No 2

1st Depot Bn., E. O. Regt., C. E. F.

M. D. Depot Battalion Regiment

Regtl. No. ~~4020198~~ 3055198

auth. C.O.R. 1st Depot Bn (2nd Draft) S.R. 24-1-18.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

DUPLICATE

1. Surname: Gatchell
2. Christian name: Cecil Henry
3. Present address: Hospital for Insane. Mimico. Ont.
4. Military Service Act letter and number: PR 558628
5. Date of birth: 1st. April 1897
6. Place of birth: Kinmount. Ont. (town, township or county and country)
7. Married, widower or single: Single
8. Religion: C of E.
9. Trade or calling: Hospital Attendant
10. Name of next-of-kin: James Gatchell
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Kinmount. Ont.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: 3 years 46th. Regt.
15. Medical Examination under Military Service Act:—

(a) Place: Toronto. Ont. (b) Date: 7/11/17 (c) Category: A2

DECLARATION OF RECRUIT

I, Cecil Henry Gatchell, do solemnly declare that the above particulars refer to me, and are true.

Cecil Henry Gatchell (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 20 yrs. 6 mths.

Height: 5 ft. 9½ ins.

Chest measurement: fully expanded 39 ins.; range of expansion 3 ins.

Complexion: Medium

Eyes: Grey

Hair: Light

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

Wax both ears.

R. W. Smith Lt. Col.

O. C. 1st Depot Bn., E.O. Regt., C.E.F.

O. C. Depot Btln.

Regt.

Place: Kingston. Ont. Date: JAN 3 1918

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

REGIMENTAL DOCUMENTS

05401

Pte NAME GATCHELL CECIL HENRY REGT. NO. 3033781 4020198 UNIT 1st B.C.R. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
						DEATH
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					
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)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob.
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	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)					
2	Death Cert					
1	Disp. "					
1	Pen. Med. Board					
1	W.D. Fin. & Eng. Med Board					
1	Pay Card					

H

W 2589
100M-11-18
Forms 39 1877

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

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins.....1st. Depot Bn. R.O. Regt. CEF.

(2) Regimental Number 4020198

(3) Full Name of Soldier.....Cecil Henry Gatchell

(4) Place of Birth.....Kilmount. Ont.

(5) Are you married, or not ?.....No

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

(b) Present Postal Address.....Nil

(7) Are you a widower ?.....No

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

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

Also their names and ages.....Nil

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....Yes.....

If so, state name and address .....James Gatchell, Kilmount, Ont.....

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

If so, state name and address.....Mrs. Theresa Gatchell, Kilmount. Ont.....

.....

(11) If your Mother is a widow.....No.....

Are you her sole support, or not ?.....No.....

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

.....Nil.....

.....

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

.....Nil.....

.....

.....

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

.....Nil.....

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

If so, in what Company ?.....Nil.....

Have you made arrangements for payment of your Insurance premium.....Nil.....

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

R. W. Smart Lt. Col.

O.C. 1st Depot Bn., E.C. Regt., C.E.F.

Officer Commanding.

Date.....JAN 3 1918.....

4020198

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

COPY

COPY

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

1. Surname Gatchell Christian name Cecil Henry

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

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

4. Address (including street and number, if any) Hospital for Insane Penetanguishene Ont.

The following are accurate particulars with regard to the above-named man as ascertained by the medical examination on the 7 day of Nov. 1917, by the undersigned medical board sitting at Toronto, Ont.

5. Age as stated 20 Years 6 Months. 6. Apparent age Years Months

7. Height 5 Feet 9½ Inches. 8. Weight 160 Pounds.

9. Chest measurement { Minimum 36 Ins. / Maximum 39 Ins. } 10. Complexion Med. { Eyes Grey / Hair Lt. Brn.

11. Physical development. Fair { Good / Fair / Poor } 12. Smallpox marks Nil

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

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Wax both Ears.

16. Slight defects but not sufficient to cause rejection

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

(Strike out disease admitted or suspected.)

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

Vision R 20-80 L 20-30
With glass 60-30
Hearing Normal

President.

Member. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.	JAN 17 1918		J C Greenlees Capt AMC M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined JAN 3 1918 day of 191 at Kingston

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Bn	4020198.		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

Signature of Man (Sgd) Cecil Henry Gatchell

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				

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 4020198 (Rank) Pte

Name (in full) Cecil Henry Gatchell enlisted in

the 1st Depot. Battalion C. O. Regt

CANADIAN EXPEDITIONARY FORCE at Kingston on the 3rd

day of January 1918

HE served in England with C. F. C.

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age 22

Height 5' 9½"

Complexion Medium

Eyes Grey

Hair Light

Marks or Scars

C H Gatchell
Signature of Soldier

Date of Discharge

16-9-19

J J Reid
Issuing Officer

Capt
Rank

Date 12-9-19 19

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.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. ..... (Rank) .....

Name (in full) ..... enlisted in

the .....

CANADIAN EXPEDITIONARY FORCE at ..... on the .....

day of ..... 19..

HE served in .....

and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

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

Age	Marks or Scars
Height	
Complexion	
Eyes	
Hair	

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date 19

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.M.B. 28A.
1048-D.P.-200M-11-18.
S.O. 1772-29-288.

M.S.A. 5.

4020198.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname Gatchell Christian name Cecil Henry

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

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

4. Address (including street and number, if any)... Hospital for Insane Mimico Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7 day of Nov. 1917, by the undersigned medical board sitting at Toronto Ont.

5. Age as stated 20 Years 6 Months. 6. Apparent age 20 Years 6 Months

7. Height 5 Feet 9 ½ Inches. 8. Weight 160 Pounds

9. Chest measurement { Minimum 36 Ins / Maximum 39 Ins. 10. Complexion med { Eyes grey / Hair light

11. Physical development fair { Good / Fair / Poor 12. Smallpox marks nil

13. Number of vaccination marks { Right arm nil / Left arm nil 14. When vaccinated last nil

15. Distinctive marks and marks indicating congenital peculiarities or previous disea Wax both ears

16. Slight defects but not sufficient to cause rejection nil

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis } With glasses R 60 L 30

(Strike out disease admitted or suspected.)

Eyesight RD 80 LD 80 Hearing R normal L normal Nose nornal Throat normal.

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

C R Hawkish Capt President.

A M Medd Capt Member. W Robertson Lt Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.	JAN 17 1918		J C Greenlease Capt M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined JAN 3 1918 day of 191 at Kingston

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Bn			15/2/18
Transferred to.....	6th Res Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Seaford.	4.4.18.	Defective Vision	B T Wounded Capt
Sunnybrook.	26-4-18.	Do	Bone Lt Robertson Capt
Do	14/6/19	Discharged	B T absolute Capt

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

Signature of Man Cecil H Gatchell

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				

A. Coy

C.A.D.C. 3669A

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

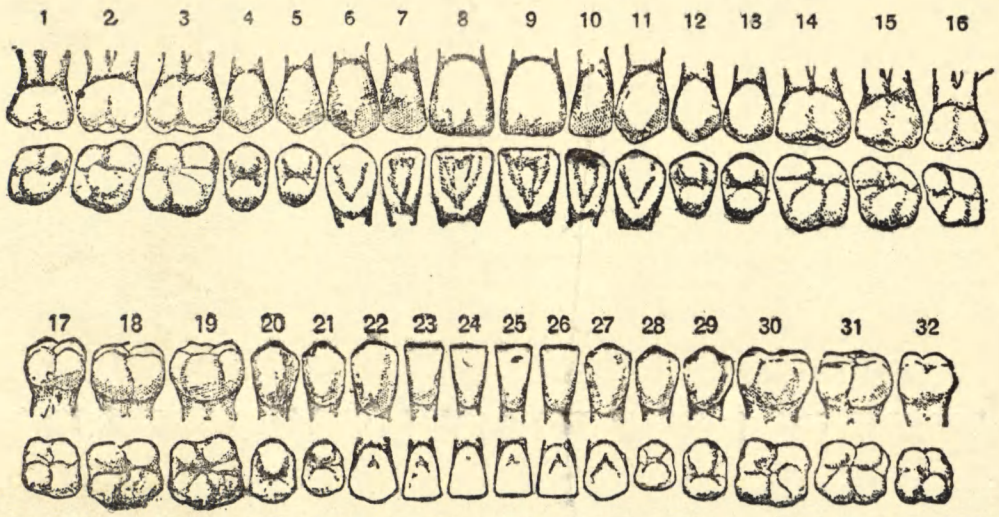
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) GATCHELL. C. H

REGIMENT C.F.C. RANK PTE No 4020198

Date of Examination in England 5-7-19 | 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 None
2. EXTRACTIONS None
3. CROWNS None
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

   None

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 yes
- (c) In France

Signature of Dental Officer J W Tweddle Capt

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3.

NAME OF SOLDIER Gatchell G.H.

REGIMENT 80 R. A Co. RANK Pte No. 40 20 19 8.

M.F.B. 465
2000M-1-17
1742-38-950

INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918 Jan 18	1/14																		Lt. C.E. McCarthy	3	Complete

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Form R 122.
10287—65M—28-7-17.

Dft From 1st Depot Bn. To. E O Regt, Depot

ET.

Rank Name GATCHELL, Cecil Heneary Reg'l No. 4020198

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

Place and Date of Enlistment Kingston, Jan, 3rd. 1918. Place of Birth Kinmount, Ont.

Name and Address, Next-of-Kin Mr C.H. ~~James~~ Gatchell,

~~Kinmount, Ontario. Canada~~, Relationship ~~Father.~~

62 The Crofts. Witney. Oxfordshire

Assigned Pay Monthly $ Payable to Pte 80d/19.12.18 52 Dnt CFC

Relationship Wife

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 2693 File R.L. Category Canada

Discharge, Date and Place Reason X 303 Character

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.
CFC		**Arrived in England 6-2-18 S/S SCOTIAN**			
7.2.18.	4th Res Bn.	T.O.S. from Canada.	Ke	Seaford. 6.2.18.	Pte II D/o. 32.
16.2.18.	6th Res Bn.	Posted from 4th Res Bn.	"	" 15.2.18.	— 40.
8.4.18.	"	Posted to E of R.D. attached to 6th Res Bn.	"	" 8.4.18.	— 83. E of R. D/o. 99 d/12.4.18
25.4.18.	"	Ceases to be attchd from E of R.D.	"	" 25.4.18.	— 98. E of R. D/o. 112 d/26.4.18.
26.4.18.	E of R.D.	S.O.S. to C.F.C. Sunningdale	"	" 25.4.18	— 112. C.F.C. R.D. T.O.S. Pte. 100 d/2.6/4/18
8.5.18	C.F.C. Dnt. 52.	T.O.S. from B. Depot.	Ke	Carlisle. 3.5.18	— 18 C.F.C. R.D. T.O.S. Pte. II. 106 d/3/5/18
30.10.18	" "	Granted permission to Marry	"	"	— 65
19.12.18	" "	Married with perm			
19-2-19	" "	L.S. & B. & C.F.C	"	" 15.2.19	— 14 A Pte 51 B 19 C.F.C. d/20-2-19.

EOR

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.
14.7.19	R.D.C.F.C.	Durban C.C.C. Witley	Pt. Edale	14.7.19	D0195.
22.7.19	H. Long	T.O.S.	" Witley	14.7.19	- 67 D.O. 202 2/21-7-19. CFC RD
11-8-19.	C.D.D.	T.O.S. from H. King	" .	9-8-19	- 184
		D39-I-10. 4.9.19.			
4.9.19	C&S	N.O.S. to Canada	Preston	4.9.19	- 205

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Bn., E. O. Regt., C. E. F.

Regimental No. # 4020 198 Rank Pte Name Cecil Henry Gatchell

Enlisted (a) JAN - 3 1918 Terms of Service (a) C. E. F. Service reckons from (a) JAN - 3 1918

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) Hospital attendant

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
		Embarked. H. M. T. Scotian	St Johns Canada.	22/1/18	
		Disembarked	Liverpool	6/2/18	
72-18	O.C. 7th Res. Bn.	T.O.S. from 1st Depot Bn. Kingston, Canada.	Seaford.	6-2-18	Pt.2. D.O. No.32.
16/2/18	O.C. 6th Res.	S.O.S. 7th Res. to 6th Res Bn.	Seaford.	15/2/18	Pt II B.O. 40
8.4.18.	OC. 6th Res.	S.O.S. 6th Res. reporting to EORD.	Seaford	8.4.18.	Pt II B.O. 83.
12.4.18	OC. EORD.	Taken on Strength EORD. and on Command to 6th Res. Bn.	Seaford	8.4.18.	C. R. Rudyard OFFICER i/c RECORDS 6TH CAN. RES. BN. R. 220. 69. E. J. Osborne Adjutant, for Officer Commanding, East Ont. Regt. Depot

(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				
8.4.18.	OC. 6th Res.	Attached 6th Res. pnr. C.O.R.D.	Seaford ~~8.4.18~~	8.4.18	Pt II B.O. 83.
26/4/18	C.O.R.D	Leaves to be on comm to 6th Res vice 50 I of C.O.R.D on transfer to Can Forestry Corps Sunningdale	Seaford	25/4/18	Pt II Do 112 C.B. Osborne Adjutant, for Officer Commanding East Ont. Regt'l Depot.
26.4.18.		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale		25.4.18	Pt. 11. D.O. 100
3.5.18	OC 6th	S.O.S. on posting to Co 111 (Dist 52)	BASE DEPOT C.F.C. SUNNINGDALE	3.5.18	PT. II. DO. NO 106 Maj for OC C.F.C.
8-5-18	OC No 52 Dist C.F.C.	S.O.S. No 52 Dist C.F.C. at 111 Coy on posting from Base Depot	Carlisle	3-5-18	Pt II D.O. No 18.
24-12-18	do	Xmas leave with Warrant	do	24/30/18	Pt II D.O. No 81.
19-2-19	Do.	S.O.S. No. 52 District, at 111 Coy. on Posting to Base Depot.	Carlisle,	15-2-19	Part II, D.O. No. 14 Fred. Morse. Capt. & Adjt. No. 52 Dist. C.F.C.

Army Form B. 103. 11 Regimental Number 402148

Casualty Form—Active Service.

Regiment or Corps C.F.C.

Rank ..... Surname Gatchell Christian Name C S

Religion ..... Age on Enlistment .....years .....months

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

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

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

or Corps Trade and rate .....

Occupation ....Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ..			
20.2.19		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale from 11 Co List 52	Sunningdale 15.2.19		11 D.O. 51
	B.D.C.F.C.	B.O.S., BASE DEPOT C.F.C. on posting to	SUNNINGDALE		W. L. Stewart Lt. for O.C. B.D.C.F.C.
	T.O.S.				
10/8/19.		~~Attached~~ C.D.D. Buxton for return to Canada, Part, 11 Order No. 184			
		~~Ceases to be attached~~ C.D.D. Buxton on proceeding to Canada, Part 11 Order No. 201			
30/8/19	S.O.S.	R.M.S. CEDRIC Sailed D. Embarked Liverpool 4.9.19 Disembarked Halifax 12.9.19			J. H. Lock CAPT. For OFFICER COMMANDING CANADIAN DISCHARGE DEPOT

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(*b*) Signaller, Shoeing-Smith, &c.

W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
T.O.S. of Halifax Depot		clearing services command 4.9.19			
part II Order No. 258		Dated 15.9.19			
S.O.S. of Halifax Depot		clearing services command 16.9.19 RO 1420			
part II Order No. 258		Dated 15.9.19			

L. L. 28912. M. & D. 8368.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

To Whom Mrs. Cecil A. Gatchell

Address 62. The Crofts, Witney, Oxforshire.

By Whom Assigned C. H. Gatchell

Regtl. No. 4020198

Rank Pte

Corps 1st Dept. Batty, E. O. Regt. 2 Draft.

Rate 5/- Feby 1st 1918.

PAYMENTS

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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
25m.—10-17.
1772—39—819.

Sheet No. 2.
(Assignee)

Name of Soldier. Gatchell C. H.

PAYMENTS.

K. L. 22913—M. & D. 8368.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.		F 99115	15	
March		A 138899	15	
April		G 16070	15	
May		S 15256	15	
June		M 25628	15	
July		M 33023	15	
		FORD	90	

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
			90	
Aug.	1918	M 41135.	15	
Sept.		T 43928	15	
Oct.		M 51924	15	
Nov.		M 60400	15	
Dec.		X 60957	15	Acct. trans. to Eng.
Jan.	1919	T 71412.	15	Eff 1-2-19.
Feb.				
March			180	A/c checked & found correct 11 3/19 J.J.Cook S/Sgt.
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

L. F. C. Eng=

Canadian Pay Office.
Received by Pay II.
FEB 25 1919
and Passed for Action to

Sub-Div.		Date
A.		Accts.
B.		Bank
C.		Disch.
D.		Invest
E.		Obs.
F.		R.Bks.
G.		P.II S.S.
H.		Sep/C
K.		
L.		
M.		
P.		

SURNAME. Gatchell,

CHRISTIAN NAMES Cecil Henry

REGL. No. ~~3 0 5 5 1 9 8~~ 74020 RANK Pte.

UNIT East. Ont. Regt. 1st Dpo. Bn. (2nd R.D.)

FORMER CORPS (3 yrs) 46th Regt.

CARD NO. 4

FOLL.

Also notify

NEXT OF KIN.

NAMES IN FULL Gatchell, James

RELATIONSHIP TO SOLDIER Father

ADDRESS Kinmount, Ont.

~~CHANGE OF ADDRESS~~ Next of Kin

Mrs. C. H. Gatchell Wife

62 The Croft

Witney, Oxfordshire

England

5' 2" 38 1. 15 1/2

COUNTRY OF BIRTH Canada, Kinmount, Ont. DATE Apr. 1st 1897

PLACE OF ATTESTATION Kingston, Ont. DATE Jan. 3rd 1918

From Halifax per S.S. "Scotian" 27-1-18. R.L. 12-9-19 403/11 Pte

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Number	Rank	Name	Category
4020198.	Pte	Gatchell	A 2

Next of Kin — Relation
Present address 64 The Crofts Witney Oxon — Wife

Number of Children	Names	Sex	Age
Address in Canada			
G.P.O. Burketon Ont.			

Dispersal Station 5

Military District. 2

No. 198 · RANK Pte. NAME Gatchel C. H

T. O. S. 3-1-18 UNIT 1st. Depot. Battalion C.O. Regt

D.O.D. 2-1-18 M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan 3	1918 Jan 31	M-		

EK.

Number 402098 Rank Pte

Surname GATCHELL

Christian Name Cecil Heneary

Units E.O.R. Theatre of War Eng

Date of Service 6-2-18.

Remarks

Latest Address Burketon Junction Ont

Roll No. On Page 3173

200m.—2-21.M.

DESP. JAN 10 1927
REGN. No. 2F413

P. 551.
MARRIED OR SINGLE Single

PLACE OF BIRTH Kinmount, Ontario.

NAME AND ADDRESS OF NEXT OF KIN James Gatchell.
Kinmount, Ontario.

RELATIONSHIP OF NEXT OF KIN Father.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

4758
3410
8168
9327
1159

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. 4020198 RANK Private NAME GATCHELL, Cecil Henry.

IF IN PERMT. CORPS WHAT UNIT } UNIT 7th Res Batt. TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Kingston, Ontario TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Jan. 3. 1918 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE Feb. 1. 1918.

PAYABLE TO Mrs. Jessie Gatchell, Kinmount, Ontario RELATIONSHIP Mother.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

H

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

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
31-1-18			Balance from Canada.						21 35		
Feb.	1st Pay.	30 80		1st Feby ap				15			
Mch	"	31 10		Mch "				15			
				2238 6 Rds 21-2-18	26 77						
				" 1437 " 7 3 18	4 87						
				" 9648 " 21 3 18	4 87						
				" 1234 7 Rds 4-2-18	4 87						
		61 90			41 38			30	14 87		

4020198. Pte. Gatchell C. H.

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 $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND or CANADA.
EFFECTIVE DATE:- 1.2.18	EFFECTIVE DATE:- 4-12-18
AMOUNT:- 15 ~~xx~~	AMOUNT:- ~~30 00~~

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.

~~M/s.~~ Jessie Gatchell	
~~Kinmount Ont~~	Canada A.P.
~~mother~~ Eliz'	1/10/19
Mrs ~~Geo~~ H. Gatchell.	— Same —
~~64~~ The Croft	
(64) Witney, Oxfordshire	
(wife) effective 1-2-19	Slotted off 1/10/19
Married with permission D.O-80 19-12-18 52 Dist C.F.C. E41-47180.	
Granted Permission to marry. D.O. 65. 30-10-18, 52 Dist. C.F.C. E41 32577.	850 Balagne as @ 30.9.18

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
						Leg. Bal.	11 59
						I.P.C. Dr. Bal.	11 59

NAME:- GATCHELL Beat Percy

NUMBER:- 402098

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 7 Res.

DATE ACCOUNT FIRST OPENED - 1.2.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			E&RD
100 - 26.4.18	1.5.18		676 Emp.

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Dr.	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Disbd Canada 1/9/19 NRH 12506. "B" Dg. Buxton to Buxton MD 21

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									14 87		
Oct 31	Bal. forward										
Apl	P.P.	33						15			
		33		HR 37. 6 Res. 9.4.18	17 30			15	25 57	—	—
					17 30						
May	PP	34 10		CAP				15			
				HR C478 111 60 14-5-18	7.30						
				B446. 676 BD 4-6-18	9.73				27 64	✓	
		34 10			17 03			15			
June		33		CAP				15			
				HR 6731 111 60 13-6-18	17.03				28 61	✓	
		33			17 03			15			
July	P.P.	34 10		CAP				15			
				A.R. 6 1069 11-7-18. 111 60.	17 03						
		34 10			17 03			15	30 68		
Aug	PP	34 10		CAP.				15			
				AR C 1384. 9-8-18 111 60.	17 03						
				A.R. 44. 2/5/18. CTC	22						
		34 10			17 25			15	32 53		
Sept	do	33		CAP				15			
				AR C 1753 11.9.18 111 60	17 03				33 50		
		33			17 03			15			
Oct	"	34 10		CAP.				15			
				A.R.C 2107 10-10-18, 52 Dist	17 03				35 57		
		34 10			17 03			15			
Nov	"	33		A.R.C. 2448 12-11-18 "	17 03						
				CAP				15			
Dec	"	34 10		CAP.				15			

COMPILED BY H. Poulton

CHECKED BY H. Gatchell

NUMBER 4020198 RANK NAME GATCHELL C. H.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				a.R. 2827 9-12-18 52 Dist	19 47						
Jan	Plus Pay	34 10		C.a.P.				15	55 27		
		101 20			36 50			45	64 90		
Feb.		30 80		Sup. CR. £79608 £ 11-14-8 S.A. 4-12-18 to 31-1-19					120 17 83 53		57 10
Mch		34 10		a.R. 3149 9-1-19 52 Dist	17 03						
				F 83369 £ 9-4-11			15				30
				aR 3480 10-2-19 52 Dis	19 47						
				G. 25360 £ 9-4-11			15 -				30
				aR 9806 13-3-19 BD	17 03				36 64		
		64 90			53 53		30				
April	--	33		A. 19426 £ 9.4.11			15				30
				aR Disp. 15.4.19 RD	29 20	/					
May	-	34 10		A. 71216 £ 9.4.11			15				30
				aR D3122 15.5.19 RBLA	17 03				27 51		
		67 10			46 23		30				60
June.		33 .		A. 12571 9.H.11			15				30
July		34 10		AR. 4804 16/6/19 RA.	17 03.						
				A 49178. £ 9.H.11			15		47 58 ✓		30
		67 10			17 03		30				60
Aug.				aR B6850. 10/7/19. BBB/H.	14 60						
				r 24453. 18/7/19. J Wing.	48 64				156 9		
					63. 24						
Sept	P.P. Aug.	34 10		Supplementary £ 18.9.10 Aug P. B/3124			30 -		11 59 Dr.		60 -
				7945. 12/8 C&D. Enl 8	9 73				21 32		
				4367. 20/8 " " 9	7 30				28 62		
		34 10			17 03		30				60

P.O.S 30.8.19 S.L. D 39

CEDRIC 12-9-19

DISPERSAL "X"

M. OR S.

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

REGT. No. 4020198 ✓ RANK Pte. ✓ NAME (IN FULL) GATCHELL. C.H. ✓

AUDITOR | PAYMASTER

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? ✓ DATE EFFECTIVE ✓

TO WHOM PAID — RELATIONSHIP

ADDRESS

Same ✓

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Sec Dispersed, Halifax		
ad Date 16-9-19		
Ex. Cedric		

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

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 3-1-18 ✓ — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 ✓ — DATE EFFECTIVE 30/9/19 ✓ Closed by England

PAYABLE TO Mrs E. Gatchell — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS P.O. Burketon Jct Ont ✓

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Halifax — DATE 16-9-19 ✓✓ — REASON Demob. — AUTHORITY M.D.#6 — IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.		TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						T. O. S. ..... D. O. ..... SUBS. ..... TO ..... D. .....
31.8.19																													11	59 ✓		11	59 ✓					
19.9.19	19 ✓	1½ ✓	20	90 ✓							3945.	4307					97 ✓	73 ✓													17	03 ✓					Ar Bal LPC ✓
					35	00 ✓					D 39704						87 41 ✓	48 75 ✓													97	28 ✓					W.L. cloth ✓
					70	00																															Boat ck Boatswain ✓
									125	90 ✓																					125	90 ✓					
																													70	00								
																													33	30 ✓								
																													14	00 ✓								
122 days ✓	28	0 ✓	120	✓					400	✓																					873	30 ✓	206	70 ✓	106	✓	
											OR 139 Ont	9	1394799				66 70 ✓	1394800					46 - ✓	200 ✓	110 - ✓	60 - ✓									
											OR 186 Ont	11	1715643				70 - ✓	1715644					30 ✓	300 ✓	70 ✓	30 ✓									
											OR 194 Ont	20 27	1717642				70 ✓	1717643					30 ✓	400 ✓	0 ✓	0 ✓									
	280	✓	125	- ✓					400	- ✓																			206	70 ✓	73	30 ✓	130 ✓	400	- ✓	80		

W.S. PAID IN FULL

CAPTAIN
POST PAYMASTER WAR SERVICE GRATUITY

200M-8-19. — L. — 58736-... & L. 9883.
M. F. W. 2296.
1772-59-1390.

Date of Enlistment

9/1/18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch G 1388

OVERSEAS CONTINGENTS

Date of Assignment

July 1st 1918

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 4020198

Rank Pte Promoted Reverted Discharge

Soldier's Name C.N. Gatchell.

Battalion 1st Dept. Bu. Ed Regt 2 Draft.

Beneficiary

Relationship mother wife.

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Jessie Gatchell

Address ~~Kingston Ont.~~

Change of Address Kinmount, Ont

1

2 Mrs. Cecil A. Gatchell

3 62 The Crofts, Witney Oxfordshire.

4

ENGLISH

6732/613

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Feb. 7.	99115		15	15	₹ 99115 remailed 8-4-18
Mar 9	138899		15	15	a 138899 remailed 11-4-18 J.D.
Apr. 9	16070		15	15	m.R.O.1B. rendered 11-4-18
April ~~Y~~	~~14340~~		~~15~~	~~15~~	X 14340 Cancelled.
May S	15256		15	15	
June R	28628		15	15	
July M	33023		15	15	
Aug. M	41,135		15	15	
Sept T	43928		15	15	
Oct W	51924		15	15	
Nov R	60400		15	15	
Dec X	60957		15	15	
1919 Jan T	71412		15	15	6 MD 2
~~Feb~~			~~15~~	~~15~~	~~6~~
			180		

A/Trans. to Eng. from 1-2-19. per 2m.

M.R.O. 62391. 12. 19 Destroy

A/c Closed

Ret'd per Cedric

Date 12-9-19 M.F.W. 187 29-9-19

Clerk Battenbrook

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128.
400M. 6-17—172-39-1141
L. L. 22330—M. & D. 1933.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400M. 6-7—172-39-1141
L. L. 22320—M. & D. 1993.

M. & O. 6045 (*Revised*).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Seaford ~~March 19~~ 4/4/1918 1916.

No. 402098 Rank Pte Name GATCHELL, C. H.

Local Unit 6th Can Res Bde Original Pte Overseas Unit Depot Bde Age 21

Examination held at Medical Board Office Seaford

DISABILITY.
~~Overseas~~—Local.
(scratch one out)

~~Defective Vision~~
DEFECTIVE VISION

PRESENT CONDITION.

Not been to France
Has been unable to do his shooting
Eye Specialists report.
R 6/36 with glasses. C + 5.00 + 1.00 × 90 — 6/12
L 6/36 C × 7.00 + 1.00 × 90 — 6/9
Not caused by Service Category B.

BOARD RECOMMENDS:—

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

Signatures:—

J. McKa Cuss ..... President.

Members { J. Gillies Capt. .....
D. Wallace Capt .....

APPROVED 4 APR 1918

Dated at Seaford, Sussex. 1916.

APPROVED. Captain A.M.S.
for A.D.M.S., Canadians.

..... For A.D.M.S.

A. F. C. 2045 (Revised).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at.....1916.

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

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

Examination held at.....

DISABILITY.
Overseas—Local.
(scratch 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.....1916.

For A.D.M.S.

R. & O. 6045 (*Revised*).

PROCEEDINGS OF A MEDICAL BOARD,

Dated at Seaford [redacted] 4/4/18 1916.

No. 4020198 Rank Pte Name GATCHELL. C. H.

Local Unit 6 Can Res Bn Original 1st Depot Bn Overseas Unit Age 21

Examination held at Medical Board Office Seaford

DISABILITY.
~~Overseas~~—Local.
(scratch one out)

~~Defective Vision~~
DEFECTIVE VISION

PRESENT CONDITION.

Not been to France

Has been unable to do fire shooting
Eye specialist report
with glasses

R 6/36 C + 5.00 + 1.00 x 90 - 6/12

L 6/36 C x 7.00 1.00 x 90 - 6/9

Not passed by Service Category B

BOARD RECOMMENDS:—

1. Fit for Duty B 1
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 ..... Capt.

..... Capt.

APPROVED 4 APR 1918

Dated at Seaford, Sussex. 1916.

APPROVED

Captain, C.A.M.C.
for A.D.M.S., Canadians,

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at..... 19 7 8.

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

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

Examination held at.....

DISABILITY.
Overseas—Local.
(scratch one out)

PRESENT CONDITION.

BOARD RECOMMENDS:—

1. Fit for Duty.....

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

3. Fit for Temporary Based Duty..... weeks.

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

5. Discharge.....

Signatures:—

.....President.

Members .....

.....

APPROVED

Dated at..... 19 8.

For A.D.M.S.

NO. OF DEPENDENTS. 1

H

CANADIAN DISCHARGE DEPOT, C.E.F. RUXTON DERBYSHIRE AUG 10 FILE

DISPERSAL AREA 1 2

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

NEXT OF KIN Wife

RELIGION C of E

1. No. 4020198

2 Rank. Pte.

3. Name. Gatchell. Cecil Henry.

4. Unit. C.F.C. 1st E.O.R.

HALIFAX DEPOT CLEARING SERVICES COMMAND SEP 16 1919

5 Date of Discharge Place

6 Reason for Discharge CATEGORY. B.1.

TRADE Farmer Occupational Group 1.

SERVICE IN FRANCE Nil.

7. Authority. ROUTINE ORDER 1420

8. Proposed Residence after Discharge

Burketon Junction. Ontario

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.? 39

C H Gatchell

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

HALIFAX DEPOT CLEARING SERVICES COMMAND SEP 16 1919

Date

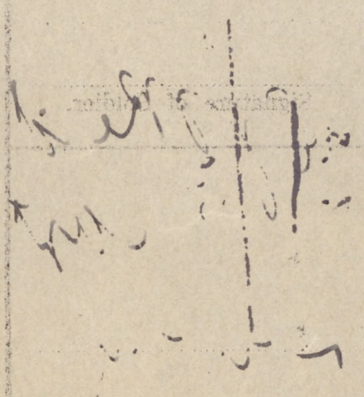
E.M.S. CEDRIC Sailed D.S.O. 9.19 I.M.T. Liverpool 9.19 Disembarked Halifax 9.19

Signature Lt. C

(O.C. Discharging Unit.)

HALIFAX DEPOT CLEARING SERVICES COMMAND

M.F.B. 218a—300M.-11-18—1772-39-113.



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

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.M.S. 5009a).
6. Field Conduct Sheet (M.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (D.S.).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.651).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group 6

Checked by No. 9

Date 23/8/19

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 initialled 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 SUNNINGDALE DATE JUNE - -19

1. 1 (a) Unit C.F.C. (b) Regimental No. 4020198 (c) Rank PTE

(d) Surname GATCHELL (e) Christian name CECIL HENRY

(f) Home address BURKETON ONT.

(g) Next of Kin ELIZABETH GATCHELL (h) Relationship WIFE

(i) Address of Next of Kin 64 THE CROFTS WITNEY OXFORTSHIRE

2. Age last birthday 23 Date of birth April-2-1896 ENG.

3. Enlistment, or Appointment (if an Officer) (a) Place KINGSTON (b) Date NOV-7-1917

4. Personal description:

(a) Height 5' 4" 9½" (b) Weight 160 (stripped) (c) Complexion FAIR

(d) Colour of hair BROWN (e) Colour of eyes HAZEL (f) Identification marks, Scars, etc. SCAR ON L. THUMB

5. Former trade or occupation FARMER

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
	1	180

	Periods	
	From	To
Canada	7-11-17	22-1-18
England	6-12-18	
France or other theatres of War		

7. Original disease, or injury C.D.D. HYPERMETROPHIC ASTIGMATISM

(a) Date of origin PRIOR TO ENLISTMENT (b) Place of origin CANADA

(c) Cause CONDITIONS OF CIVIL LIFE

M. F. B. 227.
400M.—11-18.
1772-30-117.

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.)

(DEFECTIVE VISION.) Partial loss of function of both eyes

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

Objective Specialists Report — Slight defective since the age of two V OD 6/40 — 6/24
O.S. 6/40 — 6/9
Compound Hypermetropic Astigmatism not due to service Cat B1
Sgd R.H. Ellis Capt CAMC

Subjective — Poor eyesight

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

Nervous System no Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

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

Mans statement — Slight defective since the age of two

Documentary — Defective Vision at time of enlistment
O.D. 20/40 O.S. 20/60

Boarded — 4-4-18 Cat B1 for Defective Vision
26-4-18 " " " " "

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*).)

Measles and Mumps in Childhood

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

Scar 4th

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes.

(*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.)

No

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

The regimental documents will be referred to.

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

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

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

Provided with glasses

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

(If the answer is "yes" state nature of treatment required and probable duration)

No

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations

NA

J G Heaton Capt CAMC

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 C H Catchell 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

C H Catchell Pte Rank.

Signature of invalid examined.

ABK.

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.

Board concurs
Spec report attached

19. Is the invalid fit for

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

Boarded for return to Canada Auth A.G. Tel 9283 11/10/18

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.

Capt Lt Colonel
President.

PLACE Sunningdale

DATE 19/6/19

} 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

Assistant Director of Medical Services.

DATE Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area.

APPROVED BY

Director-General of Medical Services.

DATE JUN 28 1919

ASSISTANT DIRECTOR OF MEDICAL SERVICES CANADIANS, LONDON AREA
13, BERNERS ST. LONDON, W.1