

*Original*  
**ATTESTATION PAPER.**

No. *43708*

Folio. *142*

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

(ANSWERS).

1. What is your name?..... *Geo Cutting*
  2. In what Town, Township or Parish, and in what Country were you born?..... *Prov. Ont.*
  3. What is the name of your next-of-kin?..... *William Cutting*
  4. What is the address of your next-of-kin?..... *Prov. Ont.*
  5. What is the date of your birth?..... *18th June 1893*
  6. What is your Trade or Calling?..... *Wagoner*
  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?..... *Wellington Rifles (3 years)*  
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*
- ..... *Geo Cutting* (Signature of Man).  
 ..... *Geo Cutting* (Signature of Witness).

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

I, *Geo Cutting*, 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.

Date *24<sup>th</sup> Sept.* 1914. *Geo Cutting* (Signature of Recruit)  
*Geo Cutting* (Signature of Witness)

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

I, *Geo Cutting*, 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.

Date *24<sup>th</sup> Sept.* 1914. *Geo Cutting* (Signature of Recruit)  
*Geo Cutting* (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 *Salisbury Camp* this *24<sup>th</sup>* day of *September* 1914.

..... *J. L. Campbell* (Signature of Justice)

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

..... *Geo Cutting* (Approving Officer)

181  
Bde  
Dw Am column

Description of Dw Am Column on Enlistment.

Apparent Age 21 years 3 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height 5 ft. 9 ins.

vaccination left arm

Chest measurement { Girth when fully expanded 35 ins.  
Range of expansion 2 1/2 ins.

Complexion Swarthy

Eyes blue

Hair brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Sep 3 1914.

H. S. Elliot  
Maj. Gen.  
Medical Officer.

Place Valcartier

\*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.

Dw Am Column 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.

Maj. Gen. H. C. L.  
(Signature of Officer)

Date 24 1914.

13-1-19  
Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 3

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

a JW 3997-1

m JW 125-1

a TB 122-1

J.S.C. 132-1

m JW 2371-1

m JW 192-1

M. F. W. 62. 50M-9-16. H Q. 1772-39-935.

m TB 575-1

m TB 505-1

**DISCHARGE DOCUMENTS**



50761

R. O. No.....

H. Q. No.....

Name **CUTTING, GEORGE**

Regt. No. **43708** Rank **Pte**

Corps **C & A**

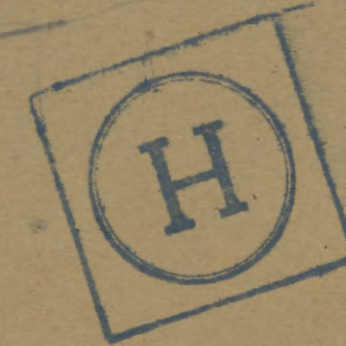
Proc. on Dis. for. to B.P.C. on M. 102105  
Ref. B.P.C. - 681 of 15-1-1928

Ret. 23-1-19 50M

*Med. unfit*

*Med. unfit 23 3/20*

*Med. 29-20*



3

23 - 22

15 - 23

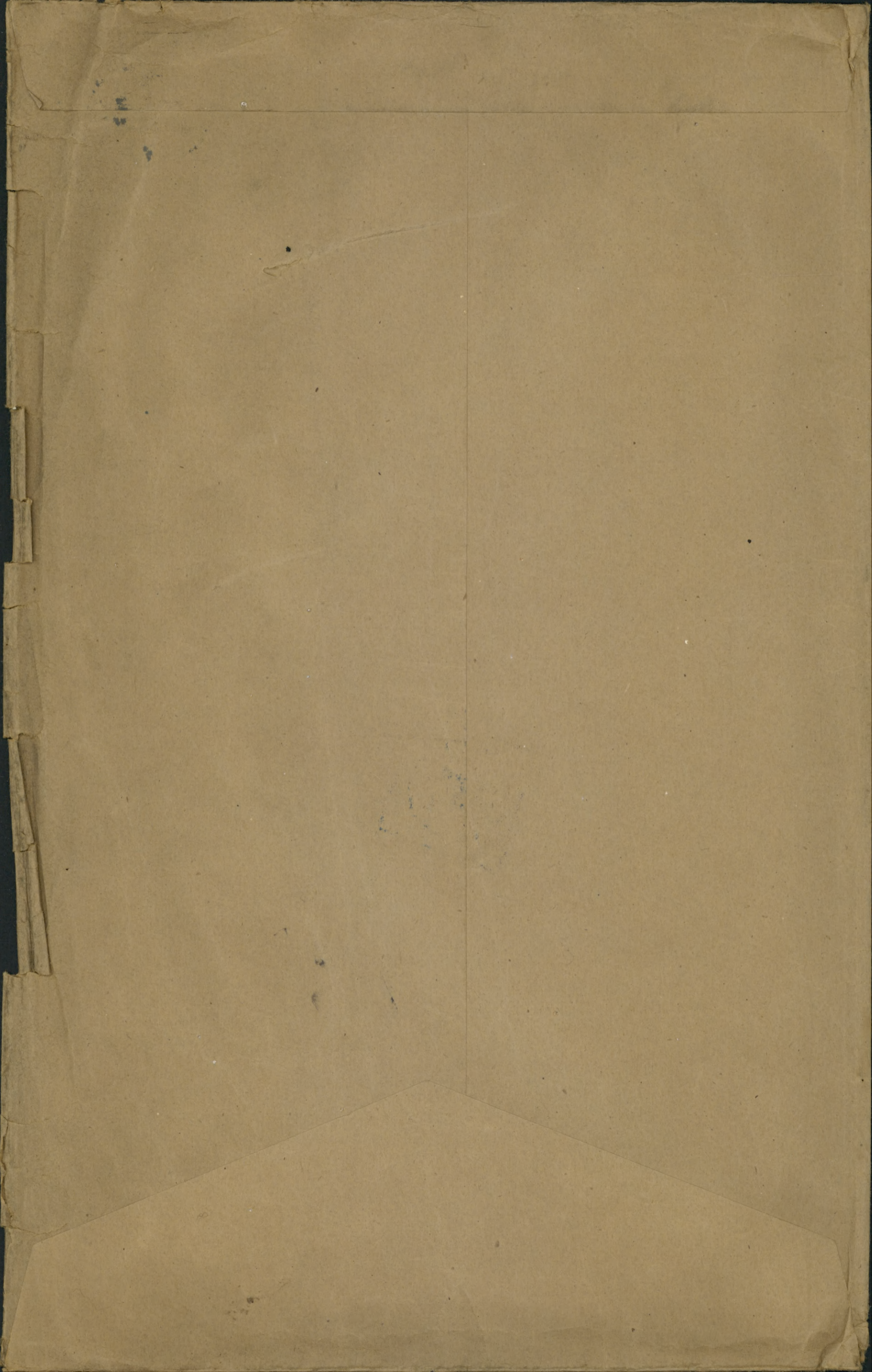
11 - 23

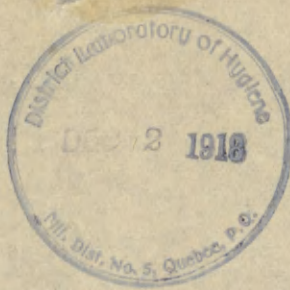
*Cascard - 3*

*1912*

*1912*

*M. F. W. 465-1*





No. .... *4408* .....

M.D.No. LABORATORY. QUEBEC. P.Q.

U R I N E R E P O R T.

No. .... *43708* .....

RANK. .... *Ynd.* .....

NAME. .... *Cuttings* .....

CORPS. .... *5th Mack* .....

WARD. .... *3* .....

CHEMICAL ANALYSIS.

AMOUNT IN 24 HRS.....	BILE.....
APPEARANCE..... <i>Clear</i>	ACETONE.....
COLOR..... <i>Amber</i>	DIACETIC ACID.....
REACTION..... <i>acid</i>	DIAZO.....
SPECIFIC GRAVITY..... <i>1025</i>	UREA.....
ALBUMEN..... <i>Nil</i>	
GLUCOSE..... <i>Nil</i>	

MICROSCOPICAL EXAMINATION.

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REMARKS.

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*Wrayman*

Capt. A.M.C.  
Officer i/o Laboratory. Que.

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# CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 67 a Hospital Station Duane  
 No. 43708 Rank and Name Gun Cutting Gray Age 25 Service 4 yrs 6 M  
 Disease Fract Fibula Date of Admission 1-12-18 Date of Discharge 3/12/18 Result Good Case Book 67A Folio

Dates of Observation																														
	Days of Disease																													
Temperature Fahrenheit	TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME	
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
107°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
106°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
105°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
104°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
103°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
102°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
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98°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
97°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Pulse per Minute			70	80																										
Respirations per Minute			20	20																										
Motions																														

HISTORY

admitted 1-12-18

S.M.S.

BRITISH MEDICAL ASSOCIATION

101  
100  
100  
100  
100  
100  
100  
100  
99  
99  
97



# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

*D*  
No. *43708*

NAME OF SOLDIER

*Leuting George*

REGIMENT

*68th PFE*

RANK

Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoes	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
DISCHARGE EXAM. <i>Ex Exam.</i> DATE <i>DEC 20 1918</i>																					CERTIFICATE ISSUED FOR <i>"Filling"</i>

*G. Honeydew Capt.*

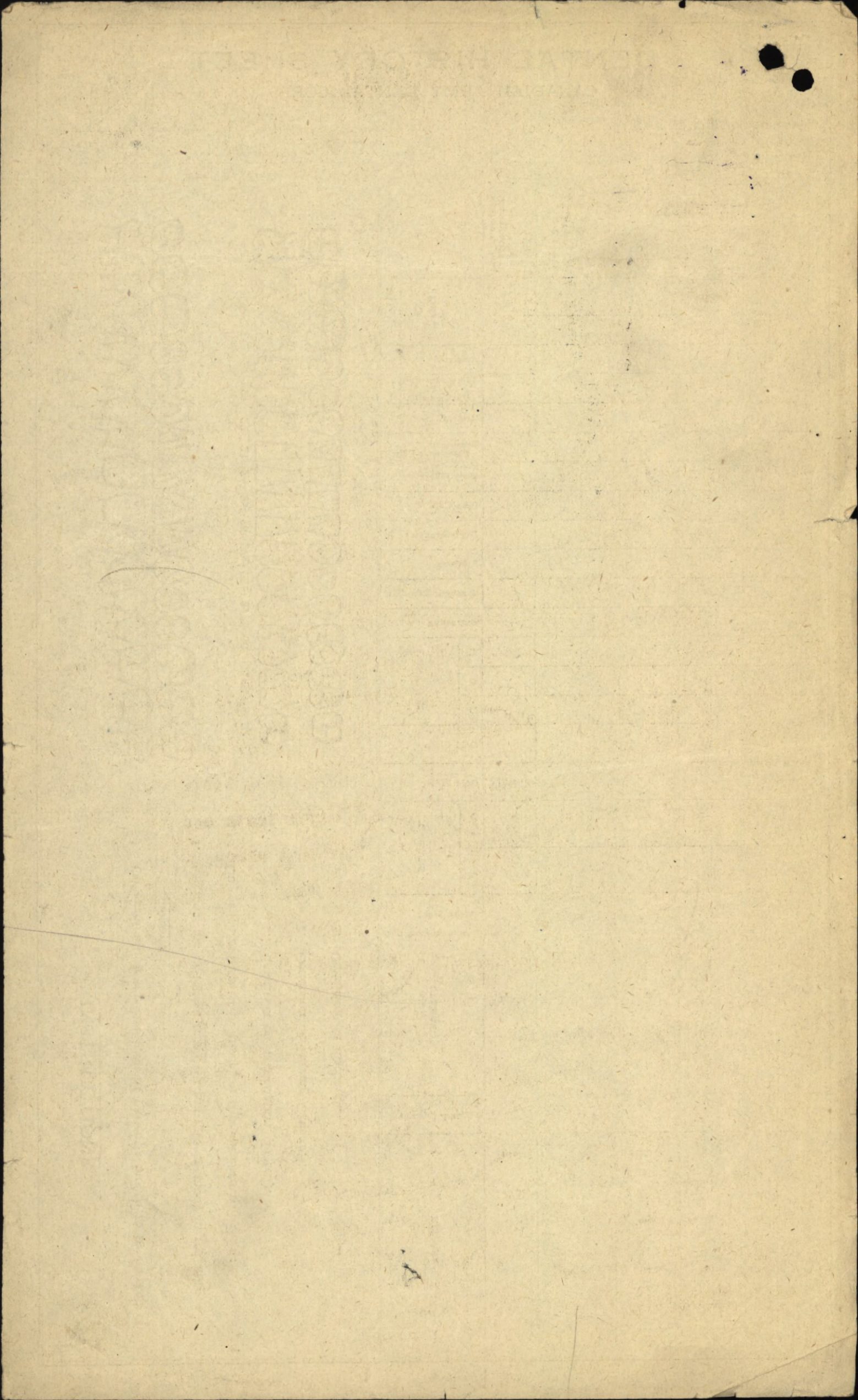
## INSTRUCTIONS

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.





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

MEDICAL HISTORY OF

Surname Cutting Christian Name G.

TABLE I.—General Table.

Birthplace { Parish.....  
County.....

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

Declared Age .....years.....days.

Trade or Occupation.....

Height.....feet.....inches

Weight .....lbs.

Chest Measurement { Girth when fully Expanded.....inches  
Range of Expansion.....inches

Physical Development.....

Vaccination Marks { Arm..... RIGHT LEFT  
Number.....

When Vaccinated.....

Vision { R.E.—V=.....  
L.E.—V=.....

(a) Marks indicating congenital peculiarities or previous disease—  
.....

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

Approved by.....  
Rank.....  
Medical Officer.

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
Nov 7/16	Shuckson P. B. B. B.
21/4/17	T.A.B. 2 Shuckson Capt.

TABLE IV.—Service Table.

	Station or Troopship		Date of arrival or embarkation	Date of departure or disembarkation
Enlisted { at..... on.....day of.....191				
Joined on enlistment	Corps <u>C.F.C.</u>	Regtl. No. <u>43708</u>		
Transferred to				
Became non-effective by				
on.....day of.....191				
(Signature).....				
(Rank).....				



C.C.A.C.

Cork 2334  
6849

43708

MEDICAL HISTORY SHEET.

(B)

Surname Cutting Christian Name George

Examined on 3 day of Sept 1914  
at Valcartier  
Birthplace City or Town Flora  
County Ont

Approved by D. Donald  
Rank Major M.O.

Apparent age  
Trade or occupation Salesman  
Height five Feet 9 Inches  
Weight 140 Lbs.  
Chest measurement { Minimum 32 1/2 inches.  
Maximum expansion 35 inches.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
15/11/17	BT	<u>Excluded</u> M.O.
21-5-18	B I	<u>BT</u> M.O.
14-11-18	B II	<u>S.A.N.</u> M.O.
		M.O.
		M.O.
		M.O.

Physical development fair  
Small-Pox Marks

Vaccination Marks { Arm Right Left  
Number 10 1  
When Vaccinated last 1911

Date	Result	VACCINATIONS
1914	OK	

Date	Result	ANTI-TYPHOID INOCULATION, ETC.
1914	OK	
21/4/17	T.A.B	<u>Q. Gibson</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease  
(b) Slight defects but not sufficient to cause rejection

Enlisted on 25 day of September 1914 at Valcartier

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>D.A.C.</u>	<u>43708</u>		<u>3/9/1914</u>
Transferred to.....	<u>Two 2 Depot. Battery</u>			<u>3/4/1915</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Haslewood</u>	<u>Jan. 25/17.</u>	<u>Shen shock,</u>	<u>C III - D.B. Hayes Capt</u>
<u>Witley</u>	<u>14/11/18.</u>	<u>S.A.N.</u>	<u>B II - Witley Capt</u>
<u>Amvo.</u>	<u>1/1/1919</u>	<u>MAJOR,</u>	
		<u>D.A.D.M.S. CANADIAN TROOPS, WITLEY.</u>	

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.  
50M-8-14.  
H. Q. 1772-39-438.

12 NOV. REC'D

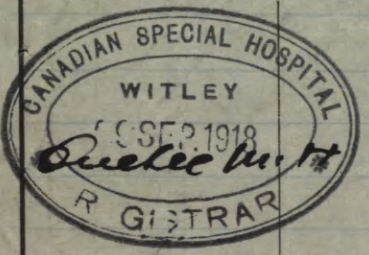
Attestation signed R.M. Shaw  
JUL 15 1915  
for D.D.M.S.

CANADIAN

The Medical History Sheets of all men proceeding overseas must be returned by the Officer in Charge of the Regiment to the Recruiting Office when they leave England.  
M. R. WARD, M.O.  
Colonel in Charge of Recruiting, Canadian Contingents, London.

(B)

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No. 1 Gen. Hosp.		3	11	14	3	4	15	Gon.	152	Well	G.M. Davis Capt.
No 2 Can fld amb		27	3	16	5	4	16	Influenza	9	Trans to No 3 C.P.A.	A 307
No 3 Can fld amb		5	4	16	5	4	16	"		Trans to No 3 Can General Hospital	A 308
No 3 Can Gen Hosp		5	4	16	9	4	16	"	4	Repaired Unit	A 309.
		4	9	18	7	10	18	Gonorrhoea	29	Apparently cured. Injection. Medicines stopped as per date	P.A. Dunning Capt. P. W. Striff
		2	12	18	2	12	18	Sprained foot	2	B7 released	Geob. ...



Christian Name

Surname

6889

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

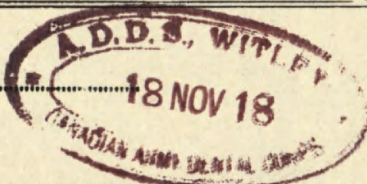
NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

*b.*

REGTL. No. *43708.* \* NAME *CUTTING. G.* RANK *Sp.* UNIT *C.F.A.*

Date of Examination	<i>18/11/18.</i>
Present Dental Condition	<i>unfit.</i>
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	
Has he ever declined Dental Treatment?	
Recommendation	<i>2 upper fillings</i>

Date.....



Station.....

Signature of Examining Officer..... *H.R. Cowan* ..... Capt. C.A.D.C.

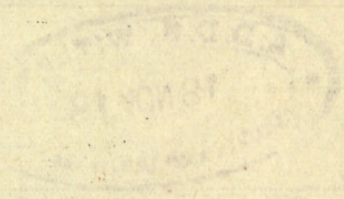
\* Name should be entered in block letters.

DENTAL CERTIFICATE

Note: This form may be attached to the Medical History Sheet  
and the Dental History Sheet to form a complete record.

Serial No. 42908 NAME CUTTING, R. B. R. 111111  
D.D.O.

111111	Date of Examination
111111	Dental History
	A case of loss of teeth or decay of teeth is the basis for wounds, fractures or disease, directly or indirectly to active service?
	Has he ever had dental treatment?
111111	Remarks



Signature of Examining Officer: H. J. ...  
Date: ...  
Station: ...  
C.A.D.C.



Without papers. 6849 112206 (H)

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Nov 7 1916.

No. 43708 Rank PTSG Name Cutting G.

Local Unit CCAC Overseas Unit 5 Bn Age 33

Examination held at Shorham

DISABILITY. Overseas—Local. (scratch one out) Shock  
D.A.H.

PRESENT CONDITION.

In France 18 mos.  
Is nervous, on exertion heart  
gets very rapid. Is not  
sleeping well.

BOARD RECOMMENDS:—

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty yes.....
- 5. Discharge.....

APPROVED  
CAPTAIN CALING, OR D. OF R. & O. FOR  
GENERAL  
COMMANDING  
CANADIAN TRAINING DIVISION.

Signatures:—

Members { B. J. ... President.  
L. ...

APPROVED  
Dated at Shorham -7 NOV 1916 1916.

# PROCEEDINGS OF A MEDICAL BOARD

Dated at ..... 1918

No. .... Rank ..... Name .....  
 Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY  
 Overseas - Local  
 (attach one out)

## PRESENT CONDITION

### BOARD RECOMMENDS:-

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

..... President

.....

.....

Members

APPROVED

Dated at ..... 1918

For A.D.M.S.

Cart 2334

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Nov 7 1916.

No. 43708 Rank Platoon Leader Name Cutting G.

Local Unit 1st Cal Overseas Unit 1st Bn Age 23

Examination held at Shoreham

DISABILITY.  
Overseas—Local.  
(scratch one out)

Shell Shock  
1st Bn

PRESENT CONDITION.

In France 18 mos  
is nervous, on inspection hand  
gets very rapid. Is not  
sleeping well.

BOARD RECOMMENDS:—

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty..... yes
- 5. Discharge.....

Signatures:—

Members

[Signature] President.  
[Signature]  
[Signature]

APPROVED

Dated at Shoreham - 7 NOV 1916 1916.

[Signature]

For A.D.M.S.

Dated at ..... 1918

APPROVED

Members

President

Signatures:—

2. Discharge .....

4. Fit for Permanent Base Duty .....

8. Fit for Temporary Base Duty ..... weeks

3. Fit for duty after ..... weeks, physical training

1. Fit for Duty .....

BOARD RECOMMENDS:—

PRESENT CONDITION

(attach one copy)  
Overseas—Local  
DISABILITY

Examination held at .....

Local Unit ..... Overseas Unit ..... Age

No. .... Rank ..... Name .....

Dated at ..... 1918  
*15/2/18 signed by J. J. ...*

PROCEEDINGS OF A MEDICAL BOARD

6849

CASE HISTORY SHEET.

(F)

Military Hospital. Zumbie Station.  
 No. 43708 Rank. Sgt Name. Cutting, George Age. 25  
 Unit. C.F.A Completed years of service 3 Where and how long Panama 3 W. Eng 3 yr. F. 18 M  
 Date of admission. 1-12-14 Date of discharge. 3/12/18  
 Diagnosis. Fract. Tibula Place of origin. Sprague, Okla

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Patient slipped while getting off a train and hurt his right ankle. He could walk for a while but had to stop on account of the pain.  
 On admission foot seems normal, not swollen, pain around external malleolus.  
 See 3<sup>rd</sup> Patient feels better. Foot not swollen, sup. malleolus is a little elevated border of foot rising of fracture, patient walks comfortably on his foot.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

TREATMENT.

(Especially any specific or special form.)

See log. Rest in bed. Discharged

CONDITION ON DISCHARGE.

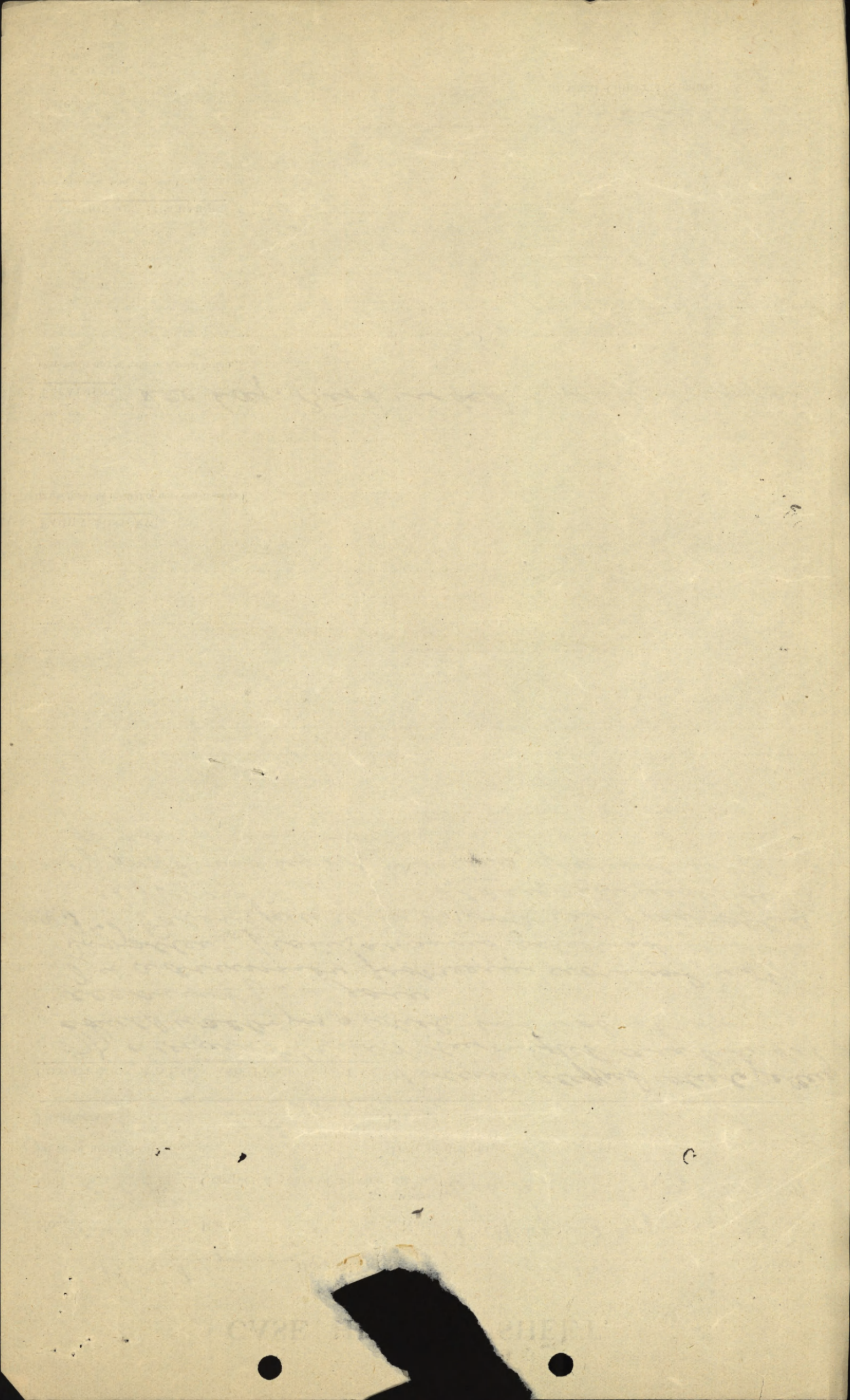
(and disposal made of case.)

C III

Date.

3/12/18

Geobler W  
 Medical Officer i/c case.



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY. RECEIVED

FILE NO. ....  
 JAN 31 1919  
 OTTAWA, CANADA.  
 MILITARY DISTRICT NO. 2

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 ..... *Cutting* .....
3. Rank ..... *Gunner* ..... 4. Original Unit ..... *C.F.A.* ..... 5. Reg. No. *43708* .....
6. Address, in full, to which future payments of gratuity are to be forwarded .....
- ..... *George Cutting* .....
- ..... *Elora, Ont.* .....
7. Date of enlistment in the C.E.F. .... *Sep. 28 - 1914* .....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... *not applicable* .....
9. Relationship of such dependent ..... *not applicable* .....
10. Address, in full, of such dependent ..... *not applicable* .....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ..... *No.* .....
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:—  
 ..... *H.Q. D.M.F. of C. London England* .....
- ..... *18 Months* .....
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? ..... *No.* .....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service ..... *No.* .....
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 ..... *18 Months with* .....
- ..... *5 Battery in France 3 Months D-48 1st Heavy Battery* .....
- ..... *France 18 months Headquarters London about 14 months* .....
- ..... *in six different Camps & Hospitals in England* .....
- ..... *4 years and 2 months overseas* .....
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..... *No.* .....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ..... *No.* .....

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*

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

*When discharged Dec 28 - 1918 I received \$33*

20. Have you been issued with a War Service Badge? If so, what class? *Not yet*

21. Have you, during the present war, served in the Imperial Forces? *No*

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 *No*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *Not applicable*

24. Are you now serving in the C.E.F. *No* If not, give:—(a) Date of discharge

*28 December 1918* (b) Reason for discharge *Medically unfit*

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. *No*

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. *I served*

*with 5<sup>th</sup> Battery 15 months from May 1915 until July 1916*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*

(b) If so, are you in receipt of full pay and allowances from that Department? *Not applicable*

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 Luthing*

Place of Residence:

*Elora Ontario*

Declared before me at:

This *30* day of *January* 19*19*

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

*Henry Clarke*  
*a Com<sup>r</sup>*

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.



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 *Cutting* .....
- 3. Rank *Gunner* ..... 4. Original Unit *C.F.A.* ..... 5. Reg. No. *43708* .....
- 6. Address, in full, to which future payments of gratuity are to be forwarded .....  
*163 Euclid Avenue Toronto* .....
- 7. Date of enlistment in the C.E.F. *September 25 1914* .....
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... *not applicable* .....
- 9. Relationship of such dependent ..... *not applicable* .....
- 10. Address, in full, of such dependent ..... *not applicable* .....
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ..... *not applicable* .....
- 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:—  
*not applicable* .....  
*Left Canada with D.A.C. September 1914* .....
- 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? *not applicable* .....
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service ..... *not applicable* .....
- 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 *sent to France May 1915* .....  
*with C.F.A. served in France until Nov 1916* .....  
*sent back to England and served on headquarters* .....  
*London from Feb 1917 until Aug 1918* .....
- 16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..... *not applicable* .....
- 17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *Not applicable* .....

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *not applicable*

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

*Was paid \$33 on discharge and have received two payments of \$64.50 by M.D. # 2*

20. Have you been issued with a War Service Badge? If so, what class? *A + B*

21. Have you, during the present war, served in the Imperial Forces? *not applicable*

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

*not applicable*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *not applicable*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *not applicable*

24. Are you now serving in the C.E.F.? *No* If not, give:—(a) Date of discharge

*28 December 1918* (b) Reason for discharge *Medically unfit*

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 *not applicable*

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 5th Battery from May 1915 until July 1916*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*

(b) If so, are you in receipt of full pay and allowances from that Department? *not applicable*

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 Cutting Toronto*

Place of Residence:

*163 Euclid Ave Toronto*

Declared before me at:

*Toronto*

This

*15th day of March 1919*

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

*[Signature]*

**POST DISCHARGE PAY.**

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

Certified Correct.

District Paymaster.

Sheet No. 2

6849 **Casualty Form—Active Service.**  
 Regiment or Corps Headquarters. O.M.F.C. Canada

Rank Gunner Surname Butting Christian Name G.

Religion \_\_\_\_\_ Age on Enlistment \_\_\_\_\_ years \_\_\_\_\_ months.

Enlisted (a) 3.9.14 Terms of Service (a) DGW Service reckons from (a) 3.9.14

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) Civil. Salesman  
 or Corps Trade and Rate \_\_\_\_\_

Signature of Officer i/c Records.

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 ...			
<u>26.2.17</u>	<u>A.G. Branch</u>	<u>Attached to A.G. Branch from (C.S.D.D.) C.F.A.</u>	<u>London</u>	<u>24.2.17</u>	<u>P II 48.</u>
<u>12.3.17</u>	<u>H.Q. O.M.F.C.</u>	<u>Attached to H.Q. O.M.F.C. on reorganization from Can. Res. Arty.</u>	<u>do</u>	<u>11.3.17</u>	<u>P II 1.</u>
<u>14.5.17</u>	<u>do</u>	<u>Graded for pay as clerk.</u>	<u>do</u>	<u>23.5.17</u>	<u>P II 20.</u>
<u>14.12.17</u>	<u>do</u>	<u>T.O.S. HQ O.M.F.C. from Caudet R.D.</u>	<u>do</u>	<u>14.12.17</u>	<u>P II DO. 235</u>
<u>5-9-18</u>	<u>do</u>	<u>S.O.B. of HQ O.M.F.C. on transfer to Gen Depot.</u>	<u>do</u>	<u>4-9-18</u>	<u>P II DO. 207.</u>
					<u>Lieut.</u>
					<u>Officer i/c Details HQ O.M.F.C.</u>

(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, Shoering-smith, &c.

6849

Date	Report From whom received	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
11-9-18	Gen Depot	TOS from 6m 7C (Hosp)	Sheff	3-7-18	DD 216
4-18-18	"	Reported	"	2-10-18	DD 236
23/11/18	"	Ceases Suppt Coy on	"	"	"
		proceeding to post of	Wilton	27/11/18	Do 279
		Embarkation.			
		Disembarked Canada 29/11/18			
					LIEUT.
					OFFICER i/o RECORDS.
NOV 22 1918	o/s	T.O.S. No. 2 District Depot, Part II, D.O. No. 234			
					R. Neuman
					For O.C. No. 2 District Depot
		Dis. No. 2. D.D. Dec. 28th. 1918. Pt. 11 251			W.H. Goettle Discharge Section No. 2 D.D.

Cutting

Cutting G. Pe. Div Am. Col.

Address - Elora Ont Canada

Admit - 14 / 11 / 14.

Hist: - Exposed. The 1st Prod. & Disc come on him the 5 and & notice Chan. Soft & Was Disc on the 2 / 1 / 15 come back on him again on the 3 and was send back here

Examew Free Disc Meth Chan. S. some

Diagn. Ac Goro & Balan. 26

4 / 1 / 15 Treat. Predia. Pub. Sri. Wet. Can. In. Balan.

5 / 1 / 15									
6 / 1 / 15									
7 / 1 / 15	Slt								
8 / 1 / 15	Free								
9 / 1 / 15	Very Slt								
10 / 1 / 15									
11 / 1 / 15									
12 / 1 / 15									
13 / 1 / 15									
14 / 1 / 15									
15 / 1 / 15									
16 / 1 / 15	Very Slt								
17 / 1 / 15									
18 / 1 / 15									
19 / 1 / 15									
20 / 1 / 15									
21 / 1 / 15									
22 / 1 / 15									
23 / 1 / 15									
24 / 1 / 15									
25 / 1 / 15									

Mr. Rice  
Mr. Rice

26/1/15 Mr. Stone

27/1/15

28

29

30

31

1/2/15

5/2/15

6/2/15

7/2/15

8/2/15

9/2/15

10/2/15

11/2/15

14/2/15

1/3/15

Had four Salvos out one grey oil

Second Grey Oil March 5<sup>th</sup> to 15<sup>th</sup>

Third " " " 12<sup>th</sup> to 15<sup>th</sup>

Fourth " " " 19<sup>th</sup> to 15<sup>th</sup>

Fifth " " discharged " 27<sup>th</sup> to 15<sup>th</sup>

G.M. Davis  
Capt. C.M.M.L.

6849

Arch 2334

CERTIFIED CORRECT.  
Canadian Army Form B. 103.  
Westminster House,  
7, Millbank.

### Casualty Form—Active Service.

Regiment or Corps Base details - S.A.B.

Regimental No. 43708 Rank Private Name Butting Geo.

Enlisted (a) 20/1/14 Terms of Service (a) Period of war Service reckons from (a) 3/9/14

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Salesman

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.
--------	--	-------	------	--

	Joined. D. Coy. Column. Transferred to no 2 Depot. Battery. Transferred to same	Valcartier Shorncliffe do	3/9/14. 3/4/15. 15/15	<i>J.K. ...</i>
--	---	---------------------------------	-----------------------------	-----------------

6.6.15 O.C. 2nd Art Bde

Taken on strength from England as reinforcement

In the Field 5.6.15 B 213

20/1/16.	"	10 days F.P. no I for disobedience of Routine order 1404.	"	14/1/16. B2069. P.2.0. No 5: 29/1/16.
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2/4/16.	2 C.A.F. Amb.	Influenza admitted	2.C.F. Amb.	27/3/16. a. 36. D.C.R. No 244.
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8/4/16.	3.C.F. Amb.	"	3.C.F. Amb.	5/4/16. " " 246.
---------	-------------	---	-------------	------------------

15/4/16.	O.C. Unit	Rejoined Unit	In the field	9/4/16. B 213. " " 248.
----------	-----------	---------------	--------------	-------------------------

9/4/16.	2.C.F. Amb.	Influenza. 27/3/16. Trans to	R.S. 3.C.F. Amb.	5/4/16. a. 36. " " 252.
---------	-------------	------------------------------	------------------	-------------------------

15/4/16.	3.C.F. Amb.	" Discharged to	Duty.	9/4/16. " " 256.
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27/6/16.	O.C. Unit.	Proceeded on leave to	England	26/6/16. B 213. P.I. 6-No 23. 7/6/16.
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10/6/16.	"	Returned from	"	4/6/16. " " 25. 21/6/16.
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(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.

(B)

6849

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				
25.6.16.	No 2 C3 Amb Acc	Gonorrhoea. 14.6.16.	to duty	22.6.16.	A 26. DCR 286
1.7.16.	OC Unit	Rejoined from hosp.		23.6.16	B213 " 286
1.9.16	No 1 Stat.	Night. Slight adm	No 1 Stat.	1.9.16	W3034
2.9.16	2. W Reding 2. Amb.	Gonorrhoea. adm 30 <sup>8</sup> /16 transfd	CCS.	30.8.16	A 36 DCR. 329 d/ 8.9.16
2.9.16.	Hq CCB	Gonorrhoea adm 30 <sup>8</sup> /16. trans	12 Amb In	1-9-16	A 36 CCS. 322 d 12.9.16
15/10.16	Records London.	M/D.	adm 39 Gen.	5.10.16	Cashier A/H 09.
5.10.16	39 Gen	M/D Slt.	adm 39 Gen	5.10.16	W3034.
17.10.16	CBSD.	Adm from 39 Gen Class A	CBSD	17.10.16	Mem Roll.
16.10.16.	39 Gen	Hospital Stoppages (Ven) from 6 <sup>10</sup> /16 to 16 <sup>10</sup> /16 11 dyp.	39 Gen	16.10.16	O 16 H 3. P 11 Ord 84 d 23.10.16
26 <sup>10</sup> / <sub>16</sub> .	Reinforce ment. Horse.	Classified "C" & trans CCAC Shoreham on Sea.		27 <sup>10</sup> / <sub>16</sub>	Mem Roll 11 H 5 Part 11 Orders 93 d 1-11-16

*Amblest*  
 LIEUT.  
 OFFICER IN CHARGE RECORDS  
 CANADIAN SECTION G.H.Q.  
 3RD ECHELON

24/2/17 CCAC Mem to Ady Gen Branch London 24/2/17 Part 2 W.O. 51  
 Gen. B. M. H. Lt. Col.,  
 Commandg. Canadian Garrison Duty Depôt.



6849

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

L

This is to Certify that No. 45708 (Rank) Pto.

Name (in full) CUTTING George enlisted in  
the C.P.A.

CANADIAN EXPEDITIONARY FORCE at Valcartier on the 25th.  
day of September 1914

HE served in England and France

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

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

Age 25

Height 5' 10"

Complexion Medium

Eyes Blue

Hair Brown

Marks or Scars

Vacc. scars on left arm.

*Cutting G*

Signature of Soldier

*J. H. B. ...*

Issuing Officer

Date of Discharge Dec. 28th. 1918.

**O. Rank Discharge Sections,  
No. 2 District Depot**

Appointment

Signed at Toronto, Ont. this 28th. day of December 1918

in Military District No. 2.

JB.

File Reference No. DISTRICT DEPOT

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19.....

*Uniform not to be worn after  
30 days of discharge unless written  
authority has been granted by  
the G. O. C. of district.*

*On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted.*

Name of Officer .....

Rank .....  
G. O. Discharge Sections,  
No. 2 District Depot

Appointment





A.P. - 4134 - G-14

M. F. W. 41a.  
120m. 1-18  
1772-39-1213

English L.P.C. No. 6703

*Handwritten initials and scribbles in the top left corner.*

Name Butting, G.

Regt'l No. 43708 Rank Sunner File Numbers { P.M. 25-85  
P.M. 25-85

Former Units C.P.L. Original Unit C.S.U.

Date of arrival in Canada 28.11.18 Boat Aquitania Port of Disembarkation Halifax

Rates of Pay:—Regt'l. # 100 Field 109 Date of arrival in M.D. 2

Separation Allowance. Date paid to nil Rate nil If continued by Chief Paymaster, England

Assigned Pay. Date paid to nil Rate nil If continued by Chief Paymaster, England

Name and address of Beneficiary { nil  
nil

Pay claimed on English L.P.C. to 30.11.18 to be paid by new Unit from 1.12.18

Name of new Unit # 2 District Depot Date L.P.C. forwarded to new Unit 13/12/18

A.P. charged on English L.P.C. to nil.

L.L. 34682—M. & D. 864.

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT		REMARKS	
\$	c.	\$	c.	\$	c.	On Boat	At Cl. Depot	\$	c.	\$	c.	\$	c.	\$	c.		
81	72			81	72			20 00									
								30 00									24.11.18.
												50 00					Quebec - 1.12.18.
												31 72					
				81	72							81 72	31 72				

*Emble. - 10.12.18.  
10/12/18  
REMARKS*

*Credit Balance*



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

To Whom <sup>M.</sup> Mrs. W<sup>m</sup> Cutting,  
Address Elora, Ont.

By Whom Assigned Cutting, J. <sup>4</sup>  
Regtl. No. 43708  
Rank Gr.  
Corps Can. Res. Bde. C.F.A.

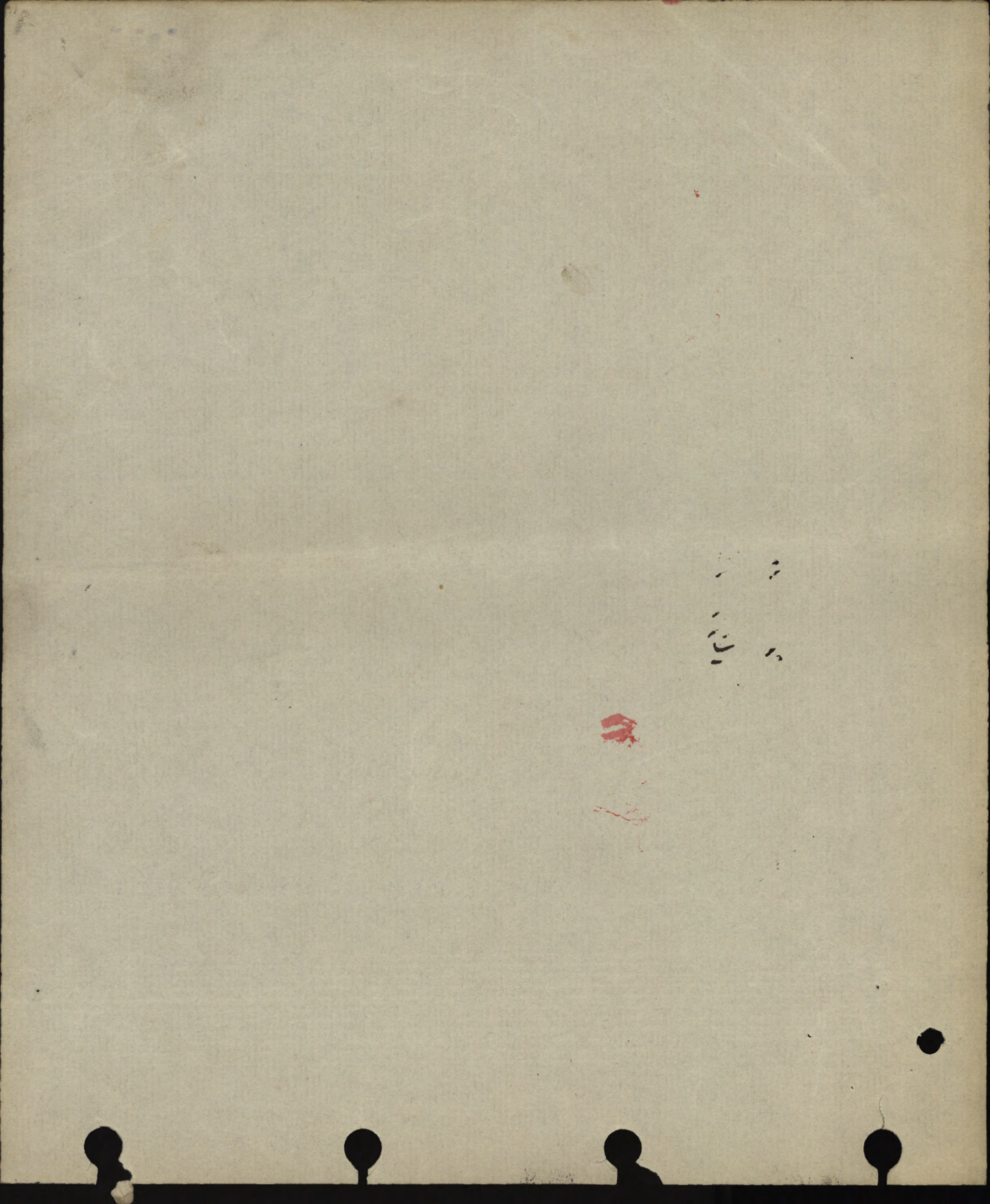
Rate \$15<sup>00</sup> June 1/15.

PAYMENTS <sup>2M.</sup>

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June		610127	15	
July		5486	15	
Aug.		6308	15	
Sept.		13305	15	
Oct.		9501	15	
Nov.		15586	15	
Dec.		714666	15	
Jan.	1916	E 16110	15	
Feb.		D 18537	15	
March		G 19002	15	



Stop Led.





MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 60m.—12-15.  
 1772—39—819.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

*Mrs Dora Cutting*

PAYMENTS.

Name of Soldier

*Cutting G*

*43708*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15<sup>00</sup></i>
April	1916	<i>B 785</i>	<i>15</i>	
May		<i>61437</i>	<i>15</i>	
June		<i>R 7655</i>	<i>15</i>	
July		<i>H 8700</i>	<i>15</i>	
<del>Aug.</del>		<del><i>711966</i></del>	<del><i>15</i></del>	
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Stop Payt Request Aug 11/16  
 32424 1/4 Can.*

*See Res Bde*

CANADIAN  
 ASSIGNED PAY AUDITED  
*D. J. W. Little*  
 AUDIT CLERK  
 DATE *4-6-19*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

NAME CUTTING, Geo.

Regimental No. 3  
48708

Name and address of next-of-kin

Unit Div. Amm. Col.

Wm. Cutting

Date of enlistment Sept. 25<sup>th</sup>, 1914

Elora, Ont.

Place of birth Elora, Ont.

Married (yes or no) No

Date and place discharged

Amount of pay assigned monthly \$ 15<sup>00</sup> June 15

Reason for discharge

To whom payable

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.		
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date							
1914 22 <sup>nd</sup> Sept	31 <sup>st</sup> Oct.	40	1.00	40	40	10	4		44			40			40			
1 <sup>st</sup> Nov	30 <sup>th</sup> Nov.	30	1.00	30	30	10	3	4	37			30			30			
1 <sup>st</sup> Dec	31 <sup>st</sup> Dec	31	1.00	31	31	10	3	7	41	10		25			25			
1914 1 <sup>st</sup> Jan	31 <sup>st</sup> Jan	31	1.00	31	31	10	3	10	40	85		25	10	80	11	05. Hrs stopp. 10 <sup>to</sup> Gen Base		
1 Feb	28 Feb	28		28	28		2	80	63	90			4	65	4	65		
1 Mar	31 Mar	31		31	31		3	10	90	05						Trans to 6 <sup>th</sup> Art Brig		
1 Apr.	30 Apr.	30		30	30		3		124	15		75			75			
1 May	31 May	31		31	31		3	10	82	15		26	25		26	75 + clothing Res Bldg Apr 1915 - 50		
1 June	30 June	30		30	30		3		89	50		3	15		18	104.50 T.G. Bldg		
July		31		31	31		3	10	104	10		4	15		119	19.60 War Loan		
									7	43					7	43 Ex. Duffin		
															27	03		
Aug		31	1.00	31	31	10	3	10	7	43		8	40	15	23	40 37 73		
Sep.		30		30	30		3			33		5	42	15	20	42 50 51		
Oct.		31		31	31		3	10		34	10	7	87	15	22	07 62 34		
Nov		30		30	30		3			33		10	26	15	15	26 70 08		
Dec.		31		31	31		3	10		34	10	8	72	15	13	72 80 46		
Jan		31		31	31		3	10		34	10	5	23	15	11	131 23 83 33		
																10 days 2-P. Jan. 1915		
				497				49	70	7	43	323	85	120	26	95	470	80

43708

Cutting Geo

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	No. of Days	Rate			No.	Date					
						743	55413			32385	120	2695	470.80	
Feb.	29	100	29-	29	10	290	3190			524	15-		2024	9499
Mar	31		31	31	-	310	3410			523	15		2023	10886
		557		5570		743620	131			33432	150	2695	51127	10886

**CANADIAN  
ASSIGNED PAY AUDITED**

*J. H. [Signature]*  
AUDIT CLERK

DATE 4/6/19.....

Checked *[Signature]*

BALANCE TRANSFERRED TO NEW LEDGER.

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

E 27



Name **CUTTING,** **George**  
Surname Christian Name

Regimental Number **43708** Rank **Pte.**

Address (in full)

Unit **#2.D.D.**

**Elora,**

Original Unit

**Wellington Co.,**

District where paid **M.D.2.**

**Ontario.**

Date of Discharge **28-12-18.**

P. D. P. Filing Number

Rates:—Regimental pay \$                      per diem: Field Allowance \$                      per diem. Separation Allowance \$                      per month.

L. L. 22573 - M. & D. 8000.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127.  
50M-6 17.  
1172 39-1140.

Remarks: **Account opened December 27th, 1918.**

File No.....

# WAR SERVICE GRATUITY.

Register No.....

Reg. No. ....

Dependent.....

Address.....

Name.....		W. S. G. File No.....	
Award Address days at \$..... per day \$.....			
S. A. .... months at \$..... per mo. \$.....			
Less P. D. P. Credited \$.....			
Less further debit balance \$.....			
Net due paid as below.....			
Pay Soldier \$.....		TO DEPENDENT	
0	Ag. No	Ch. No	Amount
1			
2			
3			
4			
5			
6	Clerk		

Pay Dependent \$.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. ....  
or overpayment.

Net.....

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR Posting checked by ..... Date.....
---

6849 MEDICAL TRANSFER CERTIFICATE. ①

Army Book 172.

(To accompany a Man Transferred from one Hospital to another.)

Extract from Admission and Discharge Book of B.B. Depot Hospital at Yvelles France Date 23-10-16

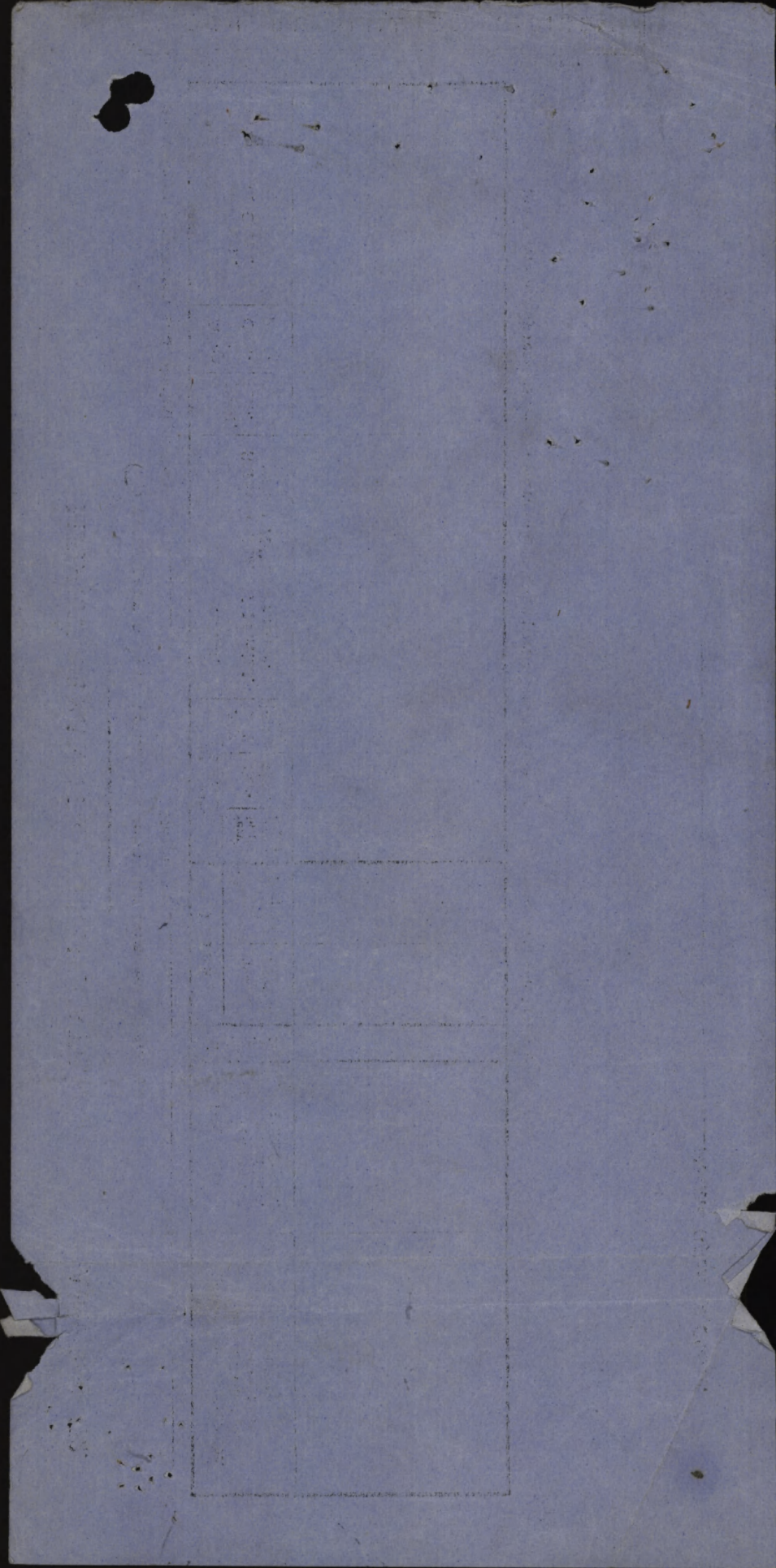
No. of Case	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME.			Completed Years of			DATES		Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred.
				Surname first. If Married, write "M" under name.	Age last birth-day.	Service.	Service in the command.	Admitted into Hospital.	Transferred.					
3009	C.Y.A N.B.		43408	Gnr. Cutting G.	23	26/12	20/12				Presby	D.A. H.	England	

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

W. H. [Signature] Medical Officer in Charge.

MEDICAL CERTIFICATE BOOK.

London: Printed for H.M. Stationery Office by Henry Good & Son, Ltd.





\*Name CUTTING G. Rank PTE. Regtl. No. 43708

Original Present  
Unit unit #2 D.D. M. or S. S Age 24 Religion C/E Fyle Depot.....  
Ref. H.Q.....

Port, ship, and date of arrival Aquitania Quebec 28-11-18

Next of kin Wm. Cutting Elora Ont.

Address on leave Same

Address on discharge Elora, Wellington Co. Ont.

Transportation issued Yes No Date 28-12-18 Character on discharge Wellington

Previous occupation..... Date and place of enlistment Valcartier Camp 25-9-14

Diagnosis Disorganized action of heart Date of Medical Boards 20-21-18  
Anxiety Neurosis

Date.	Remarks	Pt. 2 Order No.
<sup>TOS</sup> 22-11-18	Posted to Cas.Co. (Exhibition Camp.) 28-11-18	
	Granted Leave from 6-12-18 to 20-12-18	
	S " Subs. " " "	234
28-12-18	S.O.S. DISCHARGED "MED.UNFIT" ((91 days PDP.& clo' all')	251

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192  
150M-6-18.  
1772-39-1243.

Surname

Christian Name or Names

Reg. No.

Butting

G.

H 3708

Rank

Unit

Co.

Troop

Batty.

Over Hospital

2 Bgde B. Z. A. Miss (H.P. 100) Gen. Dep.

Date of Admission

#1 ban Gen Hosp.

3. 1. 15-

Transferred

2 Ban Field Amb

Hosp.

27. 3. 16

3 " " "

Hosp.

5. 4. 16

3 " Gen Hosp

Hosp.

2 Ban F Amb

Hosp.

14. 6. 16

Diagnosis

Gonorrhoea + Syphilis  
Influenza

(1) Later Diagnosis (if changed)

T.D.G.

(2)

(3)

N.Y.D. &

Additional Diagnoses: If more than one state present

T.D.G.  
T.D.G.

DISPOSITION

A+D #1 Gen. Ward #108  
B.L. 24. 4. 16 # a 304  
" 25. 4. 16 a 308  
" 28. 4. 16 a 309  
28. 4. 16 A 359  
Ch. 9. 9. 16 A 382  
14. 10. 16 A 409  
25. 10. 16 A 418  
7. 9. 18 A 109-1.  
7. 10. 18 C 134.

Date

Kisch: - 3. 4. 15

Des 22-6-16.

REMARKS

Des 16. 10. 16

Des. 2. 10. 18

Rejoined unit 9. 4. 16

A.M.D. 2 DEPT.

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

P.T.O.

B.P. 1

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.	#1 Stat Hosp Rosen 39 E.H. Ave	1-9-16
2.	E.P. Witley	5-10-16 5-9-18
3.		
4.		
5.		
6.		
7.		

3.

4.

5.

6.

7.

SURNAME.

*Cutting*

2. CARD NO. C  
*1.0.6. Div. 7. 25-12-18. 2*  
*Card. No. 251-2472-15*  
 FOLL. (Com)

CHRISTIAN NAMES

*George.*

REGL. NO.

*43708*

RANK

*Gr.*

UNIT

~~*1st Div. Amn. Col.*~~ *# 2. W. W.*

FORMER CORPS

*30th. Regt. 3 yrs.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Cutting, William*

RELATIONSHIP TO SOLDIER

*Not stated.*

ADDRESS

*Elora, Ont.*

COUNTRY OF BIRTH

*Canada, Elora, Ont.*

DATE

*June 18th, 1893.*

PLACE OF ATTESTATION

*Valcartier, P. Q.*

DATE

*Sept. 25th/1914.*

*o/s. 7-10-14 <sup>27</sup>/<sub>3</sub>*

*R/C 28-11-18, 20/51 m. D. 2.*

From *Quebec* *S.S. "Mégantic" 4-10-14*

MARRIED  SINGLE *yes.* WIDOWER

TRADE OR CALLING *Salesman* RELIGION *Church of England.*

DESCRIPTION.

APPARENT AGE *21* YEARS *3.* MONTHS

HEIGHT *5* FEET *9.* INCHES

CHEST MEASUREMENT *35* INCHES EXPANSION *2 1/2* INCHES

COMPLEXION *Swarthy.* EYES *Blue* HAIR *Brown.*

DISTINGUISHING MARKS *Vacc. left arm.*

MEDICAL EXAMINATION. PLACE *Valcartier, P. Q.* DATE *Sept. 3<sup>rd</sup> 1914*

*Present Address - Not stated.*

A + Daw. 108.

Reg no. nil #3708

Rank.

name D Cutting

Corps. Div. Am. Col.

admitted Jan 3 1915 -

discharged 3/4/15

Discharge Certificate

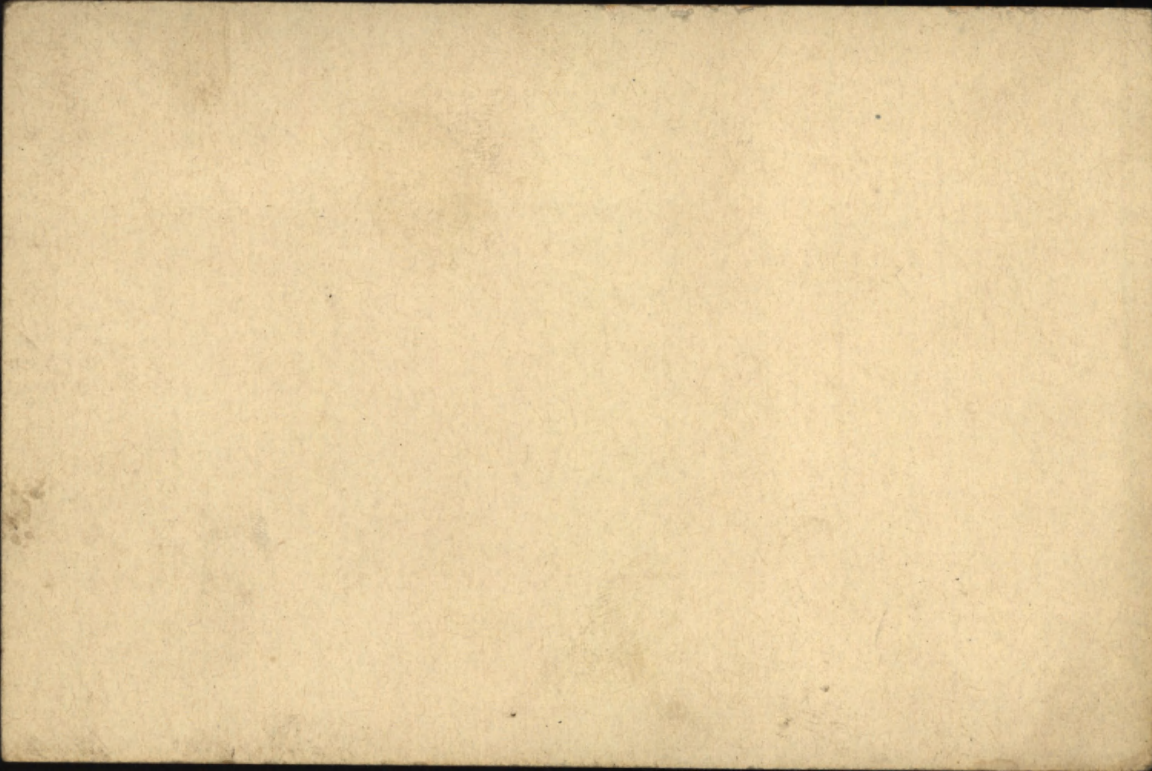
Place - Ints -

a readmission

Previous discharge Jan 2 1915

D

+





a m. P.

13

Number 42708..... Rank.....

Surname C. H. T. I. N. S. ....

A

Christian Names George.....

Unit C. F. A. .... Theatre of War France.....

Dates of Service 5-6-15.....

Remarks 66 Cannon Ave  
Toronto

Latest Address ~~Elora, Wellington Co.~~  
Ont.

4 1423<sup>24</sup> Deep

APR 22 1921

8 3669<sup>1</sup> Deep

JUL 20 1921

NAME

*Cutting*

*G*

REGT. No.

*43708*

RANK AND UNIT

*Pfc*

*42d Aero Labour Unit Gen Exp*

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

C134

Dixie Convalescent Hospital

2-10-16

W.S.S.

Name **Cutting, G.** Rank **Dvr.**Reg. No. **43708**Unit **2nd Brigade, C.F.A.**Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. I.ist
<b>1916</b>						
<b>27-3</b>	<b>No.2 Can.Fld.Amb.</b>		<b>Influenza</b>	<b>A307</b>		
5-4-	<b>No.3 Can Gen Hos</b>		do	<b>A308</b>		
9.4.	<i>Rejoined Unit.</i>		"	<b>A309.</b>		
14 6	<i>No 2 Field Ambulance</i>		<i>V.D.G.</i>	<i>A 359</i>		
22 6.	<i>Discharged as above.</i>		—	<i>a 359.</i>		
1-9	<b>No.1.Stat.Hosp.</b>	<b>Rouen. N.Y.D. Slit.</b>		<b>A382;</b>		
5-10	<b>No;39.Gen.Hosp.Havre.</b>		do	<b>A409.</b>		
16-10	<b>DISCHARGED.</b>		<b>V.D.G.</b>	<b>A418.</b>		









NAME

*cutting G. 6849*

H. Q. FILE No. 649-

REGT'L. No. *43708*

RANK AND CORPS

*Drvr. 2nd Bde. C. G. A.*

CABLE

NO.

DATE

NATURE OF CASUALTY

*(E)*

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
2307	No 2 Can. Hd. Amb.	27-3-16	Influenza
2308	No 3 " " "	3-4-16	"
2309	" " " " Rejoined Unit.	9-4-16	"
A 359	No 2 Can. Hd. Amb.	14-6-16	N. D. G.
A 359	" " " "	22-6-16	" " " Disch.
A 382	1 Stat. Rouen	1-9-16	M. Y. D. slt. G.
A 409	#39 Gen., Havre	5-10-16	M. Y. D.
A 415	Discharged	16-10-16	N. D. G.
C 109	Capt. Witley	5-9-18	N. D. G.

(E)

\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:-	<b>CUTTING George</b>		
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:-	<b>43708</b>		
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT			
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.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
					<i>Form I PR 24/1/14</i>	<i>24/2/14</i>	<i>Plc. P.C. Clerk</i>
UNIT AND TRANSFERS							
ORIGINAL UNIT:- <i>Div Amn. Col.</i>							
DATE ACCOUNT FIRST OPENED: <i>22-9-14</i>							
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'FD	UNIT TRANSFERRED TO
							<i>Ormyl House</i>
							<i>Res. Bde C.F.A. J.</i>
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
<i>7/1/18</i>		<i>Expelled 2 days Pay</i>	<i>2.20</i>				
<i>14/4/18</i>	<i>2126</i>	<i>W. H. W. W. W. W.</i>	<i>9.75</i>				
			<i>11.95</i>				
DAILY RATES OF PAY AND ALLOWANCES							
				AUTHORITY	PAY	F.A.	P.F.A.
				<i>Form I PR 24/1/14</i>	<i>1.20</i>	<i>50</i>	<i>1</i>
				<i>A.O. 50-207</i>	<i>1</i>	<i>10.</i>	

*Dis to Canada 1/1/18. Auth & 28170 by Plc P.C. 81 72*  
*Paid £6 encroachment in deferred pay auth see file*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>March 31</i>	<i>Balance Forward</i>								<i>81.06</i>	<i>90</i>	
<i>April</i>	<i>P.A.</i>	<i>81</i>		<i>AR 1151 HQ Lao 11/4/18</i>	<i>3893</i>						
				<i>AR 3496 HQ Lao 26/4/18</i>	<i>3893</i>				<i>84.20</i>	<i>90</i>	
		<i>81</i>			<i>77.86</i>					<i>29.20</i>	<i>Less PD</i>
										<i>60.80</i>	
<i>May</i>	<i>P.A.</i>	<i>83.70</i>		<i>AR 5535 HQ Lao 10/5/18</i>	<i>3893</i>						
				<i>RCP 7464 HQ Lao 25/5/18</i>	<i>2920</i>						
				<i>AR 8292 HQ Lao 29/5/18</i>	<i>3407</i>				<i>65.90</i>	<i>60.80</i>	
		<i>83.70</i>			<i>102.20</i>						
<i>June</i>	<i>P.A.</i>	<i>81</i>		<i>A 84005 No 729 10R 29.4.18</i>	<i>93</i>						
				<i>AR 10296 Lao 13/6/18</i>	<i>3893</i>						
		<i>81</i>		<i>AR 12785 " 26/6/18</i>	<i>3407</i>				<i>72.77</i>	<i>60.80</i>	
					<i>73.93</i>						
<i>July</i>	<i>P.A.</i>	<i>83.70</i>		<i>AR 1151 HQ Lao 22/2/17</i>	<i>730</i>						
				<i>AR 15701 Lao 10/7/18</i>	<i>4380</i>						
		<i>83.70</i>		<i>18719 " 25/7/18</i>	<i>4380</i>				<i>61.57</i>	<i>60.80</i>	
					<i>44.90</i>						
<i>Aug</i>	<i>P.A.</i>	<i>83.70</i>		<i>A 7562 C.A.D.C. 18/7/18</i>	<i>243</i>						
				<i>AR 25951 Lao 23/8/18</i>	<i>3893</i>						
				<i>AR 23229 " 13/8/18</i>	<i>4380</i>				<i>60.11</i>	<i>60.80</i>	
		<i>83.70</i>		<i>A 1005 C.A.D.C. 23/8/18</i>	<i>243</i>				<i>57.68</i>	<i>60.80</i>	
					<i>87.59</i>						
<i>Sept.</i>	<i>1-3. 3 dy e 2<sup>70</sup></i>	<i>810</i>		<i>AR 2576. 16.9.18. London</i>	<i>268</i>						
	<i>4-30. 27 " e 1<sup>10</sup></i>	<i>2970</i>		<i>AR 30264. 5.9.18. London</i>	<i>2190</i>						
				<i>Q. 4005. 24.9.18. HQ 4.4.18</i>	<i>183</i>				<i>69.07</i>	<i>75.80</i>	
		<i>37.80</i>			<i>26.41</i>						
<i>Oct.</i>	<i>GP</i>	<i>34.10</i>		<i>AR 8549. 14/10/18</i>	<i>14.60</i>						
				<i>AR 241. 10.11.18. 090. Stoppage</i>	<i>17.40</i>						
				<i>from 24.9.18 to 2.10.18</i>	<i>9.97</i>						
				<i>9848 " 29.10.18</i>	<i>55</i>				<i>60.65</i>		
		<i>34.10</i>		<i>AR 136 Lonk - 2.10.18</i>	<i>25.12</i>				<i>17.40</i>		

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
			3/10/18	B/fwd.								6065		
			Nov.	Summer Pay	22		Forfeit 2 days pay. 31-10-18.		2 20			9365		
							S.O. 261. 2-11-18. Gen Depot.							
							UR. 10126 C&D. 14/11/18	9 73				81 70		
					33			9 73	2 20					

CANADIAN  
ASSIGNED PAY AUDITED

*[Signature]*  
AUDIT CLERK

DATE 4/6/19



Pay. 1.20  
 P.D. .50  
 Sub. 1.20

# H3708 Gnr. Cutting, G.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE				1	2	3	4	CREDIT	DEBIT																	
			\$	c.			\$	c.			\$	c.																										\$	c.	\$	c.													
1917																																																						
			1014	20											7	43	1057	63					381	16	76	84	126	53	121	66	210			33	55	94	74	107	89															
April 30	30	1 <sup>st</sup>	33	00											30	1 <sup>st</sup>	30	00																																				
May 31	31	"	52	70									4	80	88	60	28	00			65	11	5	80	7	31	97	31																										
June 30	30	1 <sup>st</sup>	51	00											31	"	31	00																																				
July 31	31	"	52	70											31	"	31	00																																				
Aug 31	31	1 <sup>st</sup>	52	70											30	"	30	00																																				
Sep 30	30	1 <sup>st</sup>	51	00											31	"	31	00																																				
			270																																																			

checked for pay on Sept 28/17  
 o.u. 70c D.B. 53 4 20 u.c. date pay  
 2 3/4/17 1.75/4/17 8 July 2017

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	LANCE	DEFER-	SEP-	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	LANCE	DEFER-	SEP-	REMARKS																																	
										RED.	ALLG.											PAY	ENG.		RED.	ALLG.	PAY	ENG.																													
1917																																																									
	ret Bal Fwd												21-10			1918	Town																																								
	Oct 31 dep @ 270	8370											10456	90		Mar 31	Ret 31/3/17 @ 22	8370																																							
													18826																																												
	Mar. 30 dep @ 270	81											10065	90																																											
	Dec 31 dep @ 270	8370											181.65																																												
		16470											9502																																												
1918	Jan 31 dep @ 270	8370											13204	90																																											
		8370																																																							
	Feb 28 dep @ 270	7560											12062																																												
		7560																																																							

CANADIAN  
 ASSIGNED PAY AUDITED  
  
 AUDIT CLERK  
 DATE 4/6/19

new sheet

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

D. 2  
No. 56

## 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. 43708 Rank Pte. Name CUTTING, G  
 Corps No. 2 District Depot who was\* discharged  
 On Dec. 28, 1918 191... to Dec. 1, 1918 191...  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Dec. 1, 1918 191...  
 to Dec. 28, 1918 191... the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	31	72
Advances } No. ....			Reg'l. Pay <u>28</u> days at \$ <u>1</u> c. ....	28	
by } No. ....			Field Allow. <u>28</u> days at \$ <u>10</u> c. ....	2	80
Assigned Pay and Sep'n'Allee. No. ....			Separation Allowances* (Monthly) .....		
Other charges			Other Allowances* <u>Subs.</u> .....	12	
Payment on transfer or discharge No. <u>13572</u>	109	52	Other Credits* <u>Clothing</u> .....	35	
Balance Cr. (to be paid by the new unit) .....			Bal. Dr. (to be deducted by new unit) .....		
<b>Total</b> .....	<b>109</b>	<b>52</b>	<b>Total</b> .....	<b>109</b>	<b>52</b>

\*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned  
 { Pay for the month of ..... 191... }  
 { and Sep'n'Allee. for month of Nil ..... 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.

Out 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 No .....
- (3) cause of discharge ..... authority D.O. 251 .....
- (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 26.12.18  
 Place Tor. Depo. Ont.

*M. J. ...*  
**CAPT.**  
**PAYMASTER, No. 2 DISTRICT DEPOT**

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.

AMERICAN CONTINENTAL EMERGENCY FORCE

AMERICAN CONTINENTAL EMERGENCY FORCE

AMERICAN CONTINENTAL EMERGENCY FORCE

11/16

1

1

AMERICAN CONTINENTAL EMERGENCY FORCE

AMERICAN CONTINENTAL EMERGENCY FORCE

11/16

AMERICAN CONTINENTAL EMERGENCY FORCE

AMERICAN CONTINENTAL EMERGENCY FORCE



\* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a \* Medical Board

assembled at Quebec, Military Hospital

on the 5th. December 1918

by order of OFFICER COMMANDING

for the purpose of examining and reporting on Gnr.

CUTTING, G. No. 43708

PRESIDENT.

H.R. McNair, Capt. A.M.C.,

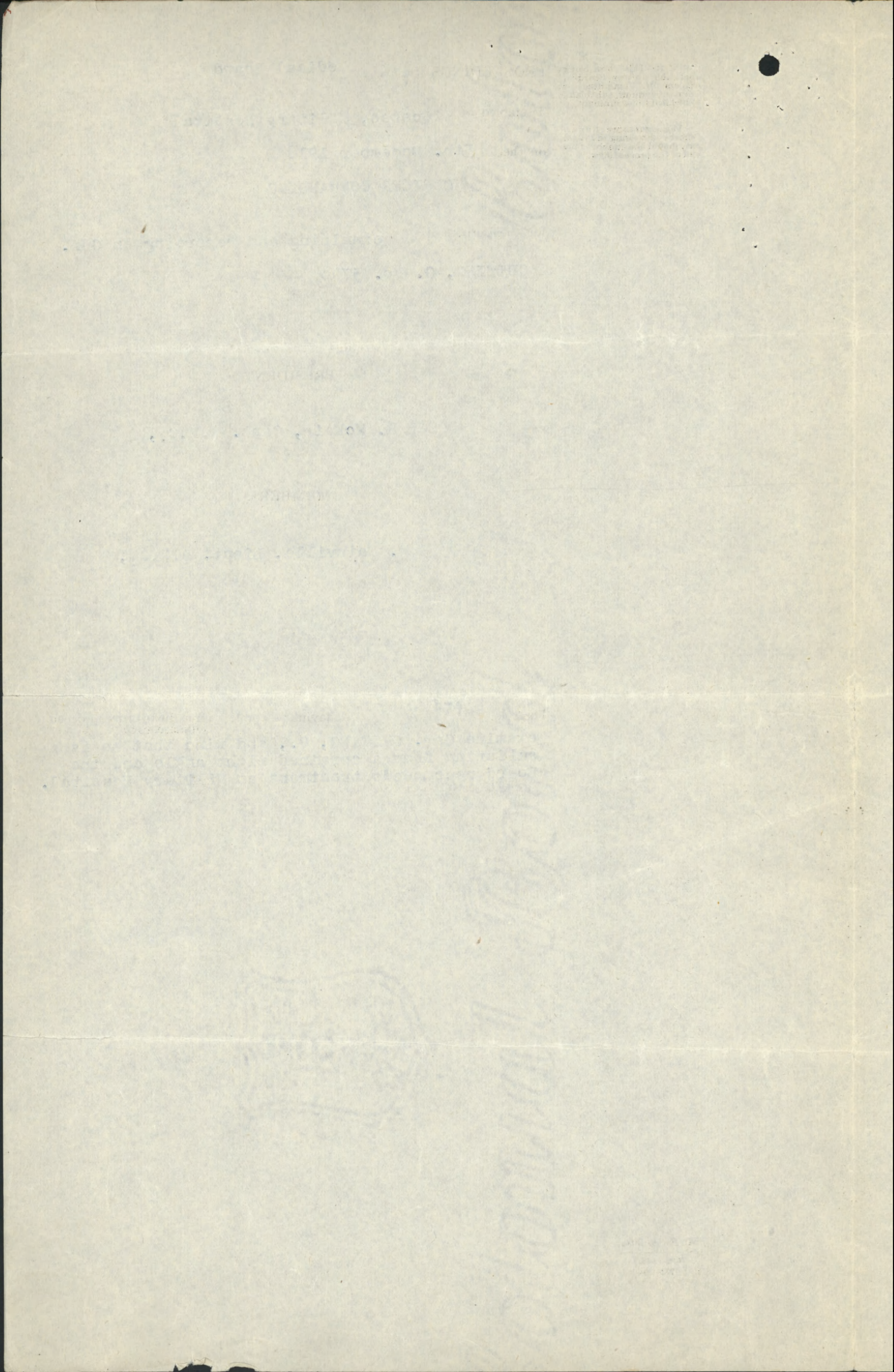
MEMBERS.

R. Rainville, Lieut. A.M.C.,

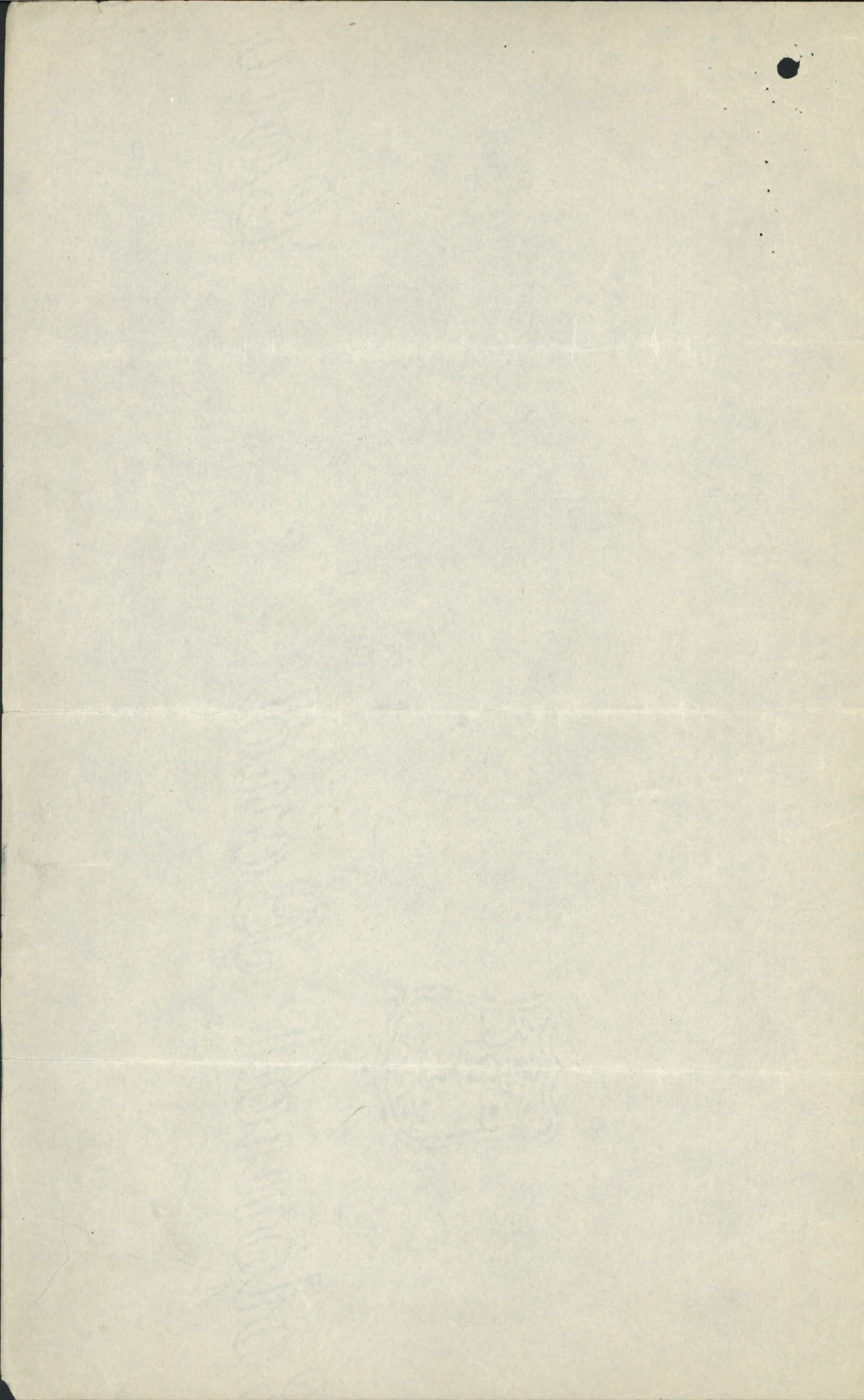
Board

The ..... having assemble pursuant to order, proceed to examine Gnr. CUTTING, G., and find that he is suffering from a sprained right ankle and the Board recommends treatment at Military Hospital.

*H.R. McNair Capt. A.M.C.*  
*R. Rainville Lieut. A.M.C.*







6849



Reserved for M.H.C.

Regt. No. 43708 Rank MG Surname CUTTING Christian Name GEORGE  
 Unit or Corps—(a) Overseas from United Kingdom 5<sup>th</sup> BATTY (b) in United Kingdom GEN. DEPOT  
 Born at—Town ERIN County or Province ONT. Country CANADA  
 Date of Birth—Day 18 Month JUNE Year 1893 Age 25 yrs. 6 months.  
 Joined at VALCARTIER QUE Date 25-9-1914  
 Former trade or occupation SALESMAN

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

Height—feet 5 inches 10 Colour of eyes BLUE

Signature of Soldier (for identification purposes) George Cutting

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)

D. A. H.

Disabilities Group (b)

Disabilities Group (c)

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i) As to Group (a) above.	<u>ACTIVE SERVICE CONDITIONS</u> <u>Somme</u>	<u>August 1916</u>
(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? No
- (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? —

6849

5. MEDICAL HISTORY.

Sent back to England 25/10/16 with D.A.H.

- No 1 Gen. Hosp. 3/11/14 to 3/4/15 Gonorrhoea
- No 2 Can. Gen. Hosp. 27/3/16 to 5/4/16 Influenza
- No 3 Can. Gen. Hosp. 5/4/16 to 5/11/16 Influenza
- No 3 Can. Gen. Hosp. 5/4/16 to 2/2/18 Influenza
- E.S.H. Witley 11/9/18 to 2/10/18 Gonorrhoea

No other hospital admissions.

Boards at Hastings 25/1/17 cat. Ciii Shell Shock.

" at London 18/11/17 Bii } no disability mentioned.

" " London 21/5/18 Bii

Went to France in May 1915 until Nov. 1916. Up front with 5th Battalion.

6. PRESENT CONDITION.

Soldier of only fair physique. On exertion complains of shortness of breath and dizziness. During past few weeks has had pains in head, morning especially. States he feels nervous and sleeps poorly.

Exam: Heart rate: 100 per min. standing, after 20 seconds of exercise increase to 120 per minute, returning to 100 after four minutes rest. After exertion was dizzy and fatigued. No murmurs heard. No irregularity of pulse.

Other systems normal.

H.A.A

7. OPERATION. (i) Was one performed? No (ii) If so, state what. —
- (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? No
- (ii) If so, describe. —

9. DO YOU RECOMMEND:
- (a) Fit for duty? Bii (state category)
- (b) Invalid to Canada? —
- (c) Discharge from the Service as permanently unfit? —

Date of Report Nov. 1918 Station Witley, Surrey Eng.

Signed H.J. Robillard, Lt. Col. Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except

Mr. F. L. Fuller, Capt. (Officer i/c Hospital) Strike out one (S.M.O. Brigade) of these

Dated at Camp Witley Station, on 11th Nov 1918

\*Delete if inapplicable.

6849 (I)

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

10. Is the disability 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? Aggravated? } *no* (b) Misconduct of the Soldier { Caused? Aggravated? } *yes*

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*

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.) *eight tenths*

15. Permanency of the Disability due to Service estimated next above in (14). (i.) Is it permanent? *no* (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? *no*

17. Can the former trade or occupation be resumed? *yes*

18. REMARKS:— *Head sounds muffled and of not very good quality but no adventitious sounds heard.*

19. RECOMMENDATION:— (a) Fit for duty? *yes* (state category) *fit* (b) Invalid to Canada? *no* (c) Discharge from Service as permanently unfit? *no*

Signature section with fields for Date of Board, Station, Signatures of the Board, Approved (MAJOR, A.D.M.S.), and Dated at (D.A.D.M.S. CANADIAN TROOPS, WITLEY). Includes a stamp: A.D.M.S. HEADQUARTERS, CANADIAN TROOPS, 14 NOV 1918, WITLEY.





Attestation Paper ✓  
Casualty Form ✓  
Field Conduct Sheet ✓  
Med: Hist. Sheet ✓  
Med: Board Proc. ✓  
L: O: S: 2 ✓  
O. A. D. O. 5009 ✓  
Last Pay Cert. ✓

Account of Paper

Year 1783

1783

1783

1783

1783

1783

6849 Examined By

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Exhibition Camp DATE Dec. 20, 1918.

1. 1 (a) Unit #2 D. Depot (b) Regimental No. 43708 (c) Rank Pte.  
 (d) Surname CUTTING (e) Christian name George  
 (f) Home address Elora, Ont.  
 (g) Next of Kin Mrs. Wm. Cutting (h) Relationship Mother  
 (i) Address of Next of Kin Elora, Ont.

2. Age last birthday 25 Date of birth 18th June, 1893.

3. Enlistment, or Appointment (if an Officer) (a) Place Valcartier, Ont. (b) Date 25/8/1914

4. Personal description:

(a) Height 5' 10" (b) Weight 140 (c) Complexion Medium  
(stripped)

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Vaccination 1 Left

5. Former trade or occupation Salesman.

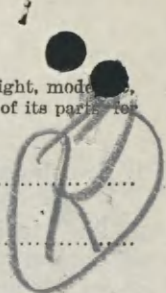
6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	115

	PERIODS	
	From	To
Canada	Aug. 25, 1914	Oct. 1914
England	Oct. 1914	May 1915
France or other theatres of War	May 1915	Nov. 1916
Canada and England.	Nov. 1916	to date.

7. Original disease, or injury (1) ~~XXXXXX~~ Disorganized Action of Heart.  
 (2) Anxiety Neurosis

(a) Date of origin (1) & (2) Nov. 1916 (b) Place of origin (1) & (2) France (Somme)

(c) Cause (1) & (2) Explosion of shells in action.



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

(1) Partial loss of function circulatory system.

(2) Partial loss of function nervous system.

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

(1) OBJECTIVE:- Pulse sitting 96, standing 104. Exertion dancing on toes for 2 minutes 120. Resting 2 minutes again 96. Respiration 20 at rest, on exertion as above 26. Blood Pressure systolic 125 diastolic 65. No abnormal heart sounds found. Respiratory sounds normal.

SUBJECTIVE:- States has shortness of breath and palpitation on exertion. Can walk at his own pace indefinitely. At quick time marches would get short of breath in 20 minutes or less. States that he gets somewhat dizzy on quickly rising from recumbent position which would pass away in 2 or 3 minutes.

(2) OBJECTIVE and SUBJECTIVE:- See Specialist's Report attached.

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

Nervous System... Yes Cardio-Vascular System... Yes Genito-Urinary System... No
Special Senses... No Respiratory System... No Integumentary System... No
Disturbances of Mentality... No Digestive System... No Muscular System... No
Osseous and Joint Systems... No Any other general condition... No
No Haemorrhoids, no Hernia, no Varicocele, no Varicose Veins.
Urinalysis negative.

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

Nov. 1916 was troubled in action and returned to Base and sent to England. States he was not admitted to hospital for this condition. No Medical History Sheet available. English Board papers show admissions to Hospital for Venereal Disease (Gonorrhoea) and Influenza at different times.

6849-

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

Had diseases of childhood.

No other illnesses.

(c) (Here give a description of wounds, scars, and deformities. 1 Vaccination scar left arm. Small scar on right cheek.

11.—(a) Did the disabling condition have its origin before enlistment? (1) & (2) No.

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

(1) & (2) Not applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (1) & (2) No.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) & (2) 6 to 12 months.

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

Symptomatic treatment at times. None in Hospital.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (1) & (2) No. (If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations. Category B2.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of.

Signature of invalid examined. Rank.

6849

OPINION OF THE MEDICAL BOARD

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

We concur except Sec.17. Consider C3 to be his category.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

That he be placed in Category "C3"

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

PLACE Toronto

DATE Dec. 20, 1918.

*[Signature]* President.  
*[Signature]* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

APPROVED BY  
*[Signature]*  
 Assistant Director of Medical Services.  
 DATE 22/12/18

APPROVED BY  
 Director-General of Medical Services.  
 DATE.....

DUPLICATE 6849

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname CUTTING Christian Name George

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Elora County Ont.

Examined ... on 3rd day of September, 1914. at Valcartier

Declared Age ... years ... days.

Trade or Occupation ... Salesman

Height ... 5 feet, 9 inches.

Weight ... 140 lbs.

Chest Measurement { Girth when fully Expanded. 35 inches. Range of Expansion 2 1/2 inches.

Physical Development ... Fair

Vaccination Marks { Arm ... Right Left Number 1

When Vaccinated ... 1911

Vision ... { R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

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

Approved by (Signature) E. Donald (Rank) Major A.M.C. Medical Officer.

Enlisted ... at Valcartier on 25th day of September, 1914

Table with 2 columns: Corps (D.A.C., No.2 Depot Battery) and Regtl. No. (43708)

Became non-effective by

on ... day of (Signature) (Rank)

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and the two made to read have been taken from the Attestation Paper. W. R. WARD, Colonel in Charge of Records, Canadian Contingents, I.T.O.





(G)

6849

**The Sick List in the case of Warrant Officers treated in quarters.**

Number  
Days  
in  
Hospital

Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital must be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer.

52  
7  
4

Well

G.M. Davis, Capt.

Trans to No 3 S.F.A.

A 307

Trans to No 3 Gen. Hosp

A 308

Rejoined Unit

A 309.

6849

### Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date.	Brief details, and signature.
1914	Vaccination - O.K.
1914	Inoculation - O.K.

### Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

I certify the foregoing to be a true copy of an original entry on the  
 Medical History Sheet of this man  
 J. A. M. C.  
 for the Officer in Charge of Records  
 Canadian Contingents.

*3B*

*12*

Regtl. No. *440318* Rank *Pte*

★ "OLYMPIC" ★  
Sa-7.12.18. E. 1. 12.18.

Name *Cutting Eric A.*  
(Christian Names in full) (Surname)

Unit *S.P.D.* Regt. *53rd Batt*  
or Corps

Category *B.2* Next of Kin *Wife*

REASON FOR RETURN

Medical Board held at Bramshott..... 1918

INTENDED PLACE OF RESIDENCE *Shell Lake Sask*

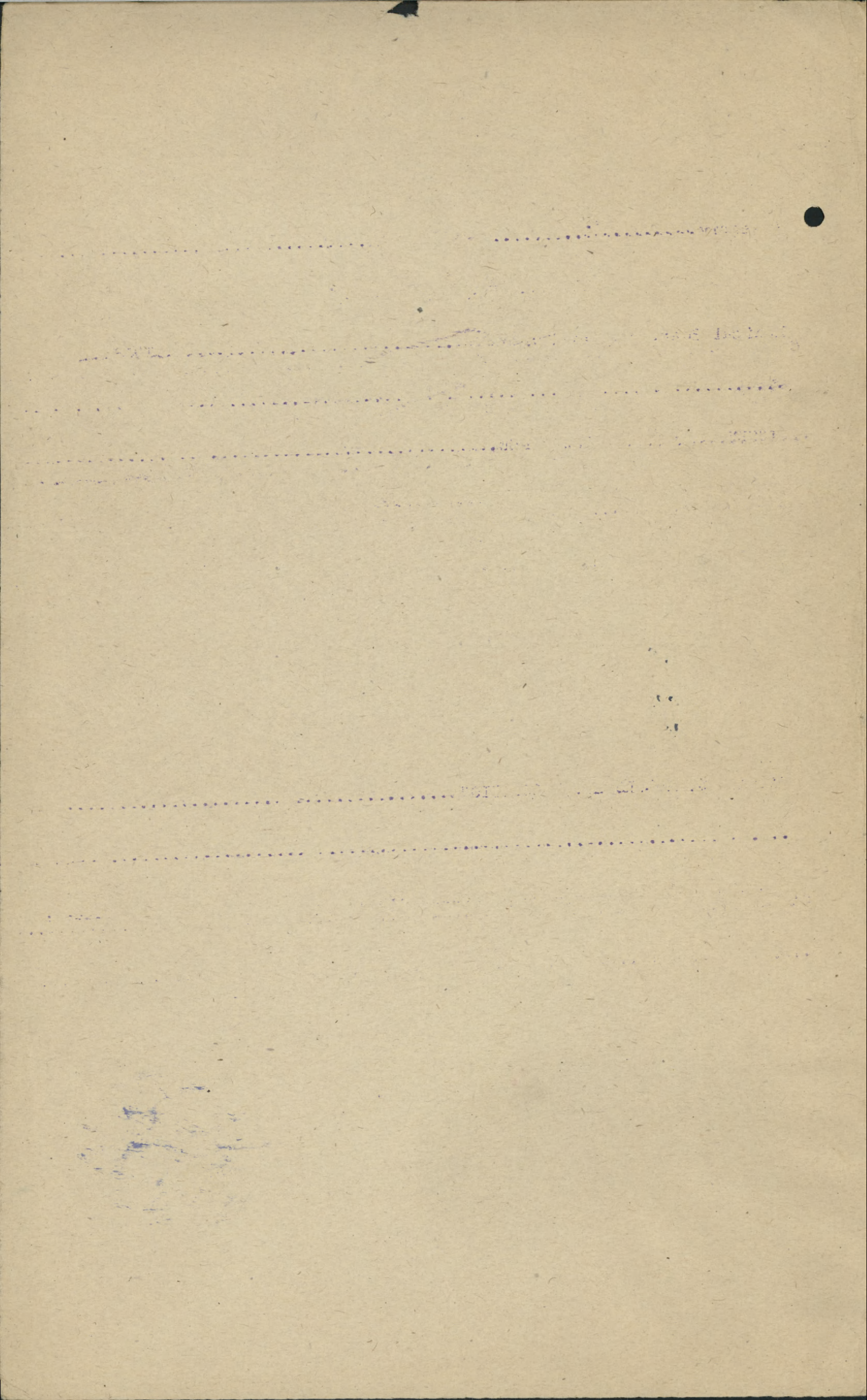
**COVER**  
**FOR**  
**DISCHARGE DOCUMENTS.**

CAMPAIGNS, MEDALS AND DECORATIONS *4 months France*

SAILED  
DEC 7 1918  
ARRIVED  
14 12 1918







118-13/119

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

EXHIBITION

JB.

1. No. 43708	
2 Rank. Pte.	
3. Name. CUTTING George	
4. Unit. C.F.A. (2.D.D.)	
5 Date of Discharge	Dec. 28th, 1918. Place TORONTO, ONT.
6 Reason for Discharge..... HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.	
7. Authority. D.O. D.D. #2. Pt. 11 251.	
8. Proposed Residence after Discharge.....	
Elora Wellington Co. Ont.	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate	
M. F. W.?	
<i>George Cutting</i>	
Signature of Soldier.	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place Toronto, Ont.	
Date Dec. 28th, 1918.	
Signature.....	
(O. C. Discharging Unit.)	



*W. H. J. [Signature]*

(O. C. Discharging Unit.)

*KC Comp 14.10-19 BB*







LIST OF DISCHARGE DOCUMENTS.

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

*C-703*

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

M. OR S. \_\_\_\_\_ REGT. No. 43708 RANK Pte. NAME (IN FULL) Cutting, GEORGE 28

ORIGINAL UNIT C. E. F. C.F.O. IF IN P. F. WHAT UNIT? 163 Exclid Ant Toronto Ont  
(BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

DATE OF ATTESTATION 25/9/14 TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY, \$ \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_

DATE EFFECTIVE \_\_\_\_\_

IS SEPARATION ALLOWANCE PAID? Nil TO WHOM PAID \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ ANY CHANGE IN ASSIGNEE OR ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_

DISCHARGED PLACE 20.20 DATE 28/12/18 REASON m.u. AUTHORITY D0251 IF ENTITLED TO POST DISCHARGE PAY \_\_\_\_\_

Elora, Wellington Co. Ont.

5th to 59

MONTH	PAY AND F. A.		OTHER CREDITS			TOTAL CREDITS			ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES			TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS				
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2			COL. NO. 3	\$	C.	\$	C.	\$	C.		\$	C.	\$	C.
Balance from previous account	<i>183 days</i>							<i>420 00</i>																				
																			<i>33 00</i>									<i>Dr received P.L 1009, June 9</i>
																											<i>a 2040 mailed 4/2/19</i>	
																											<i>241333 mailed 31-3-19.</i>	
																												<i>W. S. G. PAID IN FULL</i>
																											<i>FOR PAYMASTER WAR SERVICE GRATUITY</i>	
								<i>420 -</i>																			<i>LIEUT.</i>	
																											<i>But.</i>	

W. S. G. PAID IN FULL

FOR PAYMASTER WAR SERVICE GRATUITY



Rank and Name **CUTTING, George**

Regimental No. **43708**

Unit **D.A.C.**

Date of enlistment **24 Sept. 1914.**

Place of birth **Ont.**

Married (Yes or No) **No.**

Rank in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin

**William Cutting,  
Elora, Ont..**

N/E. D.B. No. **3404**  
File R.L.  
Category **OR Ban.**

Date and place of discharge

Reason for discharge

Character on discharge

**H** X HQ

**(4)**

**(R27)**

**133/79**  
**15**

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
3/4/15	Depot Bat.	Taken on Strength	Shorncliffe	3/4/15	Part II Orders #20.
22-3-15		with No. 2 Depot Battery	"	22-4-15	A Roll of Sub Record.
28-6-15	Col. Res Sgt	Drafted to France	"	28-6-15	Part II O# 64
3. 7. 15	OC 2nd B	Taken on from En g.	Raven	5 6 15	" " #19
29-1-16	"	Sentenced to 10 days P. H. 1.	France	14-1-16	Part II O# 5.
24. 4. 16	"	Admt No r B. Fleet	"	27/3/16	Influenza Cd A307
"	"	Co No 3 " "	"	5/4/16	" " A308
28. 4. 16	"	Rejoined Unit	"	9/4/16	" " A309
7. 6. 16	"	Proceeded on leave	"	16/5/16	Part II O# 10
21. 6. 16	"	Returned fr leave	"	4/6/16	" " #4
20. 7. 16	"	Admt No r C. 7 A	"	14/6/16	Cd A359
"	"	Discharged	"	27/6/16	" "

*GD*

*6849*

*E-24869*

*210*

684.9

Report	NAME and Address of Next of Kin		Place	Date	REMARKS Taken from Official Documents
Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.			
9.9.16	To and Bde	Advt No 1 Staff Corps	Rouie	17/9/16	Ed 2382 1/87
14.10.16	"	Lo No 39 Gen Corps	Barrow	5/10/16	" A409 "
28.10.16	"	Discharged	"	16/10/16	" A418 "
1.11.16	"	Classified "C" and transf'd to 3646		27/10/16	P. II O 93
6.11.16	acac	Taken on strength of Base	Shoeham	5/11/16	Pl # 0.487.
11.11.16	L.C.R.C.	From base to Gen Duty Dept. B.D.	Shoeham	9.11.16	Pl # 0.497
24.2.17	Adj. Gen.	Att'd for duty as Orderly	London	24.2.17	" " 48
12.3.17	9cccl	S.O.S to Art of Bde Sh'cl'p	Hastings	10.3.17	" " 118
12.3.17	A. G. BR.	Ceases to be Att'd On	LONDON	10, 3, 17	Pt. D, 0 61
		Attachment H. D. COMF.			
24-12-17	Arty Regt Depot	Ceases to be shown on Command & is based on Posting to H.C. C.M.F.C.	Witley	Jan 14-12-17	Pl # 207, 290
5.9.18	Hq. O.M.F.	S.O.S. to Gen. Dep.	London	4.9.18	Pl # 207, 2021b
23-11-18	Gen Depot	On Com Port of Embarkation	Witley	22-11-18	-279.
28-11-18	Gen Depot	Pt 3 27, d/23.11.18 Amer Po Read		22-11-18	-283.
		SOS to EF ce dec. To Post. f Emb			

(7)

Forc

Pl # 08d/17.3.17 of Reg Depot.

Hq. O.M.F.  
Pl # 201 d/12/17

H.C. C.M.F.C.  
Pl # 207 d/14/17

Gen Depot

Pl # 207, 2021b 1/11-9-18