted Private		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
4	VANCOUVER, B. C. FEB 4 1918 VANCOUVER, B. C. FEB 16 1918	A2 A2	Sick Lymphatics Lost Knuckles A Sullen Lost Knuckles

N. B.—This sheet is 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.

Assistant Provost Marshal DEC 28 1917 M. D. No. 11 VICTORIA, B. C.

Signature of Man George Clark Revelstoke

CANADIAN EXPEDITIONARY FORCE

Lymph. B. States not previously examined. a.

Surname Clark Christian Name George

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
MILL ROAD INFIRMARY, LIVERPOOL.		29	9	18	4	11	18	Bt Wd foot Rt Leg Rt & Neck		Transferred to Venice St Aux Hospital.	M.S. Parker
VENICE STREET (AUX) MILITARY HOSPITAL ATT. 1ST WESTN GEN. HOSPITAL LIVERPOOL.		4	11	18	7	11	18	Do	4	Transferred to Conv. Hosp. Woodcock Hr Epsom	H.T. Nixon
Beaconsfield		7	11	18	15	11	18	— do —	8	Gl Good - Fit - Dy	H.G. Finnegan

81

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 400168 Rank Pte Name CLARK-G

Corps 11 Dist Depot who was* Discharged

On 14/2/19 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191..., to 14/2/19 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from ~~prev. month~~ CRC.	85	55
Advances by Cheques No.			Regt'l Pay 45 days at $ 1 c.	45	
Advances by Cheques No.			Field Allow. 45 days at $ c. 10	4	50
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges War Dl Grat	70		Other Allowances* 11 Dep Dist	11	20
Payment on ~~transfer or~~ discharge No.	181	25	Other Credits* Soldiers Kit & PDP	35	
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	70	
Total	251	25	Total	251	25

*Give particulars.

A monthly stoppage of $..... (†) has ..... (‡) been paid on account of Assigned

{Pay for the month of ..... 191....
and Sep'n Allce. for month of ..... 191....} (to) Assignee.....

(Address) .....

.....

(†) 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 .....

(2) if married and if a Separation Allowance Card has been submitted Yes

(3) cause of discharge DD authority 11 Dist

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 14/2/19

Place Vancr Pte.

.....
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M—2-18.
H. Q. 1772-39-903.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at New Westminster (Canada)

Date Feb. 7, 1919 Signed A. E. Bullock Capt. M.O.

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

Signature G. Clark

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

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

[OVER]

M.F.W. 129.
1038 (D.P.) 500M-11-18.
1772-39-1142.

N.K. (Sister) Annie Clark, Revelstoke, B.C.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

X1.C.C.

C.R. file

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 4080168 Rank Pte. Surname Clark.

(Give name in full)

George.

Unit or Corps 72nd Bn. Birthplace Montreal, Quebec.

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 155 lbs. Height 5 ft. 6½ in. Colour of Eyes Blue.

Nutrition Good

Pulse 80

Condition of arteries Normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 15 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Tattoo marks right arm-
Scar end big and 3rd toes -
End second toe missing - right foot.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System. no Genito Urinary System. no Cardio-Vascular System. no

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

Disturbance of mentality. no Muscular System. no Digestive System. no

Osseous and Joint System. As Stated Any other general condition. no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Had shrapnel wound toes right foot, end of second toe missing, and rather poor circulation and a little limitation of movement - toes right foot - but he states disability now pertaining is negligable - no other disabilities present.

(If space is insufficient, continue on back of form.)

[OVER]

OTTAWA, July 24, 1920

From:-

The Adjutant-General,
Canadian Militia.

To:- George Claik 4080148
Revelstoke B.C.

Sir:-

Enclosed herewith please find Military Will executed by you while in the C.E.F., and returned, the same being your own property.

O.C. Langman
Lieutenant.,
for Lieut.-Col.,
Director of Records.
for Adjutant-General.

1000
21-7-20

C.A.D.C. 500

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

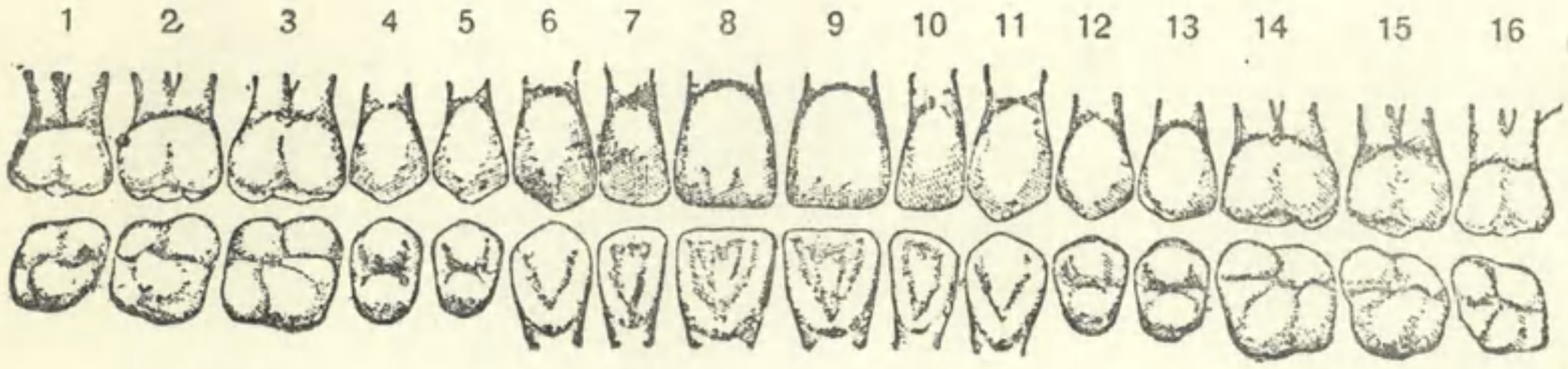
DENTAL CERTIFICATE FOR DEMOBILIZATION

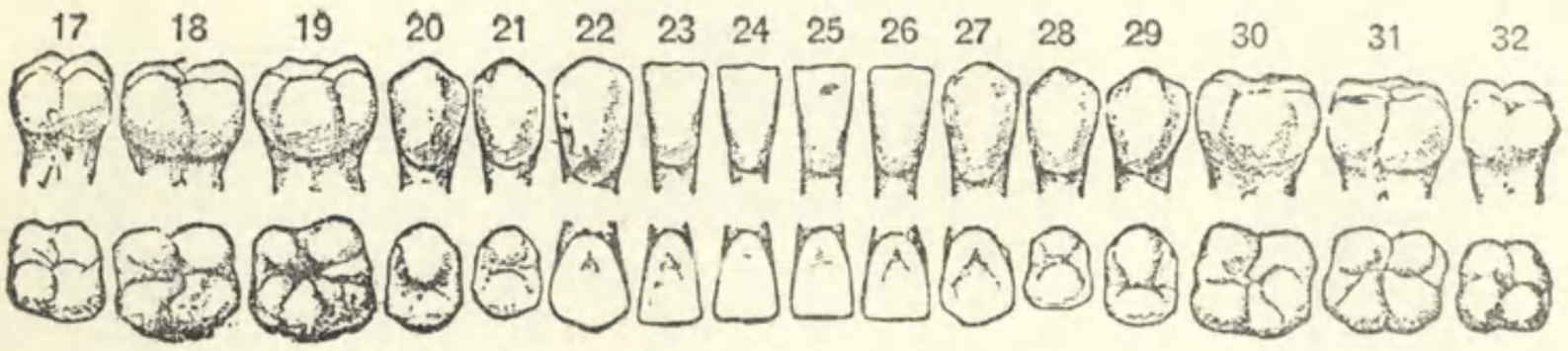
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CLARK. G.

REGIMENT B.C.R.D. RANK PTE No. 4080168

Date of Examination in England 17 DEC 1918 Date of Examination in France





DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ? NO

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

- (*a*) In Canada
- (*b*) In England
- (*c*) In France

Signature of Dental Officer J. Carmichael
Capt

Army Form B. 103.

Regimental Number H.0.8.0.1.6.8.

Casualty Form—Active Service.

Regiment or Corps 1st Depot B.C. B.C.

Rank Pte Surname Clark Christian Name George

Religion R.C. Age on Enlistment 34 years ..... months

Enlisted (a) 3-1-18 Terms of Service (a) D. of W. Service reckons from (a) 3-1-18

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) Chauffeur

or Corps Trade and rate ....

Occupation ....Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ..			
6-12-18	B.C.R.D	Command 3rd C.D.	Seaford	27-11-18	P.O. 292.
16-12-18	"	Ceases to be on Command 3rd C.D.	Seaford	14-12-18	Pt. 2. D.O. 299
28/12/18	B.C.R.D	Detailed to Depot Coy. Command B Rumwell Park	Seaford	27/12/18	Pt. II D.O.
I.Q.S.-C.C.C.-		Rumwell Park Camp	Part II Orders 13		
S.Q.S.	" " "	" " " "	" 27		
		Embarked for Can. 13/1/19.			
30-1-19	Overseas	Y. O. S. District Depot XI.	Hastings Pk. Vancouver B.C. 13-1-19		P.O. Pt II 30/141 19

(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) Signaller, Shoeing-Smith, &c.

W. 5527—M2093 1000m 7/17 (25638) C. P. & S., Ltd. Forms B./103 E/1555.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties. &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
	DISCHARGED	DEMOBILIZATION	VANCOUVER, B.C.	14/2/19	D.O. 46/265 G.
				H.A. MacLean Capt.	
				For O.C. District Depot XI	

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

M. F. W. 54. (A. F. B. 103:
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

6th Hqtr. 1st Depot Battalion, B. C. Regt. C.E.F.
Unit, Regiment or Corps ..... VANCOUVER, B. C. .....

Regimental No. 408168 Rank Pte Name Clark George

Enlisted (*a*) 3/1/18 Terms of Service (*a*) C. E. F. Dom'n Service reckons from (*a*) 3/1/18

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

Extended ..... Re-engaged ..... Qualification (*b*) Civil Chauffeur Military

Report: 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
		2.0.3. 1st Depot Battalion, B. C. Regt. C.E.F. VANCOUVER, B. C.	no record		
		EMBARKED	Halifax	27 FEB 1918	
		DISEMBARKED	Glasgow	11 MAR 1918 ✓	
		EMBARKED FOR FRANCE			
14 MAR 1918	1st Res Bn	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN.	Seaford	11 MAR 1918	✓ A2.20.62
6.6.18	1st Res.	PROCEEDED ON DRAFT TO 72nd BATT		6.6.18	P.E. II 136 G Davis Lieut. Asst. Adjt. 1st Canadian Reserve Battalion.
7.6.18	Can. Base Depot	Arrived in France for 72nd. Can. Bn } 2.0.S.		7.6.18	NR 682 + A.20.62 d/ 12.6.18.
do.	"	Left. for CCRC.	Etaples	23.6.18	NR. D/1281.
23-29-7-18	CCRC.	Joined CCRC.	do.	do.	NR. A/95-8.
	do.	Forfeits pay to make good 1 razor 1/ lost.		26-7-18	B.2069; D.O.100 d/12-8-18
28.7.18	do.	To Unit	Hd	28.7.18	NR 1299.
2/8/18	72nd Bn	Joined	"	29.7.18	B213

CERTIFIED CORRECT. 11 JUN 1918 CAN. RECORDS, LONDON.

(*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

4080168 Clark G.

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				
28.9.18	3 Can Gen.	GSW. L Foot. R Leg. Neck	adm. 3 Can Gen To England	28.9.18 do	W/58574
26 9 18	2/1 Lon F.A.	GSW. Foot L. Leg R. Neck	adm to CCS	26.9.18	A/9902.
28.9.18	3 Can Gen.	GSW. L. Foot, L Leg. Neck. per H/S. Princess Elizabeth to BC Rep. Dep.. Seaford.	To England Hospital	28.9.18	W 30 83/6 185. B20 134 dy 8.10.18.

Lieut. for Lt Col. A. A. G.
Canadian Section, G. H. Q. - 3rd, Ech.

5-10-18	BCRD	To S. on adm to Hp Eng	Seaford	29-9-18	B 20 239.

14/10/18 DISCHARGED FROM 3RD C. C. D. Seaford TO BCRD

for Lt Col 1/c Records, C. E. F.
Lieut.

PART II D. O. No. 29 dy 14/10/18.

for O.C. 3rd CANADIAN COMMAND DEPOT

Form R 122.
10287—65M—28-7-17.

6th Dft 1st Bn/B C R.D.

LTR

Rank — Name CLARK, George — Reg'l No. 4080168

Unit — If in perm. Corps, What Unit? — Married or Single Single.

Place and Date of Enlistment Vancouver, Jan.3rd,1918. Place of Birth Lachine Montreal. Quebec.

Name and Address, Next-of-Kin Miss Annie Clark

Revelstoke B.C. Canada — Relationship Sister.

Assigned Pay Monthly $ — Payable to

Relationship

Separation Allowance $ — Payable to

Relationship

N/E. R.B. No. 14,548
File R.L.
Category

Discharge, Date and Place — Reason — Character

Report. Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date.	REMARKS Taken from Official Documents
C.		Arrived in England	1.-2-18 S/S METAGAMA		
14-3-18	1.F.B. 103 CHECKED 19 JUN 1918 / 2nd Res Bn	TOS on arrival in England	Seaford Dte	11-3-18	Pro. 62.
6-6-18	"	TOS to 72 Bn Opens	" "	6-6-18	Bn O 136. 72 Bn Bn O 73 dy 12/6/18.
3-10-18	72 Bn	wounded	Field Re	28-9-18	4469-18
5-10-18	BCRD	TOS on admd to Hp Eng	Seaford Re	2-9-18	Pte O 239 72 Bn Bn O 340 dy 8/10/18.
19-11-18	"	on Cond Kemmel Pk Rhyl	"	15-11-18	Bn O 277
2-12-18	3rd C.D. Dd	Att for P.T. Ceases att K Pk Rhyl &	Seaford	27-11-18	Pte II. O. 284 / + BC R D Pte 292 dy 6-12-18
16-12-18	BCRD	Ceases att 3 C C D	"	14-12-18	Pte 299. + 3 C C D Pte 295 dy 14-12-18.
3-2-19	BCRD	On Com Kim Pk Rhyl	"	20-12-18	Pte 34
4-2-19	BCRD	Ceases att K Pk & SOSL CE Ham & D 11	"	12-1-19	Pte 35.

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.					

Surname	Christian Name or Names	Reg. No.
Clark	G.	4080168

Rank	Unit
Pte.	B.C. (72)

Cas. List.	
1.10.18 B331	1 W.G. Liverpool 29.9.18
14-11-18 B369-2	Bw. R Foot. Neck 1st Toe Amp.
30-1-19 B432 ②	C.C.S. Beauvoid 9-11-18
	Disch:- 15-11-18

A.M.D. 2 DEPT.
Rch of D.G.M.S. O.M.F.C. London.

D.M.S.1300. 50M-30-8-18.

Cas. List.

*Name CLARK, George, Rank Pte. Regtl. No 4080168

Original unit [redacted] Present unit 1st. Depot Bn. M. or S. Age 26 Religion R.C. Fyle Depot 6665 Ref. H.Q.

Port, ship, and date of arrival Quebec, Empress of Briton 22-1-19.

Next of kin Sister Miss A. Clark. Revelstoke BC.

Address on leave

Address on discharge As Above

Transportation issued Yes / No Date Character on discharge

Previous occupation Chauffeur Date and place of enlistment Vancouver Jan 3/1918

Diagnosis Fit Date of Medical Boards 6/2/19

Date.	Remarks	Pt. 2 Order No.
30-1-19	T.O.S. from Quebec 13-1-19 Posted to Dis. Coy. 23-1-19 Leave 12-2-19	30-141
14-2-19	Posted to Disc. Sec. from Coa. Co. D.D.D.O. 264 "G" 15-2-19	49-16/2/18

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

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

M.D. No. 11

NUMBER	RANK	SURNAME	INITIALS	UNIT
4080168	Pte	Clark	G.	72nd

Full postal address Revelstoke B.C.
(Street) (City or Town) (Province)

Name of one person to be notified of arrival

Address

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

Railway C P R

If married, is your wife on board Number of children on board

Their destination

(Sgd.) Geo Clark

M. F. W. 2502

50 M.—4-18
1772—39—1269

Civilian Occupation
Moyne

M.S.A. 649-6-24641 11

CARD NO. K

SURNAME. Clark

CHRISTIAN NAMES George

REGL. No. 4080168 RANK Pte.

UNIT B.C. Regt. 1st Depo. Bn.

FORMER CORPS 101st Regt. (3 yrs.)

Sol. Dis 14-2-19
Demob. ROLL.
20476 & 15-2-19
11 do.

NEXT OF KIN.

NAMES IN FULL Clark, Miss Anne

RELATIONSHIP TO SOLDIER Sister

ADDRESS Revelstoke. B.C.

unmarried

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Lachine, P.Q. DATE Mar. 27th 1892

PLACE OF ATTESTATION Vancouver. B.C. DATE Jan. 3rd 1918

R/C 25/1/19 25-6/94 - II Pte

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Form DMS 1401.

Can: Conval: Hospital
Bear Wood
.....HOSPITAL.

A. & D. CARD

AT.....

A. & D. No. ~~89~~ 15348 PL. OF ACTION.....

RANK Lte REG. No. 4080168 UNIT 72nd Can Inf 'B' SICK OR WOUNDED

NAME Clark G. AGE 25. RELIGION R/C

PLACE IN HOSPITAL hut 12 S. ~~H.D.~~

DIAGNOSIS GSW Rt Dors. ampt. 2nd Dge Glo Neck

ADMITTED 8 NOV 1918 FROM 1st W.G. Ripon.

DISCHARGED 15 NOV 1918 TO C.S.C. Kinmel Park Rhyl

TRANSFERRED .....

SERVICE AT HOME 5/12 IN FIELD 4/12

RESULTS .....

F.P. & Y.G. good

(See Document Card for M.H. Sheet and other Documents.)

L.P.T.O.

REMARKS.

NAME Clark George

REGT'L. No. 408168

RANK AND CORPS Pte 12th Bn

H.Q. FILE No 649

FOLLOWS No. 408168 Pte Toronto B.C. Regt.

FOLLOWS No. 1st Depot Bn

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
		Next K Sister Miss Annie Clark Revelstoke B.C.
H361	2-10-18	Adm 1st Stat Gen H. Sagatherley
29		undelivered auth Liverpool Sept 29th/18 Stad neck
	C.T.O. 25-10-18	K for amp. tbp.

L. L. 31493 M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
B331.	1/West Gen Liverpool	29-9-18	Bullet R. ft. neck
B369	Isolation Woking	9-11-18	" " " " " " " "
B432	Discharged	15-11-18	" " " " " " " "

Form R. 149.

Name CLARK George Rank Pte Reg. No. 4080168

Unit 72nd Bn

Next of Kin Canada

Date		Movement	Place	Casualty	List No	Notified N/K O.	W.O. List
1918							
29	9	1st. Lgh Liverpool	Bb. Rest Camp 1st Jce Camp.		B 331	H.31	2650
9.11.18		C.C.H. Bearwood	Dikte		B		834
15-11		Discharged	— do —		B		1320 YRL
15.11.18		Pass to Seg. Camp Rhyl N. Wales		(2nd Bear C. Coy)			

L A 1 2 8 1 2

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

Number 4080168 Rank Pte

Surname CLARK

Christian Name George

Units 72nd Bn Can Inf Theatre of War France

Date of Service 6-16-18

Remarks

Latest Address ~~Revelstoke B.C.~~ (G.P.O.) Beaton

Roll No. B. Pack 22274 B.C.

200m.-6-21.

GRATUITY (IMPERIAL)

CHRISTIAN NAME	SURNAME	REG. NO.
SCHEDULE NO.	LINE NO.	
UNIT RETIRED OR DISCHARGED FROM		
PLACE OF RETIREMENT OR DISCHARGE		
DATE RECEIVED FROM OTTAWA	IMPERIAL DEPOT NO.	
DATE RECEIVED FROM REG. DEPOT.	DATE FORWARDED TO OTTAWA	

DEC 13 1922
DEPT
11051

868—D.P.—40M-1-12-19.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	(a) Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	(b) Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(c) Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	4080168
Rank	Pte
Surname	Clark
Christian Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	George
Corps (Squadron, Battery or Company)	1st Depot Bn.
Date of Discharge	February 14 1919.
Place of Discharge	Vancouver BC

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	35 years ..... months.
Height	5 feet 6½ inches.
Complexion	Sallow
Eyes	Blue
Hair	Brown
Trade	Chauffeur
Intended place of residence (To be given as fully as practicable.)	Revelstoke BC

Descriptive Marks

Tattoo marks right arm.

2. The above-named man is discharged in consequence of

DEMOBILIZATION

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations..... {

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... .....

(Date)..... *Commanding* .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... J Clark .....*(Signature of Soldier.)*

(Date)..... Jr Beck .....*(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place)..... FEB 14 1919

(Date)..... .....*(Signature)* H.S. Andrews Capt.
For O.C. District Depot, XI

District Depot M.D. XI
Discharge Section

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

nil

J Clark

(OVER)

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE.*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D.343

Reserved for M.H.C.

Regt. No. 408165 Rank PTE. Surname CLARK Christian Name GEORGE

Unit or Corps—(*a*) Overseas from United Kingdom 72 BATT. (*b*) in United Kingdom 3 C.G.D.

Born at—Town LASHINE County or Province ..... Country CANADA.

Date of Birth—Day 27. Month MARCH Year 1894 Age 24 yrs. 0 months.

Joined at REVELSTOKE. B.C. Date 3 JAN. 1917

Former trade or occupation MINER

Permanent Marks or any peculiarity that will serve for future identification :—

SCAR BACK OF NECK. AMPUTATION PART OF SECOND RIGHT TOE.

Height—feet 5 inches 6½ Colour of eyes BLUE.

Signature of Soldier (*for identification purposes*) G Clark

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) IMPAIRED FUNCTION OF R. FOOT

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	G.S.W.	ARRAS	SEPT 26/18
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? NO If yes, has Active Service aggravated it ?

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? YES.

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

PART I. (continued).

5. MEDICAL HISTORY.

In France 4/12
7th R.S. Infties — Hill Road Infirmary 29/9/18 — 4/10/18
Rt. Wd. foot Lt. Leg Rt. calf sick Vernico Ab. ano.
Div. Rest 4/10/18 — 7/10/18 do. Rear Wood 7/10/18 — 15/10/18 do.
G.C. good, Fit Fit

6. PRESENT CONDITION.

Subjective. Complains of pain in right instep and pain in four toes of right foot on walking.

Objective - Scar on ends of big and third toes, tips of two distal phalanges of second toe missing. Circulation poor in all toes of rt. foot. movement of big toe about two thirds of normal. no voluntary movement in others. Walk with slight limp.

other systems normal.

7. OPERATION. (i.) Was one performed? Yes. (ii.) If so, state what. cleaning wound

(iii.) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? yes.

(ii.) If so, describe. one decayed tooth broken R—

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) B1

(b) Invalid to Canada? no

(c) Discharge from the Service as permanently unfit? no

Date of Report 10 Dec 1918 Signed W.S. Mackenzie
Officer in medical charge of case.
Capt. C.A.M.C.

Station Seaford

I have satisfied myself of the general accuracy of the above Report,
and concur therein *except
..... {Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....
*Delete if inapplicable.

Martin Hastings

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the diasbility fully described in Part I. (1)? If not, describe it. Yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. Yes.

12. From the medical information now adduced, was the disability caused or aggravated by:—
(a) Negligence of the Soldier — Caused? No / Aggravated? No
(b) Misconduct of the Soldier — Caused? No / Aggravated? No

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) Fifteen percent Six months

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) all.

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? Not if treated
(ii.) If not permanent, what is its probable minimum duration (*in months*)? Six Months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? not applic.

17. Can the former trade or occupation be resumed? not at all

18. REMARKS:—
Authority A.G. Telegram 9083 11-11-18.
Marked tenderness on movements of toes

19. RECOMMENDATION:—
(a) Fit for duty? (state category) Yes B11
(b) Invalid to Canada? No.
(c) Discharge from Service as permanently unfit? No

Date of Board 10-12-18
Signatures of the Board: H.W. Warnock Capt President. / J.W. Leach Lt.

Station Seaford

Approved

Dated at

OFFICE STANDING MEDICAL BOARD
10 DEC 1918
SEAFORD, SUSSEX.

APPROVED.

A.D.M.S. Warnock
Captain, C.A.M.C.
Station for A.D.M.S., Canadians, 191

Britain 22.1.19

(4080168)

3813-

AUDITOR 2nd. | PAYMASTER

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

M. OR S.

REGT. No. 4080168 RANK Pte NAME (IN FULL) CLARK. G.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Eng. For.		
Proby	31.12.18	
L.O.P.	1-1-19	DO 43
Discharged	14/2/19	

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ Nil — DATE EFFECTIVE

PAYABLE TO Nil — RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS: Revelstoke

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Vancouver — DATE 14/2/19 — REASON — AUTHORITY DO 46 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																	
31.12.18		1.10					135	15	135	15																						135	15	
									gen						9	73																	
									Travel																								
									15-1-19	20.1.19	4.1.19																						
										Bonus					4	87	30	00	5	00								49	60			85	55	
Feb	45	149	50	11	20	85	55	181	25	30780					181	25												251	25	70	-			
															70	-																	
															War Service Gratuity																	
															Service 1 years 6 months																	
122 Days				280	-			280	-														70	-				70	-	210			
															Mar 18	81	56	70	-									70		140			
															Apl 19	66	35	70	-	3								70		70			
															May 14	170	48	70		Final								70		00			
								280	00																			280		00			
				8	03			8	03	00334					8	03												8	03					
										1919	Aug	31																9	73			9	73	

Certified that all payments have been made on this account for which covering authority has been received to date.

Paymaster, Demobilization Pay M.D. No. 11

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2595 received.

Officer i/c War Service Gratuity M.D. No.

Adjustment Account M.D. 11

Balance

S.F. 20/1-28 6 8-12-18

C.R. 163/1106 18 RGG. Voucher 1131

Employment

To Suspense Acct 20/12/19 #180

Classified 16/Feb/20

30M-11-18.—L.L. 50877—M. & D. 9553.

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								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

FORM F. 559
8248-1500M.-7/3/17

MARRIED OR SINGLE Single

PLACE OF BIRTH

NAME OF NEXT OF KIN Miss Annie Clark RELATIONSHIP Sister

ADDRESS Revelstoke B.C.

NAME OF NEXT OF KIN RELATIONSHIP

ADDRESS

APPOINTMENTS.
PROMOTIONS AND REVERSIONS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

DATE ADMITTED	ADMISSIONS DATE DISCH'D	V. OR A.	TO HOSPITAL, &c. NAME OF HOSPITAL

SEPARATION ALLOWANCE

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP

AUTHORITY FOR ISSUE

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP

AUTHORITY FOR ISSUE

NEW PAYBOOK ISSUED

STOPPED EFFECTIVE (DATE

REASON

AUTHORITY

REMARKS

STOPPED EFFECTIVE (DATE)

REASON

AUTHORITY

REMARKS

NEW PAYBOOK ISSUED

REG'L NO. 408068 RANK Pte. NAME CLARK, George.

PLACE ~~OF ATTESTATION~~ called up Vancouver B.C. DATE OF ~~ATTESTATION~~ called up 14/11/17 ORIGINAL UNIT 1st Depot. Battn 2nd Rose Bde

PRESENT UNIT

ASSIGNED PAY

(1) PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

(2) PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

(3) PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

(4) PER MONTH $ DATE EFFECTIVE AUTHY

PAYABLE TO

RELATIONSHIP

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

(1) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

(2) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

(3) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND

(4) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

PARTICULARS OF TRANSFERS

TO UNIT	EFFECTIVE DATE	AUTHORITY

PERIOD FROM	PERIOD TO	PAY AND FIELD ALLOWANCE: NO. OF DAYS	RATE	$ c.	WORKING PAY: NO OF DAYS	RATE	$ c.	SEPARATION ALLOWANCE $ c.	ASSIGNED PAY CREDITS $ c.	ANY OTHER CREDITS $ c.	TOTAL CREDITS $ c.	SEPARATION ALLOWANCE $ c.	CASH PAYMENTS DURING THE MONTH 1 $ c.	2 $ c.	3 $ c.	4 $ c.	ASSIGNED PAY $ c.	OTHER CHARGES $ c.	TOTAL DEBITS $ c.	BALANCE CARRIED FORWARD: CREDIT $ c.	DEBIT $ c.	NUMBER OF ACQUITTANCE ROLLS 1	2	NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &c., TO BE NOTED. ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
1918	20/2/18 Balance from Canada								13 00		
Mch	1pp. 21.2.18 to 31.3.18	H2 90		Ch. 2545 1 Res. Bn. 25.2.18	H 4 7				51 03	19 50	
		H2 90			H 4 7						

PERIOD		PAY AND FIELD ALLOWANCE			WORKING PAY			SEPARATION ALLOWANCE	ASSIGNED PAY CREDITS	ANY OTHER CREDITS	TOTAL CREDITS	SEPARATION ALLOWANCE	CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS		NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &C., TO BE NOTED, ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
FROM	TO	No. OF DAYS	RATE	$ C.	No. OF DAYS	RATE	$ C.	$ C.	$ C.	$ C.	$ C.	$ C.	1 $ C.	2 $ C.	3 $ C.	4 $ C.	$ C.	$ C.	$ C.	CREDIT $ C.	DEBIT $ C.	1	2		

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. Nil * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:-	EFFECTIVE DATE:-
AMOUNT:-	AMOUNT:-
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.

NAME:- CLARK Geo

NUMBER:- 4080168

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Lpc Can		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 6th Bft. 1 BC Regt.

DATE ACCOUNT FIRST OPENED:- 21/3/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			1 Res Bn
		23.7.18	7th Bn. 2. Canada Section

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
12/7/18	p00	Kinmel Park	14 60	L/C Salon			13 5 5
17/7/18	943	Seaford	~~14 60~~	P87	339		8 0 3
18/7/18	1062	"	9 7 3				14 3 8
			38 9 3				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Lpc Can	1 00	=10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans to Canada 31/7/18 Seaford NR 105 9/18 17/8/18

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal Forwd.								51 03	19 50	
Apl.	p/p	33		AR. 273 1 Rec. Bn. 15.4.18	38 93						
				" 157 " " 11.4.18	9 73						
				" 343 " " 25.4.18	4 87				30 50	34 50	
May	p/p.	33 34 10		" 792 " " 13.5.18	53 63 4 87						
				" 1089 " " 29.5.18	9 73				50 00	50 00	
June	p/p	34 10 33		" 1297 " " 6.6.18	14 60 4 87						
				" 1007 6.8.B.D. 21/9.6.18	4 46				73 67	65	
July	Pte Pay	33 34 10		AR 932 17/7 72 Bn	9 33 3 57				104 20	80 -	
		34 10			3 57						
Augt.	Pte Pay	34 10		AR. 649 4/8. 126 I.D. (72 Dn.)	3 57						
				" 684. 16/8 72 Dn	3 57				131 16	95 -	
		34 10			7 14						
Sept.	P. Pay	33 -		A.R. 762. 8/9. 72 Dn.	3 57						
				" 844. 17/9 "	3 57				157 02	110 -	
		33 -			7 14				157 02		
Oct	P.P.	34 10		AR 5305 21.10.18 Liverpool	9 73						
Nov	P.P.	34 10 33		AR 189 30.10.18 Liverpool	4 87 14 60				176 52	175	
									20 92		
				AR 4484 13.11.18 BCRD	9 73				199 79		
				AR 5467 20.11.18 ✓	14 60				185 19		
				AR 200 27.11.18 ✓	48 85				136 34	140	
Dec	P.P.	34 10							170 34	155	
	Ration Deficiency 31.12.18	3 64							174 08		
	S.F. 27/8 - 8/8 (11 days) 10 x 84 36 60 8/8	80 3	94 10 3	AR 8550 13.12.18 BCRD	14 60				159 48		
				AR 943 17/8 BCRD	14 60				167 51		
		78 77			107 38				152 91		

Overt

NUMBER 4080168 RANK Pte. NAME CLARK George

MONTH	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
	Balance								15791		
				Ak 61653 9.1.19 B6162	973				14318		
					973						