B Coy 60th Battalion C.E.F. No. A58033 Folio. 119

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Roland Cox
2. In what Town, Township or Parish, and in what Country were you born? Oxford England
3. What is the name of your next-of-kin? Maggie Cox Sister
4. What is the address of your next-of-kin? Oxford Rd Ealing ~~England~~
5. What is the date of your birth? Feb 14th 1892 London
6. What is your Trade or Calling? Electrician
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

x Roland Cox (Signature of Man).

A L Cochrane (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

x Roland Cox (Signature of Recruit)

Date July 19 1915 A L Cochrane (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Roland Cox, 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.

x Roland Cox (Signature of Recruit)

Date July 19 1915 A L Cochrane (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal this 19 day of July 1915.

A Browning J.P. (Signature of Justice)

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

..... (Approving Officer)

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

Present Adress 2533 Drolet St Montreal

Description of Roland Gop on Enlistment.

Apparent Age 23 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 3½ ins.

Chest measurement: Girth when fully expanded 35½ ins.; Range of expansion ½ ins.

Weight 140½

Complexion dark

Eyes hazel

Hair fair

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

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

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

scar left knee

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 19th July 1915 — J. A. Fairie

Place Montreal — Lieut A.M.C.

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.

Roland Gop 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.

Mruscoyne (Signature of Officer)

Date July 19 1915.

22-8-19

REGIMENTAL DOCUMENTS

NAME COX ROLAND Pte. REGT. NO. 458033 UNIT 23rd Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	✓				DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)	✓				Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)	✓			41787	
2	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)	✓				
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)	✓				DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465)	✓				Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
2	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)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)	✓				
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)	✓				
1	C. D. 3	✓				
1	B. 241	✓				
2	Route Letters	✓				
1	M. F. W. 2509	✓				
2	M. F. B. 313 A	✓				
4	Misc.	✓				
1	M. F. W. 192	✓				
1	Gas Card	✓				
1	R 122	✓				
1	N. Pa Card	✓				
1	R 149					

W. 2589
100M-11-18
1772-2-1337

SURNAME. Cox "M.M" Auth S.G. 30364

CARD NO. 4.7

CHRISTIAN NAMES Roland

Fol Dis 26-7-19
Denial
FOLL.
D0209 of 28-7-19
4 DD

REGL. No. 458033 RANK Pte.

UNIT 60th (1st R.D.) Battn.

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Cox, Miss Maggie

RELATIONSHIP TO SOLDIER Sister

ADDRESS Oxford Rd., Ealing, London, Eng.

COUNTRY OF BIRTH England. Oxford. DATE

PLACE OF ATTESTATION Montreal DATE 19/7/15.

Sailed 27/8/15 S.S Scandinavian Montreal 210/1.

R/C. 22-5-19 330/11 L/C.

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE yes. 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

Number 458033 Rank L/Cpl

Surname COX

Christian Name Roland

Units 18 Bn Can Inf. Theatre of War France

Date of Service 20-1-16

Remarks

Latest Address 2541 Drolet St,
Montreal Que

Roll No. B. Page 1847

200m.-6-21.M.

AND HOW LONG

DISEASE OR INJURY .....

OPERATIONS .....

RESULT OF OPERATIONS .....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION .....

(B) AS A TRANSFER (STATE WHERE FROM) .....
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT ..... IN CA

DATE OF DISCHARGE AS AN INVALID .....

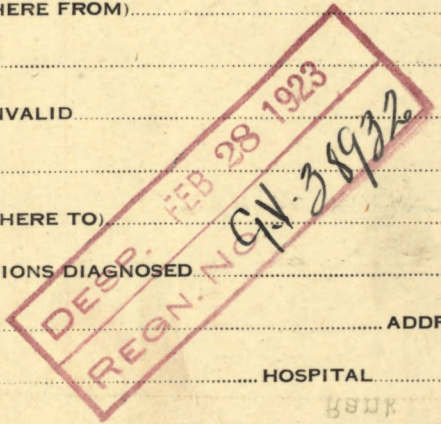
DATE OF DEATH .....

DATE OF TRANSFER (STATE WHERE TO) .....
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

NEXT OF KIN ..... ADDRESS .....

..... HOSPITAL .....



* CROSS O

M. F. W. 142.

1772—39—1171.
50m.—2-19.

H.Q. 649-C-37830

COX, Roland # 458033 - L/Cpl. 2nd Div. Sig Co.,

M.M.

M & D	widow	Mrs. Mary Cox, 3013 Casgrain St., Montreal, P.Q.
P & S	"	"
Memorial X-	Nil	

(soldier married after discharge)

989166

Elig. for V.M.

Bwm.

Death ~~is~~ not attributable to Military Service

M.S.

29/3/26

Scroll Desp. APR 22 1926 Reqn. No. 2147

Plague Desp. JAN 20 1927 Reqn. No. 2903

REGT'L No 458033

H. Q. FILE No. 649-

NAME Cox Roland

RANK AND CORPS Pte. 18th. Bn 2nd Divl Sig Co Can Eng

FOLLOWS

Form 60 1st Bn

1. St RD

CABLE No.	DATE	NATURE OF CASUALTY	FOLLOWS
46-4 M5960	28-8-17	Rep wounded remaining at duty Aug 15/17	

L. L. Job 8885—M. & D. 8146.

M. F. W. 42--25M.—4 10-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A.367	No. 2 Can. Fld. Amb.	3-10-16	P. U. O.
A.367	" 9 " " "	5-10-16	" " "
A 350[2]	Disch. to duty with joint	5-10-16	P.U.O.
A465	#6 C. F. Amb.	17-2-17	Diarrhoea
A465[12]	To duty - with unit	20-2-17	"
A.247	Reported from Base	15-8-17	Wounded and at Duty

R. 149.

Name Cox, Roland. *Rank* Pte. *Reg. No.* 458033

Unit 18th. Battalion.

Next of Kin Mrs. Maggie Cox. 17 Blakesley Rd. Ealing. Eng.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12 5	No.5.C.F.A.		Acute Dermatitis	A229		
18 5	No.6.C.F.A.D.R.S.		do	A232		
3-10	2 C.F.A.		P.U.O.	A367		
5-10	9 ~~K~~ C.F.A.		-do-	A367		
5-10	To Unit		-do-	A380		
17-2-17	6 C.F.A.		Diarrhoea	A465		
20-2	To Duty with Unit		-do-	A465		

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

FORM R. 149.
7106—250m—7/2/17.

Name COX R. *Rank* Spr. *Reg. No.* 458033

Unit 2nd.Can.Div.Signal Coy.

Next of Kin Miss Maggie Cox 17 Blakesley St. Ealing London

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-8	Rptdfrom Base				M	
	WDED & AT DUTY		A	247	5960	28/8

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

LEDGER NO. 399 SERIAL NO. 738193

REG. NO. 458033 NAME Cox R

RANK L/C CORPS #4 D D AGE 25 SERVICE C 2 1/2 E 3 1/2 F 4 3/12

	HOSPITALS	DATE OF ADMISSION
1	Ste Anne de Bellevue M.H Montreal	26.5.19
2		
3		

DIAGNOSIS OS Pleurisy

TRANSFERRED TO

DISPOSITION unfit 2-7-19 CATEGORY C

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

*Name COX. RICHARD. 1061 Rank L/CPL Regtl. No. 458033

Fyle Depot 19-6-1061

Original unit 60th Present unit D.D.#4 M. or S. Age Religion Ref. H.Q.

Port, ship and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
4-6-199	T.O.S. D.D.#4 FROM. O/S. POSTED. TO. 11-5-19	
	HOSP. SECT. 26-5-19 effect 13-5-19	155-P-1
6-6-191	leave W/Sub from 4-6-191 till 18-6-191	158-p-3

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

(over)

Date.	Remarks	Pt. 2 Order No.
24-7-19	S.O.S. HOSP. SECT. ON. TRANS. TO. CAS. CO. [redacted]	205-p-3
287-19.	Discharge .26-7-19. Demob.R.O.1420.	209.

M. F. W. 192.
150m.—5-18
1772-39-1243

D.M.S. 1300.

Surname: Cox | Christian Name or Names: F. | Reg. No.: 458033.

Rank: Pte. | Unit: 18th Batt. | Co. | Troop | Batty

Hospital: 2 Can Div. Signal Co. | Date of Admission

Transferred: #5 Can F. Amb. Hosp. 12.5.16

to 6. C. F. Amb. Div Rest Stn Hosp. 18.5.16

2 Can. Fld. Amb. Hosp. 3-10-16

9 " " " Hosp. 5-10-16.

Diagnosis: Acute Dermatitis P.U.O.

(1) Later Diagnosis (if changed)

(2) Diarrhoea Wd.

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

To duty 5.10.16 Date

6 L 31.5.16 A 229

d. 3.6.16 # a/2 32 (1)

e.L. 17-11-16 A 367

" 4.12.16 A 380 (2)

- 24.8.17. a/465 (492)

- 28-8-17 A 247

REMARKS

To Duty with Unit 20.2.17

R.T.B. Wd & at duty 15-8-17

A.M.D. 2 DEPT.

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

P.T.O.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	#6 Gen. Fld. Amb.	17.2.17.
2.		
3.		
4.		
5.		
6.		
7.		

45125 C

R—122.

Rank Name COX, Roland. Reg'l No. 458033.

Unit Dft.60th Bn to 23rd Res. Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Montreal, July 19th, 1915. Place of Birth Oxford, England.

Name and Address, Next-of-Kin Miss Maggie Cox, ~~Oxford Rd~~ 17, Blakesley, Ealing, England.

Relationship Sister.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 16492
File R.L.
Category CAN.OR

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
17.9.15	O.C. 23	Taken on strength	Shorncliffe	6.9.15	Pt II 220.
6.1.16	"	Forft 5 dys R.A. 8 dys #2 F.P. abs	"	6.1.16.	" 5.
24.1.16	"	Trans to 18th Bn	Overseas	20.1.16	" 20.
7.2.16	O.C. 18th	Arrived from 23rd Bn and taken on strength	In Field	21.1.16	Part II 7.
31.5.16	18th	No 5 Can. Field Amb.	"	12.5.16	Cas. List A 229. acute Dermatitis
3.6.16	"	No 6 " " " Dwl Rest Stn		18.5.16	" " 232 "
3-10-16	"	" 2 " " " Ambulance	France	3-10-16	" " 367. P.O.O.
"	"	" 9 " " " "	"	5-10-16	" " 367. "
4.12.16	"	Discharged to Duty	Field	5.10.16	" " 380 "
24.3.17	"	Adm 6th Can Fld Amb	"	17.3.17	" " 465 Diarrhoea
— " —	"	To duty with unit	"	20.2.17	" " " "
20-6-17	"	S.O.S. to 2nd Div Signal Coy	"	7-6-17	Pt II 043 T.O.S. of 2nd D Sig Co Pt II 0.49 d 13/6/17.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
28-8-17	2nd Di. Sig Co	Rep. fr Base Wounded + at Duty		15-8-17	C1A.247 not stated
30.11.17	"	Awarded the Military Medal for bravery in the field Auth London Gazette No. 30364 d/- 2.11.17	Spr Field	2.11.17	H.O. 81
13.4.18	"	Awarded One G.C. Badge	Spr. Field	19.7.17	D.O. 18
24.10.18	"	Appta L/Cpl (Paid)	" "	6.10.18	D.O. 53
11.4.19	Lo	proceeded to Eng Draft H65 Group 9	L/Cpl LeHavre	9.4.19	Lo 21
18.4.19	N wing C C C	Tos from 2nd C.D. Sig Co	" Witley	10.4.19	Lo 8
13.5.19	do	S.O. Sto Canada	" "	13.5.19	D.O. 26.
			62-F	13.5.19	

Rank Name COX, Roland. Reg'l No. 458033. P—56

Unit Dft.60th Bn to 23rd Res. Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Montreal, July 19th, 1915. Place of Birth Oxford, England.

Name and Address, Next-of-Kin Maggie Cox, Oxford Rd, Ealing, England.

Relationship Sister.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1915 Sept	1.30	30	1.00	30	30	.10	3.	10	43			21 90			21 90	21 10	
Octr	1.31	31	1.00	31	31	.10	3 10	21 10	55 20			43 80			43 80	11 40	
Nov	1.30	30	"	30	30	"	3 00	11.40	44 40			41.37			41 37	3 03	
Dec	1.31	31	"	31 "	31	"	3 10	3.03	34 13			31 63			31 63	5 50	Trans 18th Jan 18
Jan.	1.18	18	"	18 "	18	"	1 80	5 50	25 30					14 30	14 30	11	6 Sup P.A. (2 F.P.) 805
"	19 Feb 39	42		42	42		4 20		46 20	861 881 1653 1567	23rd B.D.	261 261 243 174		~~9 39~~	~~4~~ 9 39	47 81	from [illegible]
March		31		31	31		3 10		34 10	906 954		261 262		&	5 33	76 68	
				213			21 30	10	244 30			153 32		14 30	167 62	76 68	

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

C.A.D.C. 5009A

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

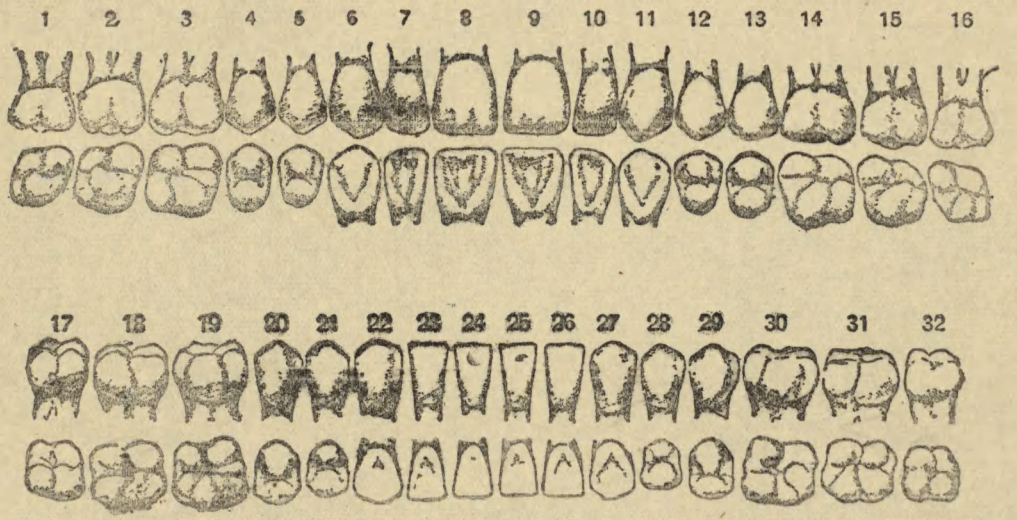
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Cox R.

REGIMENT 2nd Cdn Div. Signals RANK Lt Cpl. No. 458033

Date of Examination in England 11/4/19 | 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 1-4-28
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

E. J. Sheridan ..... Lieut. Col.
A. D. D. S., M. D. 4

Signature of Dental Officer W R Seaver
Capt

1605
1/14 x 17
17/7/19

St Adelphi HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date July 17

Reg'tal No. 458033 Rank L/Cpl Name Cox Unit DD #4

Bed 39 Ward F-3

Injury or disease Pleurisy Part affected

Treatment or Exam

X-Ray of chest plexus

[illegible] Capt

Report

Normal

[illegible]

Signed

M. F. W. 2509.
50m-4-19.M.
1772-39-1276.

HOSPITAL

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Sheet 2

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps _____

Regimental No. 405033 Rank L/Cpl Name Coy R.

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
13.5.19	O/C N. Wing	S. O. S. ON PROCEEDING TO CANADA.	Witley	13.5.19	Pt II, 27
					Capt. Officer i/c Records, "N" Wing, C.C.C.
		H. M. T. NORTHLAND EMB. LIVE. POOL 13-5-19 DISEMB. HALIFAX 23 5' 19			
4-6-19	MONTREAL	T.O.S.D.D.# 4	MONTREAL	11-5-19	D.O.PT.11.155-p-1
28-7-19.	S.O.S.	Disch.Demob.RO.1420	Montreal.	26-7-19.	DD4/DO/Pt.11/209.

Captain, Officer i/c Discharge Section, District Depot No. 4.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

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

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

Army Form B. 103.

Copy. Certified Correct by Officer i/c Records 10/8/16 (KI 101/29)

Casualty Form—Active Service.

W.S.B. CLASS A

Regiment or Corps 23rd Canadian Reserve Battalion

Regimental No. 458033 Rank Pte Name COX R.

Enlisted (*a*)____ Terms of Service (*a*)____ Service reckons from (*a*)____

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

Extended____ Re-engaged____ Qualification (*b*)____

Report: 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.
20-1-16		Drafted to 18th Can Bn., overseas, from 23rd Res Bn. C.E.F.			
21-1-16	Can Base Depot	Arrived from 23rd Can Res Bn, Shorncliffe, and taken on strength of 18th Can Bn.	Can Base Depot	21-1-16	Nominal Roll, 21/1/16 Part II Order 7, 7/2/16
2-2-16	do	Proceeded to join unit	In the Fld	2-2-16	Nominal Roll, 2/2/16 DCS.107, 8/2/16
4-2-16	18th Bn	Joined unit	do	4-2-16	A.F.B.213, 4/2/16 DCS.110, 11/2/16
13-5-16	5 C.F.A.	Acute dermatitis. Adm.	5 C.F.A.	12-5-16	A 36. DCS. 195
20-5-16	do	Dermatitis legs. Trans. to Div. Rest Stn.		18-5-16	do DCS. 200.
20-5-16	6 C.F.A D.R.Stn.	Dermatitis, legs. Adm.	6 C.F.A. D.R.Stn	18-5-16	A 36. DCS. 197.
do	do	Discharged to duty with unit		20-5-16	do do
13-5-16	4 C.F.A.	Acute dermatitis legs. Adm.	4 C.F.A.	11-5-16	A 36. do
do	do	do Trans. to 5 C.F.A.		11-5-16	do do

(*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.

OVER

458033 Pte. Cox R.

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.
8-10-16	2 C.F.A.	P.U.O. Adm.	2 C.F.A.	3-10-16	A 36. DCS. 258.
8-10-16	10 C.F.A.	P.U.O. Adm.	10 C.F.A.	3-10-16	A 36. DCS. 259.
8-10-16	9 C.F.A.	P.U.O. Adm.	9 C.F.A.	5-10-16	A 36. do.
do	do	Discharged to duty with unit		5-10-16	do do.
24-2-17	6 C.F.A.	Diarrhoea. Adm.	6 C.F.A.	17-2-17	A 36. DCS. 276
do	do	Discharged to duty with	unit	20-2-17	do do
		Transferred to 2nd. Can. Divnl. Signal Coy. as Lineman. (Authy: A.A.G., Can. Sect, G.H.Q.,	In the Fld. 3rd. Echelon,	7-6-17 No. KI.	A.F.B. 241 Pt. II Order 43, 20/6/17. 16/75/18)
2 3/5/17	A.A.G. Can Sect.	T.O.S. 2nd Can Divl Signal Coy.		8-6-17	Do. Pt II O/S 49. 13/6/17.
21-7-17	2nd Coy.	Granted 10 days leave from		21-7-17.	B213. Pt II O/S 57. 1917.
4-8-17	Do.	Rejd. Unit from leave	Field.	1-8-17.	B213. Pt II O/S 60. 1917.
18-8-17.	Do.	Wounded slightly (at duty)		15-8-17.	B213. C.S. 245. 1917.
2-11-17.	L. G.	awarded the Military Medal for Bravery in the Field			No. 30364 of 2/11/17. Pt II O/S No. 81. 1917
16 3/18.	OC 2nd Coy	Granted 14 days leave to UK.		16 3/18	B213. P. 141. 1918
6 4/18	Do	Rejd. Unit from leave		5 4/18.	B213.
6 3/18.	Do.	Awarded 1 Good Conduct Badge		19 7/17	B213. P. 18. 198.
17/10/18.	O.C.	Apptd Lance Corporal with Pay		6-10-18.	B. 213. P. 53
22/1/19.	do.	Granted 14 Days Leave to U.K.	Field.	29/1/19	B. 213. Pt II O. 17 of 6/3/19
1/3/19	do.	Rejoined Unit from Leave.	do.	15/2/19	B. 213.
9/4/19	Emb Camp	Proceeded to England		9/4/19	

Awarded Bar to Military Medal for Lt-Col AG Can Lee Est.

Name Cpl Enl. July 19/15

Date of Embarkation for England In Eng. 6-9-15

Proceeded to France. 20-1-16. Returned to England. 9-4-19 Demob.

Date returned to Canada. 13-5-19.

P.R.2855.

Cover

Cas. sheet.

11-8-16. Acute dermatitis legs To duty 20 8/16.

3-10-16. P. U. O. To duty 8-10-16.

17-2-17. Diarrhoea To duty 20 2/17.

16-8-17. Wounded slightly at duty

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 458033 (Rank) Private

Name (in full) COX Roland. enlisted in

the 23rd Battalion.

CANADIAN EXPEDITIONARY FORCE at Montreal. QUEBEC. on the 19th.,

day of July 1915

He served in FRANCE

and is now discharged from the service by reason of On Demobilization

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

Age 27 years

Height 5 feet 3½ inches

Complexion Dark

Eyes Hazel

Hair Fair

R. Cox
Signature of Soldier

Marks or Scars

NONE

Captain,
Officer i/c Discharge Section, District Depot No. 4.
Issuing Officer

Rank

Appointment

Date of Discharge July 26th., 1919.

Signed at Montreal. QUEBEC. this 26th. day of July 1919

in Military District No. 4

File Reference No. DD/4 19-C-1061

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

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when daily authorized in writing, and daily authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

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

CASE HISTORY SHEET.

Ste. Anne's Military Hospital. Ste. Anne de Bellevue Station.

No. 458033 Rank L/Cpl. Name Cox, R. Age 25

Unit D.D.4 Completed years of service Where and how long C. 2/12 E. 3/12 F. 43/12

Date of admission 26-5-19 Date of discharge 24/7/19

Diagnosis Pleurisy Place of origin England

CONDITION ON ADMISSION AND PROGRESS OF CASE COMPLAINTS - NIL.

Past History:- Prior to enlisting was perfectly healthy. Never lost any time from work. Denies all venereal disease.

Family History - ~~Denies.~~ Apm

Present condition:- Om May 13th. first noticed a slight pain on deep inspiration. Reported sick on May 15th. while on the boat. Received no treatment. At present is suffering no pain, no cough, no expectoration. Never had any haemoptysis, no appreciable loss of weight.

Physical Examination:- Chest narrow type, expansion not limited on right side. Breathsounds vesicular, no adventitious sounds. Rough pleural friction rub. Heart normal.

Chest examination - by Lt-Col.Browne. 28-5-19.
Pulse 76, regular, large volume, tension ~~1~~ vessel wall not felt.
Heart point of maximum intensity seen and felt 8 cm from mid-sternal line. No thrill. Relative cardiac dulness begins 4th. rib. 8 c.m. to left ~~and~~ left sternal margin. Sounds Apex 1 definite and roughened.
No murmur. 2nd. sound clear A^2 P^2 not plus.
Thorax long type, rather deep apex. Sub-costal angle 50^0.
Expansion equal and ample. Percussion note clear. In left axilla rough leathery pleural friction rub. Slight impairment of percussion note from angle of scapula to base of side. No evidence of fluid at present. Posteriorally left base breathsounds clearly heard. Distant friction rub may be detected.
17-6-19; Returned from Pass, complains of pain in right base, very definite friction rub, no signs of fluid.
20-6-19: Front clear. Posteriorally impaired resonance up to angle of scapula. Right base line does not change on deep breathing.

FAMILY HISTORY Vocal fremitus and vocal resonance over dull area breath sounds less ~~rese~~ distinct.
(Tuberculosis, mental or nervous diseases.)
July 20/19. Impaired note behind on right side from 8th. rib to base. Vocal fremitus minus and impaired motion. No adventitious sounds. At present has no cough and no expectoration. ~~P~~

On Discharge:- Patient feels well and wants to go back to work.
X-Ray report of Chest - normal.
Recommend discharge to Unit Category C.

TREATMENT
(Especially any specific or special form.)
July 22/1919.

[signature]

CONDITION ON DISCHARGE,
(and disposal made of case.)

Date

Medical Officer i/c case.

M. F. B. 313a.
200M.- 5-18.
1772-39-439.

738193

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Cox

DISTRICT 4

REGIMENT DD4

RANK Spl

No. 458033

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 1919	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 Good	July 22	19 29																		B W Brock	4	Recommended for discharge July 22nd 19 B. W. Brock Capt

M.F.B. 465.
200M.—6-18.
1772-39-950.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Cox *Christian Name* Roland 9

Examined { on 19th day of July 1915 / at Montreal

Approved by J. A. Fairie

Rank Lieut A.M.C. M.O.

Birthplace { City or Town Oxford / County Eng

Apparent age 23 yrs 4 mths

Trade or occupation Electrician

Height 5 Feet 3½ Inches.

Weight 110½ Lbs.

Chest measurement { Minimum 33½ inches. / Maximum expansion 35½ inches

Physical development

Small Pox Marks

Vaccination Marks { Arm Right. Left. / Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

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

Date	Fit or Unfit	Examined for Re-engagement,
		M.O
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
23/7/15		H. L. Davey M.O.
31/7/15		H. L. Davey M.O.
20/8/15		H. L. Davey M.O.

Enlisted on 19th *day of* July 1915 *at* Montreal

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	60th Battn	458033		19th July 1915.
Transferred to..	93rd Bn Bath			
	C.E.F.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
		Dil.	

STANDING MEDICAL BOARD M.D. No. 4. MONTREAL JUL 24 1919

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.

M. F. B. 313.
100M.—5-15.
H. Q. 1772-39-439

Christian Name

Surname

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.
No.5 Can. Fld. Amb.		12	5	16	18	5	16	Acute Dermatitis			A 229- A 232. K.T.
No.6 Can. Fld. Amb.		18	5	16	3	10	16	do.			A 367
No.2 Can. Fld. Amb.		3	10	16	5	10	16	P.U.O.			A 367
No.9 Can. Fld. Amb.		5	10	16	5	10	16	do.		Discharged to duty with Unit. Duplicate Medical History Sheet posted to base 2/20.	A 380.
No.6 Can Fld Amb		17	2	17	20	2	17	Diarrhoea.		To Duty with Unit.	A465-A465-2 HH.

MEDICAL HISTORY SHEET

Surname L/C Cox *Christian Name* Roland # 458033

Examined { on ..... day of ..... 191.....
at .....

Birthplace { City or Town .....
County .....

Apparent age .....

Trade or occupation .....

Height ..... feet ..... Inches

Weight ..... lbs.

Chest measurement { Minimum ..... inches
Maximum expansion ..... inches

Physical development .....

Small-pox Marks .....

Vaccination Marks { Arm ..... Right ..... Left
Number .....

When Vaccinated last .....

(*a*) Marks indicating congential peculiarities or previous disease .....

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

Duplicate

Approved by .....

Rank ..... M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Pl A de Bal		Pleurisy	Cat "C" [illegible]

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname ..... Christian Name .....

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				
St A de Bry		26	5	19	24	7	19	Pleurisy	61	X Ray of chest negative now. Impaired P.N. over Right base, + impaired motion. Feels well now. Thos no cough and expectoration	[illegible]

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

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

No. 458033 Rank L/Corporal Surname COX
(Given name in full)
ROLAND

Unit or Corps 2nd Cdn Div Sig Coy Birthplace OXFORD England

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

1. GENERAL DESCRIPTION:

Physique Good Weight 135 lbs. Height 5 ft. 3 in. Colour of Eyes Brown

Nutrition Good

Pulse Tory

Condition of arteries Soft

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

1 Vacc L

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 N Genito Urinary System N Cardio-Vascular System N

Special Senses N Integumentary System Yes Respiratory System N

Disturbance of Mentality N Muscular System N Digestive System N

Osseous and Joint System N Any other general condition Yes

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.

12-5-16 - Dermatitis - recovered
3-10-16 P.U.O. — "
17-2-17 Diarrhoea — "

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

(OVER)

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Shilly (Overseas)

Date 14-12-19 Signed [signature] 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 R Lot

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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

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

Signature .....

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

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

-6-

CASE HISTORY SHEET.

Military Hospital. Ste Anne de Bellevue Station.

No. 458033 Rank L/Cpl. Name Coc. R. Age 25

Unit DD 4. Completed years of service Where and how long } C 2/12 E 3/12 F 43/12

Date of admission 26-5-19. Date of discharge 24.7.19

Diagnosis Pleurisy Place of origin England

CONDITION ON ADMISSION AND PROGRESS OF CASE Complaints - nil.

Past History - Prior to enlisting was perfectly healthy - never lost any time from work denies all venereal disease.

Family History - ~~Denies~~ agm

Present Condition - On May 13 first noticed a slight pain on deep inspiration reported sick on May 15th while on the boat - received no treatment. At present is suffering no pain - no cough - no expectoration - never had any haemoptysis - no appreciable loss of weight.

Physical exam. Chest narrow type expansion not limited on rt side - A.S. vesicular - no adventitious sounds - Rough pleural friction rub.

FAMILY HISTORY Heart normal.

(Tuberculosis, mental or nervous diseases.)

Chest Exam by Lt-Col Browne 28.5.19

TREATMENT Pulse 76 - reg - tge vol - tension + v.w. not feet

(Especially any specific or special form.) Heart Dns deep & feel v sp 8 cm from MSN no thrill - RCD begins 4 rib - 8 cm to left of left sternal margin. Sounds 1 apex + def m + roughened no murmur - 2nd sound clear a2 p2 not plus -

Thorax long type rather deep AP Sub costal < 50%

CONDITION ON DISCHARGE, exp equal + ample - percussion

(and disposal made of case.) note clear - in rt axilla rough leathery pleural friction rub

Slight impair of percussion note from < of

Date Scap to base rt side - no evidence of

Medical Officer i/c case.

M. F. B. 313a.
200M.-5-18.
1770-39-439.

fluid at present.

post. M Base B.S. clearly heard - distant friction rub may be detected

17:6:19 Returned from pass - complaints of pain in right base - very definite friction rub - no signs of fluid.

20:6:19 Front Clear

Post - impaired resonance up to angle of scapula - ~~Rt~~ base line does not change in deep breathing - V.F. + V.R. - over dull area

B.S. less distant

JMS 6:20 9 Impaired note behind on right side from 8th rib to base - V.F. minus + impaired motion. No adventitious sound. At present has no cough or no expectoration. Patient fits well + wants to go back to work. X Ray Sheet normal. Rec. discharge to Unit Cat C.

J M Parrish Capt

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

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

No. 158033 Rank S/Corp Surname Cox.
(Give name in full)
ROLAND

Unit or Corps DSL Birthplace Oxford Eng.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 113 lbs. Height 5 ft. 3 in. Color of Eyes Brown

Nutrition Fair

Pulse 78

Condition of arteries Good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 25 ft.

Left 25 ft.

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

Nil

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 No Any other general condition No

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

Pleurisy No. 5-19. St Anne de Bellevue Good recovery. Spec report on chest negative. Fit for discharge no complaints at present.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Canada)

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

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

Signautre .....

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

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

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

Signature .....

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-89-1142.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR ~~CANADA~~.	SEPARATION ALLOWANCE. * ENGLAND OR ~~CANADA~~.
EFFECTIVE DATE:- 1/4/19	EFFECTIVE DATE:-
AMOUNT:- 20°°	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.

Mrs W. Burridge (Sister)
~~105 Granville Ave Long Eaton Notts~~ Eng
13 North Road South Ealing
London. W.5.

NAME:- COX Roland

NUMBER:- 458033

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private
Do. 53.2 Div Sig 24/10.	6.10.18	A/Cpl Paid.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 18th Bn.

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
Request.	1/11/17		WORD.
N.R.	1/9/18.		20 Sig. Co. K.

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
24 3/19	5830	2 Sigs Bel.	365				
4 4/19	38	Field	365				
14 4/19	91	N Wings	2920				
			3650				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 —	10		
	1 05	10		

Bramshott 14 4/19. Credit Bal

PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans. Can 1 5/19. Ref. K.7044. 17 4/19. M.D.4. 2 Pb. $220 97/-

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal. Forward.								242 04	225.	
April	30 P.P.	33 -		A.47915. £4.2.2.			20 -				
				Dnar. 93. 27/4/18. 2 Dn. Sig Co.	4 46 -						
				ar. 440. 8/4/18. ✓ -	3 57 -				244 01	225.	
		33.			8 03		20.				
May	31 -	34 10 -		A 67714 £4-2-2.			20 -			225.	
				Dnar. 232 3/5 2 D&C.	3 57						
				" 361 18/5 ✓	4 46.				253 08		
		34 10 -			8 03		20				
June	30 -	33. -		B53518. £4-2-2.			20 -			225.	
				Dnar. 518. 5/6/18. 2 D&C	8 03						
				" 710. 29/6/18 —	4 46				253 59		
		33.			12 49		20.				
July	31 ✓	34 10.		B.19907. £4-2-2			20.				
				ar. 979. 17/3/18. 22 Bn.	8 92.					225.	
				✓ 1018. 27/7/18 2 D&C.	4 46.						
				" 885. 12/7/18 ✓	3 57				250 74		
		34 10			16 95		20.				
Aug.	31 ✓	34 10		C.53307 £4-2-2			20				
				Dnar 1165. 18/8/18. 2 D.S.C.	3 57				261 27	225.	
		34 10.			3 57		20				
Sept	L-P.	33		b77258			20				
				Dnar 1306 " 31 8/18	3 57						
				" 1450 " 21 9/18	3 57				267 13		Agreed
		33			7 14		20				
OCT	"	34 10		D. 38626			20				
	Diff in pay. 6 10/18 - 31 10/18 26 day. 5d	1 30		1680 2 Div Sigs 8 10/18	7 46				275 07		
		35 40			7 46		20				

NUMBER 458033 RANK L/Cpl. NAME Cox. R.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/10/18									27507		
Nov.	L/Cpl Pay.	3450		Ex 2030			/20		30 19		
				2460 / 2 Sig Co. 18/11/18.	746		20		305 22		
Dec.	"	3565		Ex 1029			/20				
				1077. / 4 L & B 27/11/18	306				28470		
				1247 / " 13/12/18	649				27821		
Jan	"	3565		F 24114 Jan.			/20		29386		
		1080			2701		60		64 85		
FEB	"	3220		F. 60822 Feb.			20		361 71		
	" Mar.	3565		3155 / 4 L & B. 26/1/19	373				124 19		
				L 2914 / " 21/1/19.	73 —						
				2993 / " 22/1/19	373						
				4110 / " 22/2/19	373						
				G 29820 Mar.	84 19		/20		23752		
				4974 / 4 L & B 12/3/19.	548				23204		
		6785			8967		40				
Apr.	"	3450		April a 30918			20				
	Int on def pay	3093		May a 30919			20		22654		
				A/C 5830 2 CDS & Co 30/3/19	365				25747 225 —		
				38. Fault 2 DW 5/4	365				36 50		
				91 Wiring 14/4/19	2920				22097		
				1129. CCC 7/5/19	2433				19664		
		6543			6083		40				

L.O.L Canada
Sub CE
13/5/19

22 34
36 50
190.04

b/f 190.04

b/f 220.97

MARRIED OR SINGLE S

PLACE OF BIRTH Oxford England.

NAME AND ADDRESS OF NEXT OF KIN Maggie Cox
Oxford Rd. Ealing Eng.

RELATIONSHIP OF NEXT OF KIN Sister

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF

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. 458033 RANK Private NAME Cox, Roland

IF IN PERMT. CORPS } WHAT UNIT UNIT 18th Battn TRANSFERRED TO W.O.R.D. DATE 1/11/17 AUTHORITY A. Kees

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Montreal. P.Q. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION July 19th 1915. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1. of .17 (Authy A2 NI. W.2.17)

PAYABLE TO Mrs. W. Burridge. 105 Granville Ave. Long Eaton. Notts Eng. RELATIONSHIP Sister

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) A.G.W.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) C1

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
March 31			213				21	30						10	244 30											153 32		14 30	167 62	76 68					
April 1-30	30	1.00	30		30	1c	3								33	995		1034					2 62	2 61					5 23	104 45					
May 1-31	31		31		31		3	10							34 10			1114	275					5 11					5 11	133 44					
June	30		30		30		3								33			1166	5.7.					5 23						166 44					
July	31		31		31		3	10							34 10			1204	14.7					2 61					7 84	192 70					
Aug	31		31		31		3	10							34 10	1258	2.8	1294	13.8				2 62	2 62					5 24	221 56					
Sept	30		30		30		3								33 ·	1326	33/8			871	3/7		2 67		7 30				9 97	231 64					
Oct	31		31		31		3	10							34 10	1379	21.9			4th CEF			2 62						2 62	276 12					
Nov	30	1.00	30		30	10	3	00							33 00	1433	19/10	1440	7/11	158	7/11		4 36	2 49	2 61				10 46	298 66					
Dec	31	1.10	31		31	10	3	10							34 10					6765 Rmdr 170 4th CEF	11/11	55 Lab			2 62 4 36 11 33	24 33			42 64	290 12					
			48 80				48	80																											
Jan	21	1.10	34	10											34 10					732	60 Mths	18/0			2 62										
																				934	287 Sep	26/0			2 62				5 24	318 98					
																				1141	287 Sep	25 0/11			2 61										
Feb	28	1.00	30	80											30 80					976	280 Sep	6/1			2 61				5 22	344 56					
			601	70										10 -	611 70								14 84	21 67	38 68	177 65		14 30	267 14					
			621	70										10	611 70								14 84	21 67	38 68	177 65		14 30	267 14					

Money Order 62718 for 17/2 deposited to the Cr. of Cashiers
Trust a/c 7/3/17 Cashiers letter 7/3/17
17/2
Cheque No 553/1783 forwarded C/o Paymaster 18th Battn
25/4/17 Cashiers letter 25/4/17

No 458033 Pte Cox. R.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			60	70										10 -	61	70								14 84	21 67	38 68	1 77 65		14 30	26 71	34	56			
Mch	31	1 10	34	10											34	10	2 D 7015 1316 24/11 d. JAN 28										262 262 261 262	20		10 47	368 10	47 ✓	225 -		
—	—	—	—	—													2 D WH a 1398 13/3 1453 23/3																			
April	30	1 10	33	-											33	-						474544						20		20 00	381	19			
May	31	1 10	34	10											34	10						511417						20		20	395	29	255	1140	29
June	30		33												33	-	313 7/6 20c.								267										
																	1927 c		51566						261			20		25 28	403	01	290		
																						CR m 27/7													
July	31		34	10											34	10						A84 830				146		20		166 22 62	271	11			
Aug.	31		34	10											34	10		9	17/4	141854					2 62	146		20		166	282	59	300	17 41	deficit
Sept.	30		33	-											33	-	416 CCS								535										
																	242 15/5			194658					268			20		28 03	287	56			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERVICE ALLCE. ENG.
1917											
Oct.		~~337 56~~							287 56		
	31 P.P.	34 10		224761 £422			20				
									307 66		
		34 10		Dr. a.R. 1238 7/9 2 Sig Lg	268				298 98		
					2 68		20				
Nov.	30	33		QR 6 Lbg 1/60 B34736 £H-2-2			20				
Dec	31	34 10		ck C 91141 £42-2			20				
				Dr a.R. 1613 2 Canlis Sig Lg 11/8/17	446						
				" 936 10 12/8/17	714						
				✓ 1387 ✓ 23/9	357				310 91		
		67 10			15 57		40				
1918 Jan.	31 P.P.	34 10		QR 6 Lbg 35738 £H-2-2			20				
				Dr a.R. 1838 7/1/17 2 Sig 60	357						
				✓ 1781 28/10/17 ✓	446						
				✓ 629 15/7/17 ✓	267						
				✓ 1966 30/11 26 856	1338				300 93	225 00	
		34 10			3408		20				
Feb	28 ✓	30 80		QR 6 Lbg D4523 £4-2-2			20				
				Dr a.R. 2412 30/12/17 2 Sig 60	446				307 27	225 00	
		30 80			446		20				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERVICE ALLCE. ENG.
									307 27	225 00	
March	31 P.P.	34 10		DH5325 £ H-2-2			20		34 10		
				~~QR~~ DR 7810 17/3/18	63 24						
				QR 2537 15/1/18 208 Sig	446				342 04		
				✓ 2655 31/1/18 ✓	357						
				✓ 2966 26/9/18 ✓	357						
				✓ 2903 24/9/18 ✓	11 46						
		34 10			79 33		20		242 04	225	

This space to be for numbers.

WAR SERVICE BADGE
Class "A" No. 296485 ISSUED

Proceedings on Discharge.

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

No.	458033
Rank	Pte.
Surname	COX Roland.
Christian name	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	23rd Bn,
Date of discharge	26-7-19.
Place of discharge	MONTREAL, QUE.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive marks
Age	27 years	
Height	5 feet 3½ inches.	
Complexion	Dark	
Eyes	Hazel	NIL
Hair	Fair	
Trade	Electrician	
Intended place of residence (To be given as fully as practicable.)	2533 Drolet St Montreal	

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

R.O.1420 & R.O.1894 Demobilization

Authority for discharge

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.
200M.—5-18.
H. Q. 1772-39-113.

(OVER)

6
24
0

E R J

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, and that I have received my permanent discharge certificate.

(Place)..... MONTREAL, QUE. R Cox *(Signature of Soldier.)*

(Date)..... JUL 26 1919 A Mermet Lt *(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)..... MONTREAL, QUE.

(Signature)..... Officer i/c Discharge Section, District Depot No. 4. *Captain,*

(Date)..... JUL 26 1919

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.)

R Loy

NO RESERVATIONS

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

61981
NH

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 458033 | RANK L/C. | NAME (IN FULL) Cox. Roland.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
To Relief 6	13-5-19	
Hosp Sect.	26-5-19	DO-155-1
Furlough W/S	4-6-19 to 18-6-19	AO.158/2

ORIGINAL UNIT C.E.F. 60th BN. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION Montreal | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 19.7.15 | TRANSFERRED TO 1st France | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE

PAYABLE TO Mrs W Burridge (Sister) | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS W.S.G. Bank of Montreal Montreal P.Q.

ADDRESS 13 North Road South Ealing London S.W.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE 1-6-19.

DISCHARGED | PLACE Montreal | DATE 26.7.19. | REASON WD 4-19-61(d) | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MILITARY DIST. No. 4 JUN 16 1919 DEMOBILIZATION PAY DIVISION

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.
							196	64	196	64																								196	64
1-5-19					70	00									CK																			
28-5-19	28	1/15	32	20	35	00			137	20	Boal.		Train		526707		4	87	5	00	323	97									333	84				
29-5-19																													70	00						
30-5-19	3	1/15	3	45					3	45																			35	00	105	00	101	55	
June	30	1/15	34	50	12	00			46	50	1320	4					50	00													50	00	105	05		
July	26	1/15	29	90	35	00	70	00	134	90	6577	25					29	85													29	85				
8							323	97	323	97	5591	26					323	97													323	97				
					Other Credits		W.S.C.		S.A.		Total		War Service Gratuity																Other Charges		W.S.G.		S.A.		842 66 Total		Soldier		Balance Dependant
							420	00			420	00																	70	00			70	00	350	00	
26.8.19.																													70				70		280	00	
26.9.19																													70				70		210		
26/10/19																													70				70		140		
26.11.19																													70				70		70		
26/12/19																													70				70				
																																	420				

PARTICULARS OR REMARKS

NORTHLAND.

Bal for Eng LRB 196.64
35 2/20 Bw 66 a. 70 2/10 WSG.

CKD 26707 for 323.97 cancelled.
2.6.19

35.00 EE 70.00 WSG

2259461
1539170
1644518
1792828
1792911

Final

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1391.

.W.	490557
	503878
	506881
.	845299
C.R.	505211
L.A.	200533