

ATTESTATION PAPER.

No. 696534

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Harvey*
- 1a. What are your Christian names? *Arthur Owen*
- 1b. What is your present address? *Empress Alberta*
- 2. In what Town, Township or Parish, and in what Country were you born? *Chale, Isle of Wight*
- 3. What is the name of your next-of-kin? *Amy Harvey*
- 4. What is the address of your next-of-kin? *Chale Farm, Isle of Wight*
- 4a. What is the relationship of your next-of-kin? *mother*
- 5. What is the date of your birth? *September 14th 1890*
- 6. What is your Trade or Calling? *Rancher*
- 7. Are you married? *no*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
- 9. Do you now belong to the Active Militia? *no*
- 10. Have you ever served in any Military Force? *no*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? *yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *March 15th* 191*6*. *Arthur Harvey* (Signature of Recruit)
J. E. Hanson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Arthur Owen Harvey*, 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 *March 15th* 191*6*. *Arthur Harvey* (Signature of Recruit)
J. E. Hanson (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 *Medicine Hat* this *15th* day of *March* 191*6*.

W. Parker J.P. (Signature of Justice)

att. Mich 9 ch.

Owen

Description of *Arthur, Harvey* on Enlistment:

Apparent Age... *25* years... *6* 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. *6 1/2* ins.

Chest measurement { Girth when fully expanded..... *37* ins.
 Range of expansion..... *2 1/2* ins.

Complexion..... *Medium*

Eyes..... *Blue*

Hair..... *Brown*

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

4 Vaccinations left arm

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..... *March 15th* 191*6*.

Place..... *Medicine Hat*

J. J. Marshall
Medical Officer

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Owen

Arthur, Harvey.....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.

Date..... *March 15th* 191*6*.

.....(Signature of Officer)
W. H. Williams
officer Lt. Col.
 Comdg. 175th, O.Bn. C.E.F.

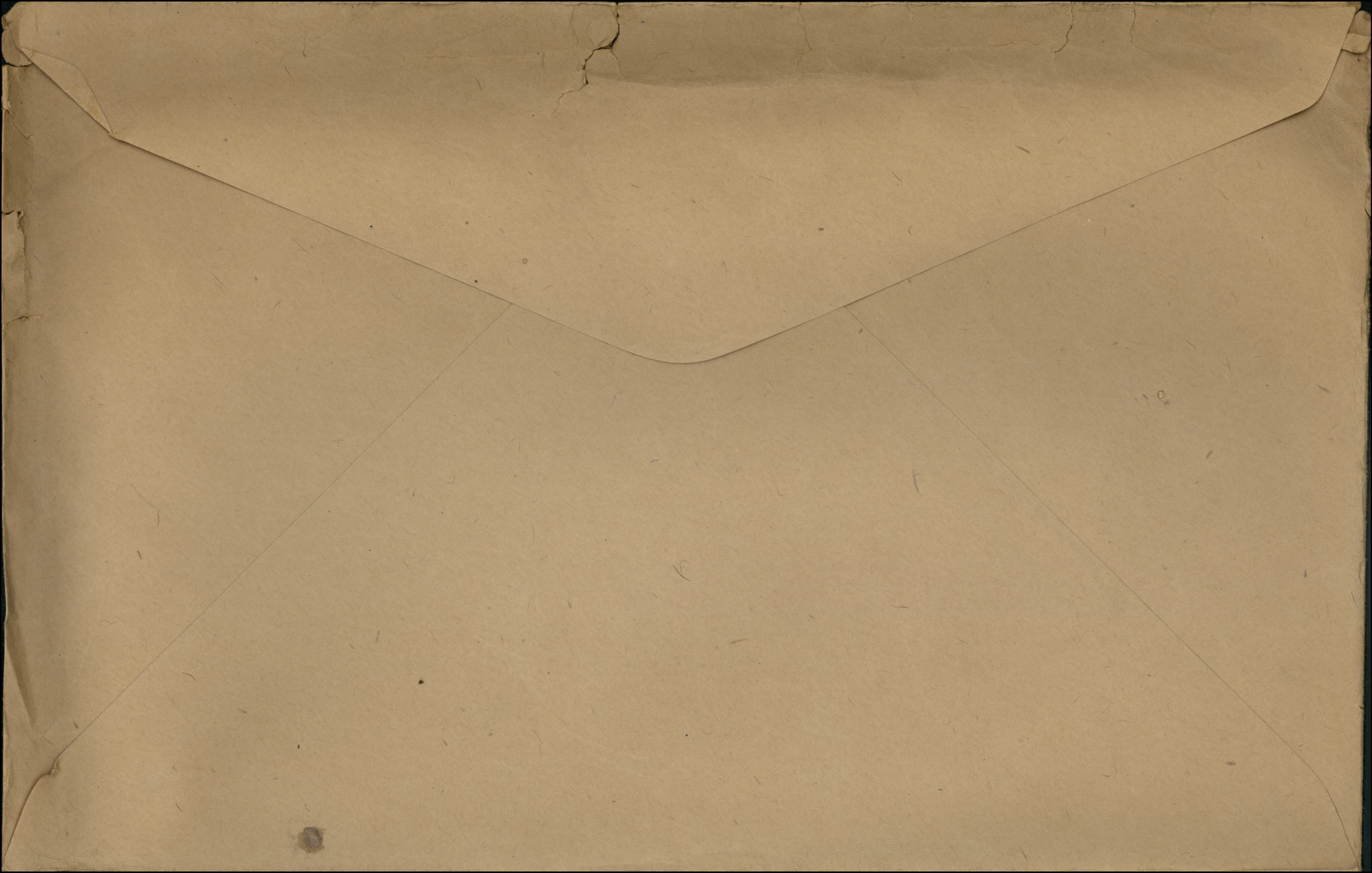
REGIMENTAL DOCUMENTS

NAME *Harvey Arthur Owen* REGT. NO. *696534* UNIT _____ H. Q. FILE NO. _____

S

H

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
✓ ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M		12857	DEATH	
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			Category			
TRAINING HISTORY SHEET (M.F.W. 113)						
✓ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)						
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
✓ MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE	
DENTAL HISTORY SHEET (M.F.B. 465)					Category	
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
MEDICAL EXAMINATION (M.F.W. 129)						
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION	
LAST PAY CERTIFICATE (M.F.W. 44)						
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
✓ <i>years card</i> <i>will copy</i>	<i>MX 29 3/20</i>	H				
✓ <i>and</i> <i>papers</i>	<i>in 06</i>					
✓ <i>and</i> <i>card</i>						



G.B. Rank Name HARVEY. Arthur Owen. Reg'l No. 696534.
 Unit 175th Battn If in perm. Corps, } Married or Single Single.
 What Unit? }
 Place and Date of Enlistment Medicine Hat. 15th March 1916 Place of Birth Chale Isle of Wight
 Name and Address, Next-of-Kin Amy Harvey,
 Chale Farm, Isle of Wight. Relationship Mother.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 2891
 File R.L. 2542907
 Category K.A.

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
ARRIVED IN ENGLAND "S.S. SAXONIA 13-10-16					
10-1-17	175th Bn.	S.O.S. To 21st Res. Bn.	Seaford	10-1-17	Pt. 2 D.O. 10
10.1.17	21 Res Bn	T.O.S. fr 175 th. Bn.	Seaford	10-1-17	Pt 11, D.O. 1. J.R.Y.
19 I 17	21 Rs Bn	SOS to 31. En	Seaford	19 I 17	Pt. 1. O 10
23-1-17	31 st Bn	T.O.S. of 31 st Bn	Field	20-1-17	Pt II. No 5
14.5.17	"	Killed in Action	"	3.5.17	3196.L.A.514 d/19/17

A.F.B. 103 CHECKED
 26 JAN. 1917

FORM OF WILL

I, Arthur Owen Harvey, (Name in full)
Regimental Number 696534 serving in 175th O. Bn. C. E. F.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and
declare this to be my last Will.

I devise all my real estate unto

J. A. Harvey
Gorefield, P. O.
Saskatchewan, Canada.

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mrs. A. E. Harvey
Chale Farm, Isle of Wight
England.

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

this 3rd day of October A.D. 1916.

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

Arthur Owen Harvey Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us
both present at the same time, who in his presence, at his request, and in the presence of
each other have hereunto subscribed our names as Witnesses.

Signature of First Witness T. C. Godfrey

Address of Witness Porcupine, Ontario, Can.

THE TWO
WITNESSES

Occupation of Witness Mining Engineer.

MUST
SIGN HERE

Signature of Second Witness M. B. Beard

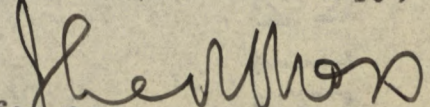
Address of Witness Medicine Hat, Canada.

Occupation of Witness Bricklayer.

M. F. W. 82.
300M.-12-16.
1772-39-983.

L/ISS.

Certified a true copy.


for Officer in Charge Estates.

Name

Harvey
Arthur Owen

Rank

Private

Unit

31st. Batt.

Next of Kin

Mrs Amy Harvey.

Chall Farm

Reg. No.

696534

T.L. 25-H-2997

1 of Wight

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3.5.17	Killed in Action	Zomb	A	514	M 4-7-76 18-5	19-5

Harvey P. A. C. ^{Arthur} ^{Wren} # 696534-31st pr
not elig for 14/15 Star

medals +
decorations

mother

M
6042
6042
Mrs Amy E. Harvey
Bhole Farm

Shale,
Isle of Wight
England

Plaque + D.

Father Jas P. Harvey
as above

See # 803300

scroll Desp. PR 26 ~~1000~~ Reqn. No 239072

memorial
Cross

mother ~~as above~~ as above

Desp. No.

25 1921

Reqn. No

P18023.

Desp MAY 4 1920 66539.

c

M

No. 696534

RANK

Plt

NAME

Harvey A.

0

T. O. S. 9-3-16
70.0.43 of 15-3-16

UNIT

175th Battalion C. I. T.

M. D. 13

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1916

1916

Mar 9

Mar 31

Apr
May
June
July
Aug
Sept-
Oct✓
n.
✓
✓
✓
✓
n.

UNIT SAILED

OCT 3 1916



649-X-11047

CARD NO.

SURNAME.

Harvey

D
SERIAL

CHRISTIAN NAMES

Arthur Hewson

REGL. NO. 696534

RANK Pte

UNIT 175th

Bn.

FORMER CORPS

Nil

NEXT OF KIN.

NAMES IN FULL

Harvey Mrs Army

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Chale Farm
Isle-of-Wight Eng

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England

Chale I.O.W.

DATE

Sept 14th 1890

PLACE OF ATTESTATION

Medicine Hat Alta

DATE

Mar 15th 1916

Ms. 3-10-16

Sailed from Halifax S.S. "Saponia" 3-10-16

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Rancher RELIGION Church of England

DESCRIPTION.

APPARENT AGE 25 YEARS 6 MONTHS
HEIGHT 50 FEET 2 1/2 INCHES
CHEST MEASUREMENT 37 INCHES EXPANSION 2 1/2 INCHES
COMPLEXION Medium EYES Blue HAIR Brown

DISTINGUISHING MARKS

4 scar marks on left arm

MEDICAL EXAMINATION. PLACE Medicine Hat Alta DATE Mar 15th 1916

Present address Coompress Alta

REGT'L. No. 696534

H. Q. FILE NO. 649

NAME Harvey Arthur Owen

RANK AND CORPS Pte 31st Bn (Form 175th Bn)

FOLLOWS
NO.

CABLE

No.

DATE

6.

NATURE OF CASUALTY

FOLLOWS

M4776
A. F. B.
Owen

19-5-17
2090a
14-5-17

Killed in action May 3rd 1917.
Killed in Action May 3rd 1917
Rec 30-07-17.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a514¹ Rep from Base

3-5-17

Killed in action

H 2 B
①

Number 696534 Rank Plt-B

Surname HARVEY

Christian Name Arthur Owen

Units 31 Am Bn Inf Theatre of War France

Date of Service 20-5-17

Remarks (M) Mrs Amy E. Harvey,

Latest Address Chale Farm,

Chale, Isle of Wight,
England.

Roll No.

200m.-2-21.M. Paper 7707

Handwritten initials in blue and red ink.

Handwritten letter 'D' in red ink.

WEST JUN 25 1922
REGN. NO. 45941

Surname

Christian Name or Names

Reg. No.

Harvey

A.O.

696534

Rank

Unit

Co.

Troop

Batty.

Pte
Hospital

31 Batt.

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Killed in action. 3. 5. 17.

Additional Diagnosis: if more than one state present

DISPOSITION

Date

REMARKS

Ch. 19.5.17. A514.

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

etd

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Harvey Christian Name Arthur Owen

Examined { on 15th day of March 1916
at Medicine Hat

Approved by

J. M. Allen

Birthplace { City or Town Chale
County Isle of Wight

Rank Private M.O.

Apparent age 25 years 6 months

Trade or occupation Rancher

Height 5 Feet 6 1/2 Inches

Weight 150 Lbs.

Chest measurement { Minimum 34 1/2 inches

{ Maximum expansion 2 1/2 inches

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm Right - Left 4
Number 4

When Vaccinated last Infancy

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
<u>5-11-16</u>	<u>OK</u>	<u>E. H. Wade</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25.5.16</u>		<u>Al Smith</u> M.O.
<u>1/8/16</u>		<u>E. H. Wade</u> M.O.
<u>11/8/16</u>		<u>E. H. Wade</u> M.O.
<u>20/10/16</u>		<u>E. H. Wade</u> M.O.

Enlisted on 15th day of March 1916 at Medicine Hat

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>175th OBatt</u>	<u>696534</u>		<u>March 15th 1916</u>
Transferred to	<u>21st Reserve Batta (Alberta)</u>		<u>Gratford</u>	<u>10/1/17</u>
	<u>Transferred Overseas to 50th BATTN. 1911/17</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

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

M. F. W. 54. (A. F. B. 103.

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

175th, O. Batt. C.E.F.

Unit, Regiment or Corps

Regimental No. 696534 Rank Pte Name Harvey, Arthur, Owen.

Enlisted (a) 15/3/16 Terms of Service (a) Duration War ^{C. E. F.} and 6 months Service reckons from (a) 15/3/16

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) None

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				
			Halifax	4-10-16	
			Liverpool	13-10-16	
10.1.17	Headquarters Seaford	Trans to 21st Reserve Bn (Alberta)	Seaford	10.1.17	Auth Local Command R.O. 136. Date 10.1.17 W. G. ... Lieut. A/Adj 175th Bn. C.I.
10.1.17	175th Bn	Taken on Strength of 21st Res. Bn. Alberta from 175th Bn. C.I.	Seaford	10.1.17	Part 2 D.O. 1 d/10-1-1 as mentioned Lieut. A/Adj 21st Res. Bn. Alberta
9/1/17	Headquarters Seaford				
10.1.17	21st Res Bn				

(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.

CERTIFIED CORRECT.

29 JAN. 1917

1013 1013 1013

Casualty Report - Active Service

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
--------	---	-------	------	---

19-1-17	O.C. 21st Res. Bn.	Transferred Overseas to 31ST, BATTN. D.O. Pt. 2 No 10 d/19/1/17	Seaford	19-1-17	pt. 110. 10.
20/1/17	O.C. CBD.	Arrived CBD as Reinf. Left for unit.	Field.	20/1/17	N.R. P20 5 d/23/1/17.
23-2-17	"		Field.	23-2-17	N.R.
10-3-17	O.C. 31st. Bn.	Arrived Unit.	"	5-3-17	B.213 d/10-3-17.
28-2-17	O.C. 2nd Ent. Bn.	Arrived 2nd Ent. Bn.	"	27-2-17	N.R.
5-3-17	"	Left for Unit	"	5-3-17	"
7-5-17	O.C. 31st Bn.	Killed in action	"	3-5-17	Letter K.D. 16-5853, d/30/1. P20 31 d/14/17.

W. H. W. W. W.
 Capt. Adj. 21st Res. Bn. Alberta

W. H. W. W. W.
 Capt. for Lt.-Col., A. A. G.
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

P. 559.
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Killed in Action	3/5/17	C.R. 2/5-17

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3	
			\$	c.			\$	c.			\$	c.				No.	DATE	No.	DATE	No.	DATE
1916																					
Oct																					
1-31	31	1 ⁰⁰	31		31	10	3	10													
Nov.	30	-	30		30	.	3														
Dec	31	.	31		31	.	3	10													
1917																					
Jan	31	1 ⁰⁰	34	10																	
Feb	20	1 ⁰⁰	22																		
21-28	8		8	80																	
Mar																					
1-31	31		31	10																	
Apr	30		33																		
May			3	30																	
June																					
July																					
ME Sept																					
Oct																					

Statement of
OCT 3 1917
Account rendered

PROMOTIONS, &c.	
EFFECTIVE DATE	AUTHORITY
3/5/17	CR 9/5/14
	19/5/17

REG'L. NO. 696534 RANK 9th NAME Harvey, Arthur Owen Bo 10 ✓

IF IN PERM. CORPS
WHAT UNIT: UNIT 175 TRANSFERRED TO 21st Res Bn DATE 1-2-17 AUTHORITY Bo 10

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 31st Bn DATE 21-2-17 AUTHORITY Bo 10 19/17

PLACE OF ATTESTATION Medicine Hat, Alta 25 JUN 1917 TRANSFERRED TO K DATE 4 5 17 AUTHORITY CR 9/5/14

DATE OF ATTESTATION March 15/16 TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____

PAYABLE TO _____ RELATIONSHIP _____

ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____

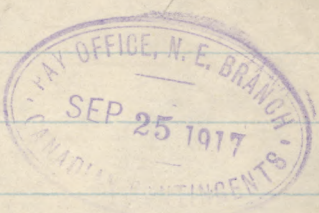
PAYABLE TO _____ RELATIONSHIP _____

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

DISCHARGE DATE AND PLACE _____ REASON AND AUTHORITY Entered on N.E. Card Index

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 24 SEP 1917 Checked by C. J. Smith

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) _____



HOSPITAL, &c.	
NAME OF HOSPITAL	RELATIONSHIP

ACQUITTANCE ROLLS			
2	3	4	
No.	DATE	No.	DATE

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4				CREDIT	DEBIT			
							2 10				Bal from Canada
	14 60					14 60	21 60				
							54 60				
	14 60					24 33	64 27	45	19 37		Trfd to 21st Res Bn 1-2-17
	9 73					14 60	83 87	60	23 87		Bo 10-10-1-17
	9 74						5 11	100 76			24th Res Bn 3. 1. 17
	4 86					24	4 36	105 20	75		Trfd to 31st Bn 21-2-17
	4 87						63 00	124 96	90		
						X	11 34	160 96	105		
							7 85	156 01			Rin @ 3/5/17 6/14/514.
								156 41			Trans to K. 4/5/17.
							82 19	188 96			15 28 days underprip in May
								193 42			sub on def pay 20-4-17
								193 42			CD sch 1182-he 17/49
								193 42			Ch 1137-19/10/17/V68a.

2189 17/3
11216 30/1
11902 23/2
11547 13/2

Checked W. Gates

