

original

931007

ATTESTATION PAPER. No. 2 CONSTRUCTION, B'n. C.E.F. CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Lattimore
1a. What are your Christian names? Gilbert Richard
1b. What is your present address? 7 Charles St Halifax N.S.
2. In what Town, Township or Parish, and in what Country were you born? Halifax Nova Scotia
3. What is the name of your next-of-kin? Methodist Church
4. What is the address of your next-of-kin? Mr. Ellison 165 Creighton St
4a. What is the relationship of your next-of-kin? friend
5. What is the date of your birth? November - 6th 1897
6. What is your Trade or Calling? Cook
7. Are you married? Single
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
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, Gilbert R. Lattimore, 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.

Gilbert R. Lattimore (Signature of Recruit)

Date July 19th 1916. Robt L. Buehler Sgt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Gilbert R. Lattimore, 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.

Gilbert R. Lattimore (Signature of Recruit)

Date July 19th 1916. Robt L. Buehler Sgt (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 Halifax N.S. this 19th day of July 1916.

Gilbert R. Lattimore (Signature of Justice)

Description of Gilbert Richard Lattimore on Enlistment.

Apparent Age... 37 years ... 8 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. 8 ins.
 Chest (circumference) { Girth when fully expanded 35 ins.
 { Range of expansion 2 ins.
 Complexion Dark
 Eyes Brown
 Hair Black

Tattoo on both arms
Oager-left hand through heart
American coat of arms
and women on Right

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

Weight 147 lbs

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..... July 19-7-1916 C.C. Archibald
 Place..... Halifax N.S. Capt A.M.C.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Gilbert Richard Lattimore 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.

D.H. Sutherland (Signature of Officer)

AUG 1 0 1916

Date..... 191 .

REGIMENTAL DOCUMENTS

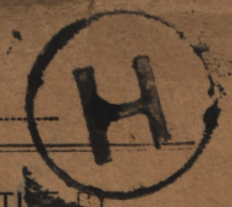
NAME

Rattimore Gilbert Richard 931001

REGT. NO.

UNIT

H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 112)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.I. 3. 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)

1+2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

2 MEDICAL EXAMINATION (M.F.W. 129)

1+2 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)

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)

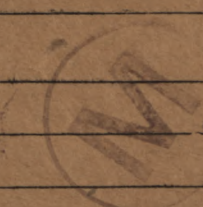
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*1 m 74867
122
1 m 74867*

1 ead. C. 5009.

1 Wm. 1394.

1 m 39. 192



*FORWARDED
12/20*

M

11372

DEATH

Category

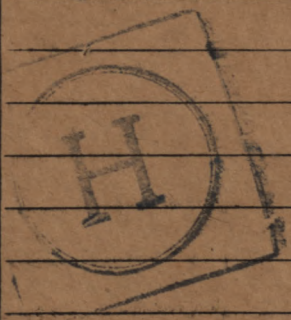
DISCHARGE

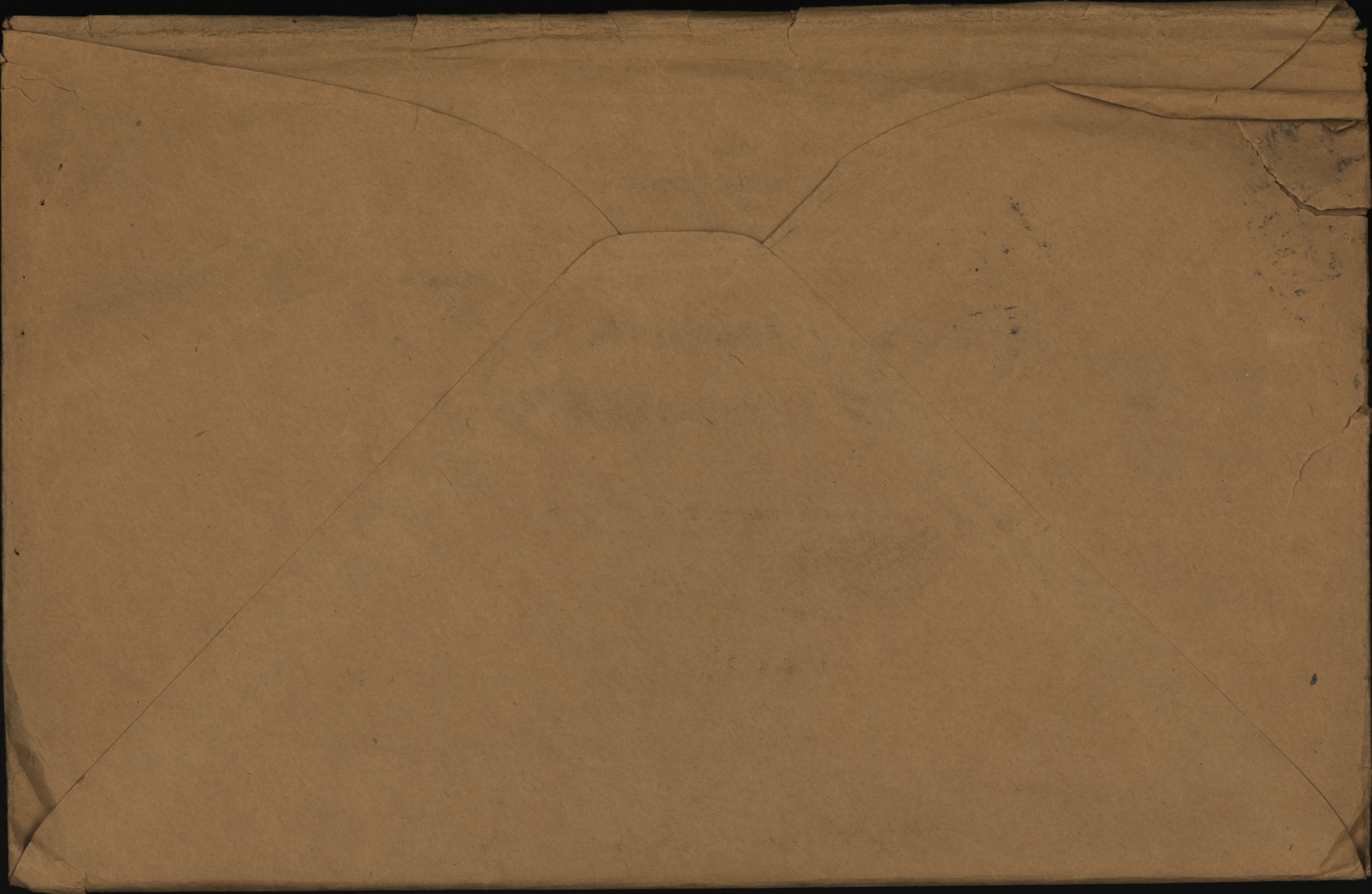
Category

Demob.

DESERTION

*15-17
18-17
29-17*





Reg. No.

931001

Name

Lallinore GR

Rank

S/6

Corps

600

Age

43

Service

6-17/12. 8-1/12. 224/12

Ledger No.

Serial No.

539456

SV

HOSPITALS	DATE	DIAGNOSIS
-----------	------	-----------

Cognwell of Halifax

On 6/12

25 12 19

2 2 20

Wound. dead.

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2533.
75M.—9-19.
1772-39-1332.

Number. 931001 Rank. Pte

Surname. LATTIMORE

Christian Name. Gilbert Richard

Unit. C.O.R., C.E. Theatre of War. France

Date of Service. 17-5-17

Remarks. 105 Gervish St.
Halifax N.S.

Latest Address. ~~9 P.O. Vancouver~~

Roll No.

B. Page 5292

9a29693 esp

AUG 9 1921

100-10000

No. 931001. RANK Pte.

NAME Rattimore Richard Gilbert

T. O. S. 19-7-16

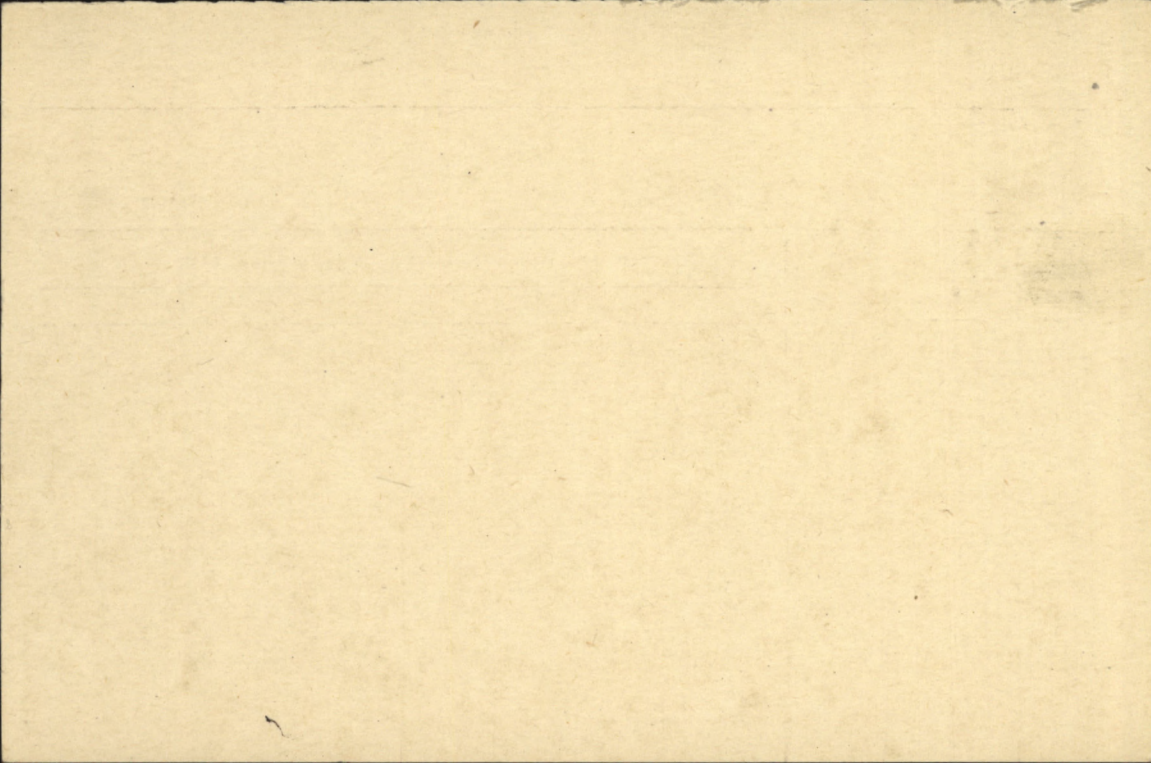
UNIT

No 2. Construction Battalion.

D.O. 2. 28-7-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 July 19	1916 July 31	n		
	Aug.	n		
	Sept.	n	Prom. L/cpl. 25-7-16.	D.O. 28. 16-9-16.
	Oct.	n		
	Nov.	v	168 hrs det. Q w. L. 2 days pay 20-11-16	N.O. 86. 24-11-16
	Dec.	v		
1917 Jan 1917	1917 Feb.	v		
	Mar.	n		



SURNAME. *Lattimore.*

6. CARD NO.

CHRISTIAN NAMES *Gilbert Richard*

806 10.7.20 Darnest

REGL. No. *931001*

RANK *Pte*

FOLL. *104 181 779.6.20*

UNIT *No 2. construction (coloured).*

Bn.

FORMER CORPS *nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *nil.*

RELATIONSHIP TO SOLDIER *nil.*

ADDRESS *nil.*

COUNTRY OF BIRTH *Canada. Halifax, N.S.*

DATE *Nov. 6th, 1897.*

PLACE OF ATTESTATION *Halifax, N.S.*

DATE *May 19th, 1916.*

0/8.28-3-17.

P/C. 25-1-19 ²⁵⁶/₆₉ Pte.

From Halifax per SS. "Southland" 28/3/17

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Cook.

RELIGION

Baptist.

DESCRIPTION.

APPARENT AGE

37 YEARS

8 MONTHS

HEIGHT

5 FEET

8 INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

2 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black.

DISTINGUISHING MARKS

Tattoo on both arms. Dagger left hand thro' heart. American coat of arms and woman on right.

MEDICAL EXAMINATION.

PLACE

Halifax, N.S.

DATE

July 19th, 1916.

Present address.

7 Charles St., Halifax, N.S.

Name Laternore, Y.P. Rank Private Regtl. No. 931001.

Original unit L. Co. B. Present unit No 6 C.O. M. or S. Age 39 Religion Ref. H.Q.
Fyle Depot 74-L-470.

Port, ship and date of arrival Halifax, N.S., "Empress of Britain" 22-1-19.

Next of kin

Address on leave # 159 Crichton St., Halifax, N.S.

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation book Date and place of enlistment Halifax, N.S. July 19th 1916.

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
<u>29-1-19</u>	<u>Ill from 12-1-19. Posted to Casualty by D.O. # 28</u>	

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

Date.

Remarks

Pt. 2 Order No.

DEPARTMENT OF MILITIA AND DEFENCE.

Application Form Canadian Victory Bonds
1919.

I 931001 LANCE CORPORAL GILBERT
RICHARD LATTIMORE In block letters. Apply for one

VICTORY BONDS VALUED AT \$ 50.00 AND DO HEREBY AUTHORIZE THE
SUM OF \$ 5.00 for the 1st month, \$ 4.00 for ten months, and \$ 6.36
the twelfth month to be stopped from my pay.

I DESIRE THE BONDS TO BE OF \$ 50.00 DENOMINATION AND TO BE
Coupon Bearer BONDS MATURING IN 15 YEARS.

*State if you want \$50, \$100, \$500, or \$1,000 denominations, and if the bonds are Coupon Bearer Bonds or Registered Coupon Bonds and if to mature in five years or fifteen years, (the Maturity to be stated in writing, as well as figures).

ON PAYMENT IN FULL PLEASE DELIVER BONDS TO:—

Lt J. R. Lattimore NAME.
109 Creighton St. STREET, TOWN AND
Halifax N.S. PROVINCE.

Date 21st Nov. 1919 J. R. Lattimore
Signature of subscriber.

REGIMENTAL PAYMASTER'S CERTIFICATE:

I CERTIFY THAT THE ABOVE PERSON IS ON THE PAYLIST OF THIS
UNIT AND I WILL MAKE THE MONTHLY DEDUCTIONS UNTIL THE BONDS
ARE PAID FOR, OR CARRY OUT THE INSTRUCTIONS DEALING WITH VIC-
TORY BONDS.

J. S. Lattimore
Paymaster No. 6 Name and Rank.

Date 24-11-19 Unit.

Subscribers wishing to pay in full for their bonds, on or before November 16th, in one
payment, should attach a marked cheque or money order to this application.

For Payment in Full

1— \$50 Bond — \$50 1— \$500 Bond — \$500
1— \$100 Bond — \$100 1— \$1000 Bond — \$1000

For Payment in twelve Monthly Payments

1— \$ 50 Bond—\$ 5 for 1st month, \$4 for 10 months, and \$ 6.36 on the 12th month.
1— \$100 Bond—\$10 for 1st month, \$8 for 10 months, and \$12.71 on the 12th month.

Larger Subscriptions in Proportion.

If Registered, or Fully Registered Bonds are required, this part must be filled in.
Kind and denomination of bonds required:

Coupon Bonds (Registered)—\$50, \$100, \$500, \$1000. Maturity.....
Fully Registered—\$500, \$1000, \$10,000. Maturity.....

NOTE:—No application for less than \$500, can be accepted for fully Registered Bonds.

Name in which bonds are to be registered.....
Full Christian name in block letters.

Post Office Address.....

Signature of person in whose name bonds are to be registered.

Date
Signature of subscriber.

	Date	A.R. No.	Sheet No.	Amount \$ c.	Signature of Paymaster.
1.	20-11-19	1	1	5 00	Jackman
2.	13-12-19	2	1	4 00	Jackman
3.	21-1-20	3	1	4 00	Jackman
4.	18-2-20	4	1	4 00	Jackman
5.	22-3-20	5	1	4 00	Jackman
6.	10-4-20	6	1	4 00	Jackman
7.	May	7	1	4 -	Blumson
8.	June	8	1	4 -	Blumson
9.	July	9	1	4 00	McCaumde
10.	Paid			14 29	
11.					
12.				51 29	

GENERAL AUDITOR'S DEPT.
 AUDITED
 AUG 24 1920
 DISTRICT AUDITOR.

Bones to
 or see to
 G.R. Lattimar
 159
 106
 bread
 maj
 Docket

McCaumde
 CAPT.
 For Senior Officer pay Services M. D. O.

CASE HISTORY SHEET.

1565

Cogniel Hospital. *Harvey* Station.

No. *931001* Rank *Sgt* Name *Lumase Jr.* Age *43*

Unit *680* Completed years of service *6* Where and how long *Canada England France*

Date of admission *125/12/19* Date of discharge *2/2/20* *FEB - 2 1920*

Diagnosis *Wound head* Place of origin *Harvey* *FEB - 2 1920*

CONDITION ON ADMISSION AND PROGRESS OF CASE. *Admitted with one large scalp wound on upper part and small puncture wound in right temple. Bleeding very profuse. Four stitches in head.*

26/12/19 no sign of any depression or internal cranial contents

2/1/20. Stitches removed. Wound in good condition.

3/1/20 complains of pain down right leg.

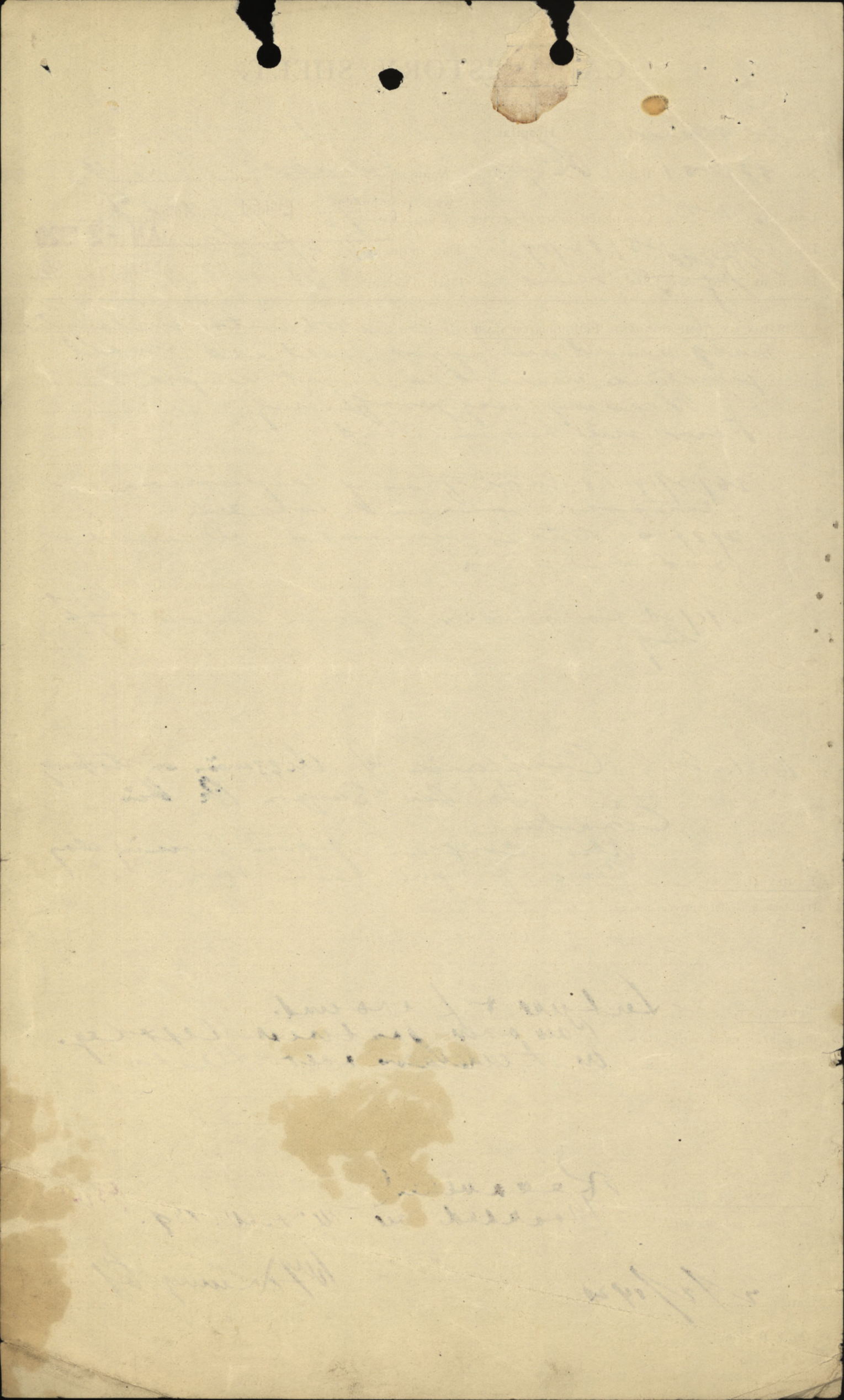
16. 1. 20. Complains of dizziness on stooping over. To see Surgeon Re this condition. Also complains of pain running along course of post vertebral nerve.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.)

TREATMENT (Especially any specific or special form) *Suture of wound. All over postures left leg. as tenderness over vertebrae.*

CONDITION ON DISCHARGE, (and disposal made of case.) *Recovered Boarded on U.S.W. 159. 339456*

Date *2/2/1920* *W. F. W. 159* Medical Officer i/c case.



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

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

No. 931001 Rank S/Capt Surname Hattimore, Gilbert Richard
(Give name in full)

Unit or Corps 60 D. Birthplace Halifax

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

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft. 7 1/2 in. Colour of Eyes Brown
 Nutrition Good
 Pulse 80
 Condition of arteries good
 Vision Rt. normal Left normal
 Hearing (conversational voice) Rt. normal Left normal

Identification marks, scars, or deformities.
(Give cause and date of origin.)
3" scar right parietal bone.

Opinion as to general health and physical condition Good

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

Nervous System No Genito Urinary System No Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

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

Complains of pain posterior left leg. Sky to pain over crest of ilium.
3" cut (healed) over right parietal.
No depression.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at... *Hull, Can*(Canada)

Date ... *29/1/20* Signed *W. J. Murray R. J. Thomas*M.O.

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

Signature *L. M. Gilbert R. J. Thomas*

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

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

[OVER]

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

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

No. 931001 Rank P/CPL Surname LATTIMORE
(Given name in full)
GILBERT Richard
 Unit or Corps 6th D.D. Birthplace Halifax N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft. 7 1/2 in. Colour of Eyes Brown
 Nutrition Good
 Pulse 74 Regular
 Condition of arteries Soft
 Vision Rt. no Left no
 Hearing (conversational voice) Rt. 25 ft.
 Left 21 ft.

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

Nil

Opinion as to general health and physical condition... Fit

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

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

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

Assessed 24-12-19. Deep Wound Rt
penetrated:
No present disability.

MEDICAL EXAMINATIONS. OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at *Halifax HS* (Canada)

Date *14-6-20* Signed *J.A. Murray M.D.* M.O.

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

Signature *G.A. Latamore*

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

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

DUPLICATE

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 No. 2 Construction Batt. C.E.F.
~~Quinton N.S.~~

(2) Regimental Number 931001.

(3) Full Name of Soldier Gilbert Richard Lattimore

(4) Place of Birth Halifax N.S.

(5) Are you married, or not? no

(6) If married, state,
 (a) Full name of your wife no

(b) Present Postal Address ~~7 Charles St. Halifax N.S.~~

(7) Are you a widower? no

(8) Have you any children? no

If so, give number of boys and girls _____

Also their names and ages _____

(9) Is your Father alive? no

If so, state name and address

(10) Is your Mother alive? no

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

~~to Gilbert Richard Sattimore~~
~~227 Charles St Halifax N. S.~~
Mr. Ellison, 165 Creighton St friend

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

(15) Are you insured? yes no

If so, in what Company? London Life

Have you made arrangements for payment of your Insurance premium? not yet

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

C. H. Reis Capt
for Officer Commanding.

Date OCT 23 1916

931001

MEDICAL HISTORY SHEET

Surname Leathmore Christian Name Gilbert Richard

Examined { on 19th day of July 1916
at Halifax
Birthplace { City or Town Halifax
County Nova Scotia

Approved by C. C. Archibald
Rank Capt. W. L. R. M.O.

Apparent age 37 years
Trade or occupation cook
Height 3' feet 8 Inches
Weight 147 lbs.
Chest measurement { Minimum 33 inches
Maximum expansion 35 inches
Physical development good
Small-pox Marks nil

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

Vaccination Marks { Arm Right Left
Number two
When Vaccinated last childhood
(a) Marks indicating congenital peculiarities or previous disease

Date	Result	VACCINATIONS
<u>18/3/17</u>		<u>Dave Murray</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/1/17</u>	<u>L.S.R.</u>	<u>H.V. Maud May am G</u> M.O.
<u>19/1/17</u>	<u>L.S.R.</u>	<u>H.V. Maud May am G</u> M.O.
<u>27-1/17</u>	<u>L.S.R.</u>	<u>H.V. Maud May am G</u> M.O.

Enlisted on 19 day of July 1916 at Halifax NS

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to		<u>931001</u>		<u>19/7/16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Halifax NS</u>	<u>14-6-21</u>	<u>h.c.</u>	<u>Col. J.</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.

Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank pte. Name Lattimore Surname Gilbert R
 Unit or Corps 17th Reserve (If a soldier) Regtl. No. 931001
 Born at Nalifax Nova Scotia on date Nov Sixt 1873
 Signature (for identification) Gilbert R Lattimore

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. no

Weight 135 lbs.
 Height 5 ft. 11 ins.

2. **NUTRITION AND DIATHESIS** good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM** no

4. **RESPIRATORY SYSTEM** no

5. **HEART** ?

Abnormal Sounds? no
 Abnormal Size? no
 Pulse Rate? 64 Intermittence or irregularity? no

6. **ARTERIES**.—Any hardening? no

7. **DIGESTIVE SYSTEM** no

8. **GENITO-URINARY SYSTEM** no

Urinalysis—s.g.? 1020 Reaction? ac Albumen? no Sugar? no

9. **SKIN, MIDDLE EAR, EYE**
 or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? good

Examined at Lincoln Park } Signed W. Stephens Capt M.O.
 Date 2 1 19 } Signed W. H. ... M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for service

Handwritten notes:
1885
11/11
No. 1000
1885

1885
11/11

2. NUTRITION AND DIGESTION

3. RESPIRATORY SYSTEM

4. CIRCULATORY SYSTEM

5. HEARING

6. VISION

7. NERVOUS SYSTEM

8. GENITOURINARY SYSTEM

9. SKIN, NAILS AND HAIR

10. DENTAL EXAMINATION

11. GENERAL EXAMINATION

Handwritten signature: Thomas P. ...

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

M. F. W. 54. (A. F. B. 19s.

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *A 2 Battalion 8th C E S*

Regimental No. *931001* Rank *Pl.* Name *Albert Richard Hartman*

C. E. F.

Enlisted (a) *19-7-16* Terms of Service (a) *Period of War* Service reckons from (a) *19-7-16*

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)

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				
<i>12-1-19.</i>		<i>205 from 12-1-19 + Pooled to 60 Coy.</i>	<i>Halifax NS</i>	<i>0.029</i>	<i>Indleyer</i> O. C. CASUALTY COMPANY NO. 6 DISTRICT DEPOT
<i>31-12-19.</i>		<i>Posted from Co. C. to 2d Pl. Sect. 29-12-19.</i>	<i>Halifax NS</i>	<i>0.035</i>	<i>Indleyer</i> O. C. CASUALTY COMPANY NO. 6 DISTRICT DEPOT
<i>2-3-20</i>	<i>60-10</i>	<i>Posted from P.S. to Co. C.</i>	<i>Halifax NS</i>	<i>0.033</i>	<i>Indleyer</i> O. C. CASUALTY COMPANY NO. 6 DISTRICT DEPOT
<i>29-8-20</i>	<i>60-12</i>	<i>C. O. S. Comm ab. effect. 10-7-20</i>	<i>Halifax NS</i>	<i>0.0181</i>	<i>Indleyer</i> O. C. CASUALTY COMPANY NO. 6 DISTRICT DEPOT

(1) 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.
(2) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form - 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
Date	From whom received				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

War Service Badge Issued,
Class.....No.....

This is to Certify that No. 931001 (Rank) W/Cpl
 Name (in full) Lattimore Gilbert Richard enlisted in
 the 2nd Construction Bn
 CANADIAN EXPEDITIONARY FORCE at Halifax NS on the 19th
 day of July 1916
 HE served in Canada England France
 and is now discharged from the service by reason of DEMOBILIZATION

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

Age 41
 Height 5' 8
 Complexion Dark
 Eyes Brown
 Hair Black

Marks or Scars
Tattoo on both arms
Scars on hand, left
Scars on hand, right
American coat of arms

Gilbert R. Lattimore
 Signature of Soldier

J. M. Lyster
 Issuing Officer
 Rank Major

Date of Discharge July 10th 1920

Signed at Halifax NS this 30th day of June 1920
 in Military District No. 6

File Reference No.

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

.....
Name of Officer

.....
Rank

.....
Appointment

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

Answers

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Squadron No. 2 Construction Battalion C E F
 Regimental No. 931001 Rank Pte Name Gilbert Richard Lattimore
 Enlisted (a) 19.7.16 Terms of Service (a) Period of War Service reckons from (a) 19.7.16
 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) _____

CERTIFIED CORRECT.
 MAY 17 1917
 CAN. RECORDS, LONDON.

Report Date	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 from Canada Halifax 4.7.17		25/3/17	
		Disembarked, England Liverpool		7/4/17	
	COA#2 Coast Rn	Proceeded overseas	Seaford		Adjutant, No. 2 Construction Batt n. C.E.F.
		Landed in France		17-5-17	N.R.
5/1/18	OC Unit	apt to 1 Dist CFC	Almoncon	30/1/17	B213
24.8.18	OC #307	granted 14 days leave	at.	19.8.18	B213/100 517/1/19
4.9.18	OC	Return from leave.	Deal	4.9.18	B213
11 ¹² / ₁₈	OC #3	Trans to England and posted to N.S. Reg Depot	Frankholt	14 ¹² / ₁₈	1CR 344. Caffewett.

(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. e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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

17.12.18.	A.S.R.D.	T.O.S and attd 2nd G.D. for Quarters & Rations	Bramshott	14.12.18.	D.O. 305
	A.S.R.D. ON COMMAND TO	L.D.O. Kennel Rk Rhyl.	BRAMSHOTT		
		Sgt. O.M. on leave to Coy Disch Canada sailing no 4		12-1-19	
12.1.19	Occas. 1/10/19	No. 6 D.D. Hq. Coy Co.		22.1.19	Do 29
25.6.20		S. Sect to Cav Co at from. 25-6. 20	Halepa		Do 177
25.6.20		S. O.S. Cav Co Hq. Dept. Do 6	Halepa		Do 177

PART II D.O. MRD 313 27/18

G.A. Wright LIEUT,
OFFICER in CHARGE,
NOVA SCOTIA REGTL. DEPOT.

Roy. M. Hammond
Lieut

Am. Ferguson
ASST. ADJT. No. 6 DISTRICT DEPOT

H. J. ...
NOVA SCOTIA REGIMENT, NO. 6 DISTRICT DEPOT

H. J. ...
NOVA SCOTIA REGIMENT, NO. 6 DISTRICT DEPOT

JM

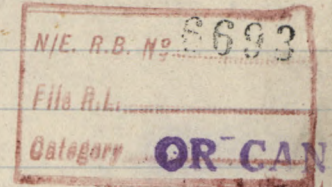
Rank _____ Name **LATTIMORE, Gilbert Richard.** Reg'l No. **931001**
 Unit **No. 2 Const.Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Halifax N.S. 19th July 1916.** Place of Birth **Halifax, N.S.**
 Name and Address, Next-of-Kin **Mrs Ellison.**
165 Creighton St., Halifax, N.S. Relationship **Friend.**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____



Discharge, Date and Place _____ Reason _____ Character _____

H. W. & V., Ld.—9546-16.

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 ss "Southland"		7-4-17	Awarded
14. 6. 17	2 nd Lt. Lt. Col.	Arrived in France Field		17-5-17	Pl-50. 115
16. 12. 18	WARD.	T.O.S from 2 nd C.C.C. plie B. Shatt		14. 12. 18	40305-71 / 19. 12. 18 ^o 2 nd C.C.C.
27. 12. 18	A.S.R.D	% to C.O.D. Rhyl		27. 12. 18	0.0. 313
25. 1. 19	118 R.D.	cases on Com to Rhyl. 430866. 87. Canada		17. 1. 19	- 18.

A.F.B. 103 CHECKED
29 MAY 1917

931001 Lettimore

G.R.

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.

MARRIED OR SINGLE

PLACE OF BIRTH Halifax N.S.
NAME AND ADDRESS OF NEXT OF KIN Mrs. Ellison
165 Creighton St. Halifax N.S.
RELATIONSHIP OF NEXT OF KIN none stated

CASUALTIES, PROMOTIONS, &C.

Table with columns: PARTICULARS, EFFECTIVE DATE, AUTHORITY. Multiple empty rows for recording events.

REG'L No. 931001 RANK NAME Lattimore gillbert Richard E.
UNIT 2nd Co Bn TRANSFERRED TO DATE AUTHORITY
PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
PLACE OF ATTESTATION Halifax N.S. TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION 19th July 1946 TRANSFERRED TO DATE AUTHORITY

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
PAYABLE TO
RELATIONSHIP OF NEXT OF KIN
RELATIONSHIP OF DEPENDANT

Table with columns: DATE ADMITTED, DATE DISCHARGED, V. OR A., NAME OF HOSPITAL. Multiple empty rows for recording hospital admissions.

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
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Main financial ledger table with columns for DATE, PAY, FIELD ALLOWANCE, WORKING OR SPECIAL PAY, ASSIGNED PAY CREDITS, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, BALANCE, PAY WITHHELD OR DEFERRED, PAY AVAILABLE FOR ISSUE, and REMARKS. Includes handwritten entries for months from April to September 1946, and a summary table at the bottom.

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: <i>LATTIMORE Gilbert Richard</i>								
EFFECTIVE DATE: -		EFFECTIVE DATE: -		NUMBER: <i>931001</i>								
AMOUNT: -		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT								
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;">AUTHORITY</th> <th style="width:20%;">DATE EFFECTIVE</th> <th style="width:40%;">RANK OR APPOINTMENT</th> </tr> <tr> <td></td> <td></td> <td><i>Plt</i></td> </tr> </table>	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT			<i>Plt</i>		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT										
		<i>Plt</i>										
WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				UNIT AND TRANSFERS ORIGINAL UNIT: <i>2 Construction Bn</i> DATE ACCOUNT FIRST OPENED: <i>1 APR 1917</i>								
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;">AUTHORITY</th> <th style="width:20%;">DATE EFFECTIVE</th> <th style="width:20%;">DATE LEDGER SHEET T'S P'D</th> <th style="width:20%;">UNIT TRANSFERRED TO</th> </tr> <tr> <td></td> <td></td> <td><i>3/3/19</i></td> <td><i>Sanchez</i></td> </tr> </table>	AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO			<i>3/3/19</i>	<i>Sanchez</i>
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO									
		<i>3/3/19</i>	<i>Sanchez</i>									

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>9/12</i>	<i>6591</i>	<i>Field</i>	<i>25F - 4.66</i>				
<i>16/12</i>	<i>3381</i>	<i>BRDeq</i>	<i>fr - 9.73</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>
				<i>Ledger Bal 373.94</i>
				<i>CPC " 359.52</i>

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis Com 31.12.18 Auth NR161 d/17/12/18 B. Shott*

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MAR	<i>Bal Ford</i>								<i>306.57</i>	<i>180</i>	
Apr	<i>B. Pay</i>	<i>33</i>		<i>AR 121 6/4 CFC 2/1</i>	<i>3.57</i>				<i>332.47</i>	<i>195</i>	
		<i>33</i>		<i>AR 305 20/4 - " -</i>	<i>3.57</i>				<i>336.04</i>	<i>195</i>	
		<i>33</i>			<i>7.14</i>				<i>343.18</i>	<i>195</i>	
May	<i>P.P.</i>	<i>34</i>	<i>10</i>	<i>AR 500 7/5 C.F.C. 1</i>	<i>2.68</i>				<i>345.86</i>	<i>195</i>	
		<i>34</i>	<i>10</i>		<i>2.68</i>				<i>348.54</i>	<i>195</i>	
June	<i>P.P.</i>	<i>33</i>		<i>AR 915 7/6 CFC 1</i>	<i>3.57</i>				<i>352.11</i>	<i>195</i>	
				<i>LNAR 728 C.F.C. 1. 22/8/18</i>	<i>4.46</i>				<i>356.57</i>	<i>195</i>	<i>225</i>
		<i>33</i>		<i>AR 111 22/6 CFC 1</i>	<i>3.57</i>				<i>360.14</i>	<i>195</i>	
		<i>33</i>			<i>11.66</i>				<i>371.80</i>	<i>195</i>	
July	<i>OP</i>	<i>34</i>	<i>10</i>	<i>AR 1301 6/7 C.F.C. 1</i>	<i>3.57</i>				<i>375.37</i>	<i>195</i>	
		<i>34</i>	<i>10</i>	<i>AR 1510 22/7 ✓</i>	<i>3.57</i>				<i>378.94</i>	<i>195</i>	
		<i>34</i>	<i>10</i>		<i>7.14</i>				<i>386.08</i>	<i>195</i>	
Aug	<i>OP.</i>	<i>34</i>	<i>10</i>	<i>AR 1705 6/8 C.F.C. 1</i>	<i>3.57</i>				<i>389.65</i>	<i>195</i>	
				<i>AR 1794 17/8 ✓</i>	<i>3.57</i>				<i>393.22</i>	<i>195</i>	
				<i>AR 2547 17/8 ✓</i>	<i>97.33</i>				<i>490.55</i>	<i>195</i>	
				<i>CP 26732 25/8 L.I.W.</i>	<i>72.00</i>				<i>562.55</i>	<i>195</i>	
				<i>CP 28108 29/8 L.I.W.</i>	<i>12.17</i>				<i>574.72</i>	<i>195</i>	
		<i>34</i>	<i>10</i>		<i>189.64</i>				<i>764.36</i>	<i>195</i>	
Sep	<i>OP</i>	<i>33</i>		<i>AR 3208 6/9 C.F.C. 1</i>	<i>3.57</i>				<i>767.93</i>	<i>195</i>	
				<i>AR 2448 23/9 ✓</i>	<i>3.57</i>				<i>771.50</i>	<i>195</i>	
		<i>33</i>			<i>7.14</i>				<i>778.64</i>	<i>195</i>	
Oct	<i>✓</i>	<i>34</i>	<i>10</i>	<i>AR 6 7/10 6% 1</i>	<i>3.73</i>				<i>782.37</i>	<i>195</i>	
				<i>AR 2938 28/10 "</i>	<i>3.73</i>				<i>786.10</i>	<i>195</i>	
		<i>34</i>	<i>10</i>		<i>7.46</i>				<i>793.56</i>	<i>195</i>	

CHECKED BY: *[Signature]*
 APPROVED BY: *[Signature]*

NUMBER	RANK	NAME		MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
								pub.					209 17	285	
Mon					67/10			cap next							
								3108 8/11 ches.	313						
								3312 25/11	1306						
					Mon Ref Pay	14	43	6591 10/12 ches	466				373 91 315		
								3581 18/12 BRDG.	973				359 52		
						81	53		3118						
								114 10/1 Kt. exp	993				369 19		
									993						

290.70
3118
359 52

1439
359 52

total for 12/1/19
Co 18 15/1 70R

M

SHORT FORM.
PROCEEDINGS ON DISCHARGE. War Service Badge Issued,
(Demobilization.) Class.....No.....

1. No.	931001	
2. Rank	S/3rd	
3. Name	Lattimore G B	
4. Unit	2. Construction Bn	
5. Date of Discharge	10-7-20	Place Halifax NS
6. Reason for Discharge.....	DEMOBILIZATION	
7. Authority	R.O. 1420	
8. Proposed Residence after Discharge.....	A.P.O. Vancouver B.C.	
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	
		Signature of Soldier.
10. CONFIRMATION.		
The discharge of the above named man is hereby confirmed.		
Place.....	Halifax N.S.	
Date.....	June 14 th 1920	
Signature.....	[Signature] (O. C. Discharging Unit.)	

E. R. J.



LIST OF ILLUSTRATIONS

1. General Introduction	1
2. The History of the Subject	10
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7. The Significance of the Study	50
8. The Limitations of the Study	60
9. The Acknowledgments	70
10. The Bibliography	80
11. The Appendixes	90
12. The Index	100

LIST OF DISCHARGE DOCUMENTS.

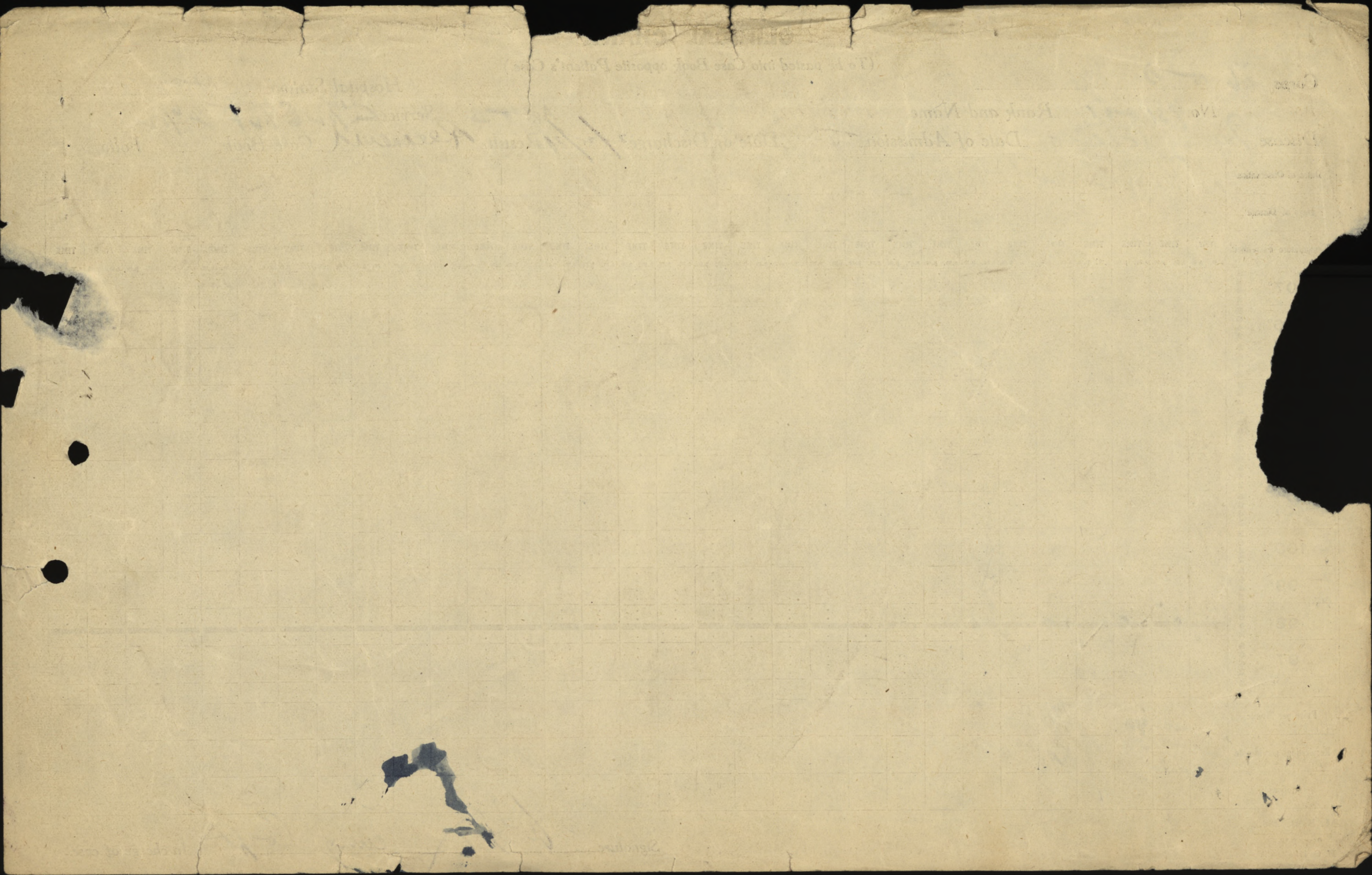
Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
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

CLINICAL CHART.

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

Corps 6 AD Hospital Station Recept 4
 No. 951001 Rank and Name Lattimer Cpl Age 43 Service C 7 1/2 E 1/2 F 2 1/2
 Disease Injury to head Date of Admission 25-12-19 Date of Discharge 2/1/20 Result Recovered Case Book Folio

Dates of Observation	25		26		27		28		29		30		Jan 1		2		3																		
	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME				
Temperature Fahrenheit	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°																																		
106°																																		
105°																																		
104°																																		
103°																																		
102°																																		
101°																																		
100°																																		
99°																																		
98°																																		
97°																																		
Pulse per Minute	92	84	76	72	76	76	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	
Respirations per Minute	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
Motions																																		



Copy of Original

M.F.B. 465
150x-10-18
1772-39-950

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 6

NAME OF SOLDIER

Lattimore, G.R.

REGIMENT

#2 Const Co.

RANK

Private

No. *9 31001*

Date of Exam. *31/12/18*



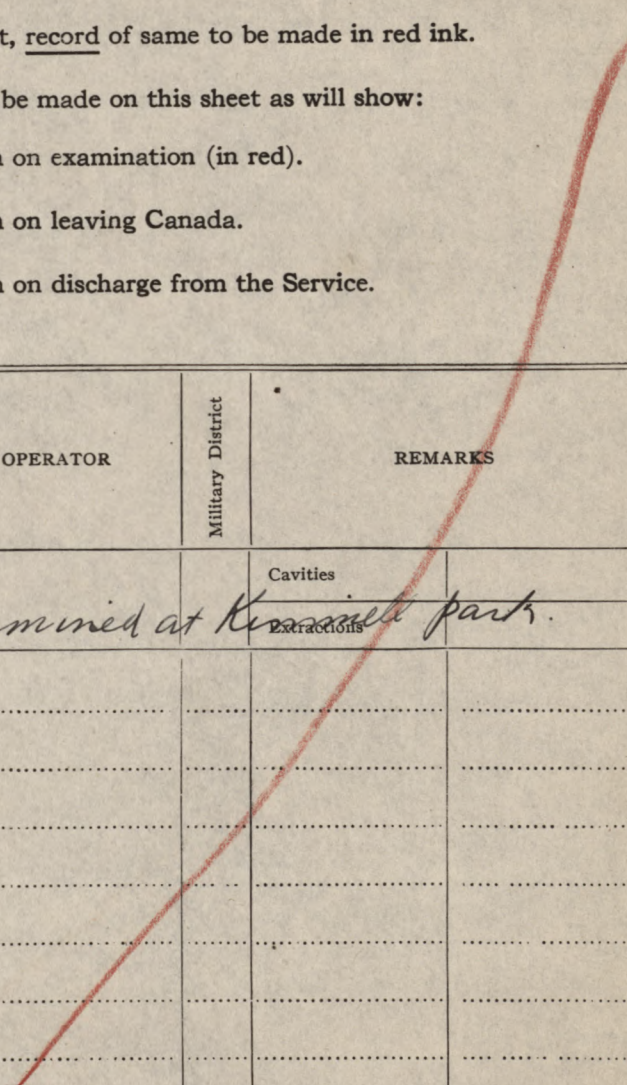
INSTRUCTIONS

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 from the Service.

Condition of first Examination	Date	Fillings	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoxa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	Prophyllaxis	OPERATOR	Military District	REMARKS				
												U	L	P			Gold	Porcelain									
		<i>Required.</i>																						<i>1 Part upper. 9 teeth. 1 " Lower 9 teeth.</i>			<i>Examined at Kemmell park.</i>



INSTRUCTIONS

1. On receipt of the order, the contractor shall immediately begin work on the project.

2. The contractor shall submit a progress report to the client every two weeks.

3. The contractor shall maintain accurate records of all work performed and expenses incurred.

4. The contractor shall ensure that all work is completed by the specified deadline.

5. The contractor shall provide a final report and invoice upon completion of the project.

6. The contractor shall be responsible for obtaining all necessary permits and licenses.

7. The contractor shall maintain communication with the client throughout the project.

8. The contractor shall ensure that all work is completed in accordance with the contract terms and conditions.

9. The contractor shall be responsible for the safety of all workers and the public during the project.

10. The contractor shall be responsible for the disposal of all waste materials in accordance with local regulations.

11. The contractor shall be responsible for the maintenance of all equipment and tools used during the project.

12. The contractor shall be responsible for the payment of all taxes and fees associated with the project.

13. The contractor shall be responsible for the insurance of all workers and equipment.

14. The contractor shall be responsible for the cleanup of the project site upon completion.

15. The contractor shall be responsible for the archiving of all project documents.

16. The contractor shall be responsible for the training of all workers on safety and quality control.

17. The contractor shall be responsible for the coordination of all project activities.

18. The contractor shall be responsible for the overall success of the project.

INSTRUCTIONS

1. The first page of the report should be headed with the name of the project and the name of the person or organization responsible for it.

2. The report should be written in a clear, concise, and logical manner. It should be organized into sections and paragraphs, and should be easy to read and understand.

1950

1951

1952

1953

DEPT. OF AGRICULTURE

Lattimore

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

REGT. No. 931001

RANK 2/c

NAME (IN FULL) Lattimore G R

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS			1/60 18		270 Com Bu		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
ADDRESS					ASSIGNED PAY \$	DATE EFFECTIVE	
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE REASON AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY

Victory Bond 50th

5th - 1st month
4th a month after
+ 2nd

157 Brighton St
H.F. 775

Posted and 10-2-19 Dec 5-1
Off 2nd 10-2-19 Dec 5-3

Discharged 10/7/20 Demob. 8.0181

BALANCE FROM PREVIOUS ACCOUNT

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	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBIT	CREDIT	DEBIT	
Jan			11 20	11 20														Subs No 29
1-1-19			11 15	11 15														
Feb	29	59	110 64 90	385 94				100 -	164 64	164 64				244 18			111 49	Cred. P.C.
Mar	31	110	34 10	141 89				205 44	21 00					141 89				
April	30	110	33 00	33 00										33 00				
May	31	110	34 10	34 10										34 10				
June	30	110	33 00	33 00										33 00				
July	31	110	34 10	34 10										34 10				
Aug	31	110	34 10	34 10										34 10				
Sept	30	110	33 00	33 00										33 00				
Oct	31	110	34 10	34 10										34 10				
Nov	30	110	33 00	33 00									5 00	33 00				Victory Bond.
Dec	31	110	34 10	34 10									4 00	34 10				Victory Bond.
Jan	31	110	34 10	34 35									4 00	34 35				mas Grant
Feb	29	110	31 90	31 90									4 00	31 90				Victory Bond.
Mar	31	110	34 10	34 10									4 00	34 10				" "

613.3933252

945.91

245.00 10-546.92

21.05

82.297

12294

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			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT			
			66339	33252	\$ C.	94594				24500	10	54692	\$ C.	2105	\$ C.	82297	\$ C.	12294		
June	30	1.10	33 00							10 00	19 00					4 00	33 00		603632	
May	31	1.10	34 10							10 00	14 62			5 48		4 00	34 10		37 9/25 20	
June	30	1.10	33 00							10 00	19 00					4 00	33 00		AP 54 9/17/6/20	
				35 00							35 00						35 00			
July	10	1.10	11 00								11 00						11 00			
Totals			1244936752		109201					275 00	29 00	2654		21 05	5 48	12 00	969 07		122 94	

183	W.S.R.	S.A.	Get	how	W.S.R.	S.A.	Soldier	Dependent	Remarks
	420 00	-	420 00		70 00		350 00	-	CK 7229
					70 00		280 00	-	CK S 580096
					70 00		210 00	-	CK 580749
					70 00		140 00	-	" 581841
					70 00		70 00	-	" 605280
					70 00		70 00	-	" 581346
			420 00		420 00		420 00		

Certified that all pay on this roll have been properly accounted for.
[Signature]
 For Senior Officer Pay Services M. D.