

Unit 151st O.Bn.C.E.F. Rank Major Name James Robert Lowery.

ORIGINAL

**OFFICERS' DECLARATION PAPER.**

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

**QUESTIONS TO BE ANSWERED BY OFFICER.**

(ANSWERS.)

1. (a) What is your Surname? LOWERY.
- (b) What are your Christian Names? James Robert.
2. (a) Where were you born? (State place and country) Rawdon Township, Ontario.
- (b) What is your present address? Lloydminster, Alberta.
3. What is the date of your birth? ~~XXX~~ 12th April 1884
4. What is (a) the name of your next-of-kin? Ethel Bell Lowery
- (b) the address of your next-of-kin? Lloydminster, Alberta. CANADA
- (c) the relationship of your next-of-kin? Wife
5. What is your profession or occupation? Student at Law
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 22nd Saskatchewan Light Horse  
Private, Corporal, Sergeant,
9. State particulars of any former Military Service and Lieut. 22nd S.L.H.
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

James R. Lowery (Signature of Officer.)

**CERTIFICATE OF MEDICAL EXAMINATION.**

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date November 30th 1915.

Place Strathcona, Alberta.

Morton E. Hall  
Medical Officer.

\*Insert here "fit" or "unfit"

M. F. W. 51.

20m.-10-15.  
H. Q. 1772-39 917.

**151ST OVERSEAS BATT., C.E.F.**

21  
31  
22  
1  
31  
31  
137

REC'D  
30/12/19  
H.L.

QUESTIONS TO BE ANSWERED BY OFFICERS

1. Name of the vessel, its number, and the name of the commanding officer.

2. Date and place of departure.

3. Name and rank of the commanding officer.

4. Name and rank of the second-in-command.

5. Name and rank of the third-in-command.

6. Name and rank of the fourth-in-command.

7. Name and rank of the fifth-in-command.

8. Name and rank of the sixth-in-command.

9. Name and rank of the seventh-in-command.

10. Name and rank of the eighth-in-command.

11. Name and rank of the ninth-in-command.

12. Name and rank of the tenth-in-command.

13. Name and rank of the eleventh-in-command.

14. Name and rank of the twelfth-in-command.

15. Name and rank of the thirteenth-in-command.

16. Name and rank of the fourteenth-in-command.

17. Name and rank of the fifteenth-in-command.

18. Name and rank of the sixteenth-in-command.

19. Name and rank of the seventeenth-in-command.

20. Name and rank of the eighteenth-in-command.

21. Name and rank of the nineteenth-in-command.

22. Name and rank of the twentieth-in-command.

23. Name and rank of the twenty-first-in-command.

24. Name and rank of the twenty-second-in-command.

25. Name and rank of the twenty-third-in-command.

26. Name and rank of the twenty-fourth-in-command.

27. Name and rank of the twenty-fifth-in-command.

28. Name and rank of the twenty-sixth-in-command.

29. Name and rank of the twenty-seventh-in-command.

30. Name and rank of the twenty-eighth-in-command.

31. Name and rank of the twenty-ninth-in-command.

32. Name and rank of the thirtieth-in-command.

33. Name and rank of the thirty-first-in-command.

34. Name and rank of the thirty-second-in-command.

35. Name and rank of the thirty-third-in-command.

36. Name and rank of the thirty-fourth-in-command.

37. Name and rank of the thirty-fifth-in-command.

38. Name and rank of the thirty-sixth-in-command.

39. Name and rank of the thirty-seventh-in-command.

40. Name and rank of the thirty-eighth-in-command.

41. Name and rank of the thirty-ninth-in-command.

42. Name and rank of the fortieth-in-command.

43. Name and rank of the forty-first-in-command.

44. Name and rank of the forty-second-in-command.

45. Name and rank of the forty-third-in-command.

46. Name and rank of the forty-fourth-in-command.

47. Name and rank of the forty-fifth-in-command.

48. Name and rank of the forty-sixth-in-command.

49. Name and rank of the forty-seventh-in-command.

50. Name and rank of the forty-eighth-in-command.

51. Name and rank of the forty-ninth-in-command.

52. Name and rank of the fiftieth-in-command.

DECLARATION OF OFFICERS

I, the undersigned, do hereby declare that the above answers are true and correct to the best of my knowledge and belief.

Signed: \_\_\_\_\_

Rank: \_\_\_\_\_

Position: \_\_\_\_\_

LIST OF OFFICERS

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Position: \_\_\_\_\_

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

- Proceedings of Court of Inquiry or on men
- Deceased Missing on Active Service.....
- Assignment Papers..... 2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 2
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

49

Name Lowery James, Robert.  
 Regt. No.        Rank Major.  
 Corps 151<sup>st</sup> Bn.

*Receipt of pension.*

*12040*  
*12041*  
*12042*  
*12043*  
*12044*  
*12045*  
*12046*  
*12047*  
*12048*  
*12049*  
*12050*



33275

*Insured 8-12-56*



*2*  
*1-13*  
*1-13*

*M.F.W. 67-1*

*R.S.S. 1*

*1849*

*PCad-1*

*10*



MAJOR

LOWERY

JAMES ROBERT

**I.D. number**  
**No. d'identification**

**Surname**  
**Nom de famille**

**Given names**  
**Prénoms**

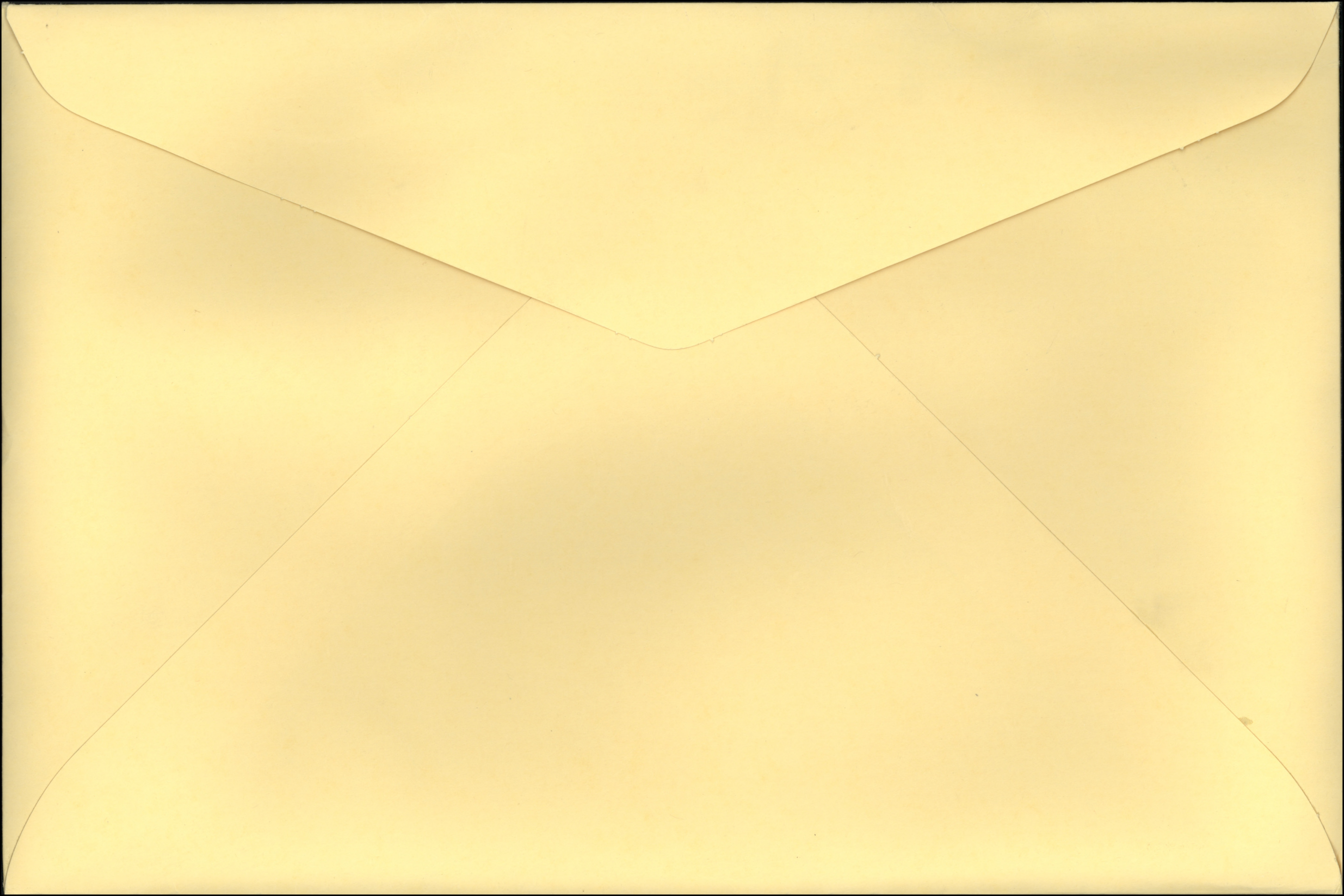
OPEN

dec'd 08/12/56

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

**Location**  
**Lieu**

5771



Number

Rank

Major

Surname

LOWERY

Christian Name

James Robert

Units

Theatre of War

France

Date of Service

3-10-16

10-3-17

20-10-17

Remarks

A.R.

Latest Address

Lloydminster, Alta.

Roll No.

B. Page 14541

200m.-2-21.M.

DEEP. JUL 4 1922

REG. NO.

43087



No.

RANK

a/maj &amp; adj.

NAME

Lowery Jas. R.

T. O. S. 29/12/15

D.O. 16 of 23/12/15

UNIT

15/1st Battalion C. E. F.

M. D. 13

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1915 1915

Nov. 29 1915 Dec 31 1915  
1916 Jan 1916✓  
o.s.app. Maj. 29/11/15  
absent on duty from Jan 28<sup>th</sup>D.O. 16 of 23/12/15.  
D.O. 9 of 12/1/16.

Feb.

✓

School of Musketry Calgary 20/3/16

D.O. 67 of 20/3/16.

Mar.

✓

Edmonton Alphabetical Section.

April Pay List.

April

✓

May

✓

June

✓

D.O. 16 amended read Major from 18.2-16.

D.O. 139. 13.6. 16.

July

✓

Aug.

✓

D.O. 139 amended read Major from 29.11.15

D.O. 192

Sept.

✓

Oct pay list not available

UNIT MAILED

OCT 3 1916



Name **LOWERY** Rank **Major** Reg. No.  
● James Robert  
Unit **49th. Bn.**  
Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
9/10.4.17.	Rep. from G.H.Q.	WOUNDED	648 M1834 14.4			
13-4-17	3rd Lt in No. <del>1st</del> SW	R. H. R. Hand	650			
22-6-17	Discharged		711			



REG'T L NO

H. Q. FILE NO. 649-

NAME

Sawery James Robert

RANK AND CORPS

major

49th Bn. (7000) 151st Bn.

FOLLOWS

NO.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

C.

m1834 13-4-17

Reported wounded April 9th April 10th, 1917. ✓

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
648 <sup>2</sup> / <sub>1</sub>	Rep. from Gen Hqtrs	9/10-4-17	wounded
650 <sup>4</sup> / <sub>1</sub>	Ex. H. S. "St. Denis"	13-4-17.	
711 (3) <sup>10</sup>	3rd Gen. Gen. Wards Discharged.	worth S.W. <del>22-6-17</del>	S.W. Left Knee. R. Hand S.W. L Knee R Hand
1.	M. H. C. C. Calgary,	1-1-18.	Trans. to Out-P. Edmonton <sup>Subs.</sup> See with
348.	" " " "	29-4-17	M. D. #13 to Edmonton <sup>Subs.</sup> See
19.	" " " "	1/31-1-18.	But-P. with Subs. " "

Surname

Christian Name

Reg. No.

LOWERY

J. R.

DMS# 4-L-341.

Rank

Unit

Major

49th. Batt.

MEDICAL BOARD held at

Date

Serial No.

(1) London Area 20-6-17.

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

GSW lt. Leg & Hands.

Disposition Recommended

(1) Unfit any service 2½ months.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Sick leave to Canada 20-6-17 to 10-9-17.

Leave extended to 20-10-17.

Lowery.

J.

R.

Major. 49th. Bn.

3rd. London Gen. Wandsworth.

13-4-17.

Rept'd. Wounded. 9/10-4-17.

SW. lt. knee rt. hand.

Discharged:-22-6-17.

C.L. 14-4-17. 648-2.

17-4-17. 650-4.

27-6-17 711-3.

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

R.



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..... *151st Overseas Battalion, C.E.F.*

(2) Regimental Number..... *Major*

(3) Full Name of Soldier..... *James Robert Lewery*

(4) Place of Birth..... *Wellman's Corners, Hastings County, Ontario.*

(5) Are you married, or not?..... *Yes*

(6) If married, state,  
 (a) Full name of your wife..... *Ethel Bell Lewery*

(b) Present Postal Address..... *Frankford, Ontario.*

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

(8) Have you any children?..... *Yes. One*

If so, give number of boys and girls..... *1 girl.*

Also their names and ages..... *Ethel Jean Lewery, 2 1/2 years.*

*H. S. G. Comp.*  
*18-2-19*  
*A. J.*

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

*Yes*

If so, state name and address.....

*John Blowers, Frankford, Ontario.*

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

*Yes*

If so, state name and address.....

*Rachael Lewery, Frankford, Ontario.*

(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.

*—*  
*—*  
*—*

(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.

*Yes.*  
*Yes*

(15) Are you insured?.....

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

*National Life.*

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

*Yes*

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

Date.....

*Sept. 22/1916*

*[Signature]*  
Officer Commanding



Confidential.

To be used in cases of wounds or injuries received in action.  
(For instructions for preparing this report see back of form.)

PROCEEDINGS OF A MEDICAL BOARD assembled by order of \_\_\_\_\_

\_\_\_\_\_ A.D.M.S. London Area, \_\_\_\_\_ 13 Berners St.  
for the purpose of examining and reporting on the present state of a wound or injury sustained  
by \_\_\_\_\_ Major J.R. Lowery \_\_\_\_\_ 49th Bn.  
at (Place of Injury) \_\_\_\_\_ VIMY RIDGE. \_\_\_\_\_ on the (Date of injury) \_\_\_\_\_ 9.4.17.

The Board find that this Officer sustained several G.S.W's left ankle, left knee and both hands at the above place on the above date. Evacuated through No. 1. Can. Fld. Amb. 9.4.17 on 15.4.17 to 3rd London General. To Med. Board 20.6.17.  
1. Left knee outer side extensive wound outer side piece shrapnel also a bullet perforated just above joint emerging behind the joint. Xrayreports splintering lower end of Femur near Internal condyle. Wounds healing nicely, small sinus remaining 1" in length which is closing. Operated on in France. 2. Left ankle through and through fracturing lower end of tibia. Wounds healed. Ankle joints movements somewhat inhibited. 3. Index finger left hand involment distal phalanx. 4. Middle finger left hand involment distal phalanx. Wounds healed. Some loss of movements and sensation.

The opinion of the Board upon the questions below is as follows:—

- 1.—Has the officer lost an eye or a limb; or has he permanently lost the use of an eye or a limb; or is the injury equivalent to the loss of a limb, and permanent, or likely to be permanent? (Articles 639 to 644 of the Royal Warrant for Pay, &c.)
- 2.—If the case does not come under the category of 1:—
  - (a) Was the injury, in the first instance, very severe in character?
  - (b) Are its effects still very severe?
- 3.—If the case is classified under category 2, are the effects of the injury permanent, or likely to be permanent? (Article 646.)
- 4.—Injuries that do not come under the above categories should be classified here, making use of the following terms:—*severe* or *slight* and *permanent* or *not permanent*, as the case may be.
- 5.—For what period, calculated from the date of the wound or injury, is it probable that the officer will be incapacitated for military duty by such wound or injury?

Replies		As to third wound (if any)
As to first wound	As to second wound (if any)	
No.		I concur in the findings of the Board of Medical Officers here recorded. Lt. Col. V. Delaney A.D.M.S. Invaliding for D.M.S. Canadian Contingents.
No.		
No.		
Severe not permanent.		
5 months.		

Signatures

A.W. McCHERON MAJ. C.A.M.C.  
F.E. ROGERS CAPT. C.A.M.C.  
W.B. MACDERMOTT CAPT. C.A.M.C.

B. P. C. FOLIO  
FALSE DOCKET

48  
Disc sent  
19-10-17  
@

Station 13 Berners St.  
Date 20.6.17

**INSTRUCTIONS** to be observed by the Medical Board  
preparing the Report.

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1. On the occasion of an officer's first appearance before a medical board, the circumstances under which the wound or injury was sustained will be fully detailed.
2. If the injuries be more than one, they should be numbered and described separately; and should it be considered that, though only "severe" or "slight" in themselves, they represent together the equivalent of a single "very severe" injury, such an opinion may be expressed in the columns provided for that purpose.
3. **The board will not express any opinion, either to the Officer examined, or in their report, as to whether he is entitled to compensation, or as to the amount of it, nor will it inform the Officer how the wound or injury has been classified.**

# CANADIAN EXPEDITIONARY FORCE

## Certificate of Service

TK-10-9  
MR

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... **Major** .....

(Name in full)..... **James Robert LOWERY** .....

Enlisted in..... **151st Battalion** .....

CANADIAN EXPEDITIONARY FORCE on the.....

day of..... 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... **151st Battalion** .....

CANADIAN EXPEDITIONARY FORCE on the..... **thirtieth** .....

of..... **November** .....

He SERVED in CANADA,..... **ENGLAND and FRANCE** .....

..... **with the 151st and 49th Battalions and 9th Rec. Battalion** .....

and was STRUCK OFF THE STRENGTH on the..... **Sixteenth** .....

of..... **March** .....

191.. **8** .....

by reason of.....

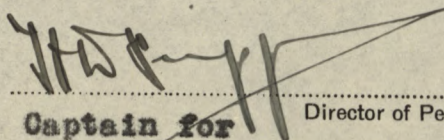
**Medically Unfit** .....

Dated at Ottawa, this..... **sixteenth** .....

of..... **August** .....

191.. **9** .....

**Wounded 9-4-17.**

  
.....  
**Captain for** .....

Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

Issued to members and former members

This is to certify that

Name (Full)

Rank and Grade

has served in the CANADIAN EXPEDITIONARY FORCE with the rank of \_\_\_\_\_ and was appointed to the position of \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

at \_\_\_\_\_ CANADA

and has performed his duties with credit and to the satisfaction of his superiors

and is hereby recommended for the award of \_\_\_\_\_

in recognition of his services

for

Director of Personnel Services

1953

CERTIFIED CORRECT  
9 JUN 1917  
CANADIAN RECORD OFFICE

10681  
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.

151ST OVERSEAS BATT., C.E.F.

Unit, Regiment or Corps.

Regimental No. 30-11-15

Rank Major

Name Lewery, James Robert

Enlisted (a) 30-11-15

Terms of Service (a) Duration of war

Service reckons from (a) 30-11-15

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) 22nd S.L. Lt. (Cte. of Sgt. Lieut.)

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	May 29 1915		Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received		Place	Date	
14-10-16	O.C. 151st Bn	Embarked Disembarked Transferred to 9th Res. Bn.	Halifax Liverpool St. Martin's Plain	3-10-16 13-10-16 13-10-16	S.S. "California" Pt. II O. 246.
14-10-16	O.C. 9th Res. Bn	Taken on strength 9th Res. Bn	St. Martin's Plain	13-10-16	Pt. II 289
21-11-16	O.C. 9th Res. Bn	Struck off li. list and attached to 9th Res. Bn	St. Martin's Plain	20-11-16	Pt. II 326
30-5-17	O.C. 9th Res. Bn	Went on proceeding O'seas to the 49th Bn	Dickenshott	8-3-17	Pt. II 1204/25 ADJUTANT GEN. REG. BATTN. C.E.F.

(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				
14-4-17	C.R.O.	Reported from G.H.Q. Wounded.		9-4-17	
17-4-17	"	Adm. 3 <sup>rd</sup> Lon. Genl. Hosp, Wandsworth.		13-4-17	C.L. 650.
19-4-17	G.S.O.	TAKEN ON STRENGTH & POSTED TO GEN. LIST		13-4-17	0/587.
21-5-17	"	Transf to Alberta Regt. Depot.		21-5-17	appa.
					<i>M. H. Anderson</i> Lieut. MAJOR, FOR O, 1/4 RECORDS, G.E.F.
23-6-17	<sup>o/c</sup> Bramshott	Granted leave to Canada from 20-6-17 to 10-9-17			R.O. 1976. <i>L. H. ...</i> MAJOR, FOR O, 1/4 RECORDS, G.E.F.
15-11-17	a. R. Depot	S.O.S. of Alta Regiment on being retained in Canada	Bramshott	20-10-17	D.O. 25 <i>W. H. ...</i> LIEUT-ADJUTANT ALBERTA REGIMENTAL DEPOT



CERTIFIED CORRECT

**Casualty Form—Active Service.**

5 - MAY. 1917  
CANADIAN RECORD OFFICE

Regiment or Corps... 49th Canadian Bn.

Rank... Major Surname... Lowery Christian Name... James Robert

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

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a)... 3-10-16

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...		
3-3-17	W. O.	Attached to Bn for instructional purposes		8-3-17	B 713 File 9777 Part 33 <sup>30</sup> / <sub>17</sub>
31-3-17	Co. 49th.	Taken on strength as supernumerary Field.		18-3-17	B 713
14-4-17	" "	Wounded in action		9-4-17	B 713 Sdet. 303 d 21 <sup>4</sup> / <sub>17</sub>
12-4-17.	14 General Hosp	S.W. knee ankle, hands Detached to Alberta Regimental Depo, Bransholt. Invald Wounded. At "St. Denis"		12-4-17.	W3083-3005 - Pass in Act No. 44. d 21 <sup>4</sup> / <sub>17</sub>

*Handwritten scribbles and initials*

*Handwritten signature: J. Robertson*

Lieut. for Major D.A. A.G.  
Canadian Section, G. H. O. 3rd Echelon, B.E.F.

(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.



Surname LOWERY

Christian Names James Robert

9 Res. Bn 15-2-17  
1st C.C.D. 1-3-17  
do 1-4-17  
nr. a Reg. Dep. 1-6-17

Rank Major

Name and Address of Next-of-Kin

Promotion

Ethel Bell Lowery, (Wife)

Lloydminster, Alberta,

Canada.

Unit 151st Battalion

Place of birth Rawdon, Township, Ontario

Married (Yes or No) Yes

Appointments

Date of leaving Canada 3.10.16. 29.18.10.16 Date and Cause of Resignation



*24  
1st Lt  
92  
A  
Alberta Reg. Depot*

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	★ A R Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
14-10-16	151 Bn.	Sos on transfer to 9 Bn		13-10-16	Per order 246.
20-11-16	OC C.T.D	Transf'd Gen List attached 9 Bn		13-10-16	Appendix DO.
3-11-16. 26.1.17. 6.2.17	668 9th Bn. A.S.	To s. Canadian Command Depot H.Q. 9th Res. Bn from 9th Bn Transferred to 9th Res.		2-11-16 25.1.17 31-1-17	Per order 9. Pt #0.26. Appendix A of order 6.2.17 257.
20.2.17 4-5-17 14-6-17 24-5-17 17.4.17 30.3.17. 19.7.17	C. Com. Dep. 1st C.C.D. C.R.O. 2nd Lt. Adams Hastings Hastings	App'td. provisionally to 1st C. Com. Dep. Must be att'd on proceeding overseas Reported from 9th Hq. Wounded SOS on proceeding overseas to 49 Bn. Proceeded 95 at short notice Attached to 1st Bn for instrum. purposes TAKEN ON STRENGTH & POSTED TO GEN. LIST		20-2-17 19-3-17 9-10-17 8-3-17 10.3.17 8.3.17 13.4.17	Pt #0.1. Pt #0.63 RO 196 Sel. No 1684 Hastings. R.L. 9-L-515 of Pt #0/33 /587
21.4.17	49th Bn.	Unval wounded shot to Alberta Reg Depot 1st Am. Shot		12.4.17	PII 9/44
17.4.17	C.R.O.	adm. 3rd London Gen. Hosp. Wandsworth S.W.		22.6.17 13.4.17	Discharged C.A. 650 S.W. Left Knee R. Hand
21.5.17	GLD	Trans posted to Alberta Reg Depot		21.5.17	app. to GLD
23.6.17	OC Brans	Granted leave with permission to proceed to Canada rec. of med. Board from 20/6/17 to		10/9/17	RO. 1734-Brans. Frankford over P.O. 1576 Hq. Comd. 103 103

F.B. 108,  
MAY. 1917

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				
5-9-17	Beams	Granted extension of leave of Mr. Beams from 10-9-17 to		20-10-17	RO 2528
14-11-17	Hyeom S.	Retained in Canada about 4 months		20-10-17	RO 2887

A. F. B. 103,  
1 NOV 1917

5421

## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Ethel B. Cowery

Wife  
PAYMENTS.

Name of Soldier

Cowery, Jas. Robt.  
may.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	N 1996	50	50
May		K 6570	50	50
June		L 4328	50	50
July		a 8093	50	50
Aug.		E 13296	50	50
Sept.		* 16058	50	50
Oct.	23	819878	50	50
Nov.		y 22995	50	50
Dec.		N 26622	50	50
Jan.	1917	29826	50	50
Feb.		F 32735	50	50
March		F 35903	50	50
April		g 1893	50	50
May		g 5368	50	50
June		G 8617	50	50
July	12 379	<del>g 11898</del>	<del>50</del>	50
Aug.		N 14950	50	T
Sept.		K 18117	50	T
Oct.	✓	D 22680	50	B
Nov.		P 24035	50	T
Dec.		K 29042	50	F
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

RE-PRINT

411898 cancelled

1253

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

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

29-11-'15

MILITIA AND DEFENCE

157  
M. F. W. 11.  
2011-11-15.  
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name *Mrs. Ethel Bell Lowery.*

Name of Soldier *Lowery, James Robert*

Address *Rapid City, Manitoba*  
~~Lloydminster, Alberta.~~

Regtl. No.  
Rank *Major. 1876 C.M.B., 1776.*  
Corps *151<sup>st</sup> BATTN.*

Relation to Soldier }  
wife, child or mother } *Wife.*

To what Corps belonging }  
when called out } ✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.	✓	<i>M 23166</i>	<i>153</i>	<i>153</i>
March		<i>M 27040</i>	<i>50</i>	<i>50</i>



10 0 0 0 0

10 0 0 0 0

10 0 0 0 0

10 0 0 0 0

10 0 0 0 0

10 0 0 0 0



Name Lowery J.R. Major

M. F. W. 41  
1 OM-7-16  
1772-39 889.

Serial 11366 J.8

*Enroll*

Regimental No.  
Unit H9 Am  
Date of enlistment  
Place of "  
Married (yes or no) \$50 found 27.11.15 a/c open.  
Amount of pay assigned monthly \$ nil  
To whom payable

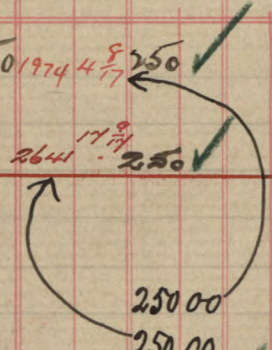
Name and address of next-of-kin 857-8-12-9  
Frankford  
Rapid City, Mont.  
202 McLeod Blk  
Edmonton, Alta.  
Date and place discharged L to Sep 10 Th  
7 to Oct 20 Th.  
Reason for discharge Transferred to M.D. #13.  
Character on discharge V.I.P. 6. 30.6.17. C.R.  
1 copy officer

Ontario 22 6/17 - 8 7/17 J.E.

Form 5351-M & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	No.	Date						
17.17	31.8.17	62	4.248		62	1.626.00	4.50*	93.00	4.750	1974	4.750		4.750	4.750	Adv. Cas. P.M. 4.8.17 *diff. men. 27.11.17 to 30.6.17 50¢ Sub 1-17-17 21-8-17 50¢ adv. cas. P.M. 17-9-17
<i>Re-adjusted.</i>															
1.7.17	30.11.17	153	4.00	612.00	153	1.00	153.00	229.50			250.00		250.00	999.00	Subsidy 1.7 to 30.11.17 *Adjustment missing 22.6 to 30.6.17
									2641	17.17	2.50				
									999.00	3760	28.11	499.00		999.00	
<u>Transferred to M.D. #13 L.P.C. sent 27.11.17.</u>															

103-





# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

2.0642/411

11366-J-1

Name **Lowery, James Robert**  
Surname Christian Name

Regimental Number \_\_\_\_\_ Rank **Major**

Address (in full) **10008 -106th St.**

Unit **49th Bn. 151st Bn.**

**Edmonton, Alta.**

Original Unit \_\_\_\_\_

District where paid **Ottawa**

Date of Discharge **16-3-18**

P. D. P. Filing Number **7H.Q.10.**

Rates:—Regimental pay \$ **4.00** per diem: Field Allowance \$ **1.00** per diem. Separation Allowance \$ **50.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
60500	7287	7/5/18	20000	6904	12/6/18	20000	6630	10/7/18	10450	10050	50450
	<del>46309</del>	<del>22<sup>3</sup>/19</del>	<del>15500</del>								
	<del>46310</del>	<del>22<sup>3</sup>/19</del>	<del>5000</del>								

Remarks:

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

MR

Add. for both: -

Lloydminster,  
Alta.

Dec'n No 20642/411 W. S. G. File No 17376.8

Award 15.3 days at \$ 5.22 per day \$ 1015.00

S. A. .... months at \$ 4.82 per mo. \$ ..... \$ 605.00

Less P. D. P. Credited 410.00

Less further debit balance \$ .....  
Net due paid as below 410.00

TO SOLDIER		TO DEPENDENT		
0	Ag. No. Ch No	Amount	Ag. No. Ch No	Amount
1	2129 46309	155.00	2129 46310	50.00
2		15.00	28850A 49224	100.00
3		8.00		
4			1656C 473446	50
5			23767 476074	50
6				
	Total		Total	

22-3-19

22-3-19

23.5.19

23/5/19.

AC.O .23.6.19

Dep add

M<sup>rs</sup> E. B. Lowmy  
Same add.

GEN'L ADJUTANT  
Posting checked by  
alm  
Date 23-6-19

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

DATE AUTHORITY

9th Res.  
Gen. List

13-4-17 G.O. 587-19-4-17

Major

13-10-16  
fr Canada  
D.O. #54296TD  
d/18-10-16

Name Lowery  
Initials J.R.  
Bank of Montreal

Retained in Canada \$2887-14 2/3  
6/17 to 30 1/17 B'Shott R.O.# 1576-23 6/17

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917								
April 23	Pay April (R)		180					
25	Bank	3017		180				
May 21	Pay May (R)		186					
24	Bank	6029		186				
June 8	Pay June (R)		180					
20	Ad's June pay	7896		180				
July 18	Pay July (R)		186			Cr 186 00		
Aug 20	Pay Aug (R)		186			Cr 372 00		
Sept 15	Pay Sept (R)		180			Cr 552 00		
Oct 11	Pay Oct (R)		186			Cr 738 00		
Nov 16	Pay Nov (R)		180			Cr 918		
Dec 10	Accrued pay 1 1/2 - 30 1/17 at 45 f.c.			918				

20 6/17 - 10 6/17 B'Shott R.O.# 1576-23 6/17  
R.O.# 1734-10 6/17  
Leave to leave  
L.F. to 30 6/17

PA to be carried  
forward until returning

T.F. McChugan  
4/10/18 for Led 19  
Dec 17

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialled by P.M. in every case.

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

*Mess*  
~~DATE~~ AUTHORITY

Beneficiary

*151<sup>st</sup> Batt*

*Major*

*13.10.16 Canada*

Name

*Lowery*

Address

*20<sup>th</sup> 54<sup>th</sup> Bn*

Initials

*J.R.*

Amount. \$

*2/18.10.16*

Bank

*of Montreal*

Separation Allowance issued. Yes or No.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
1916								
Oct 25	Bank P.A. 1-10-16 mess 13-10-16 - 31-10-16. born by bank		180	174 00 ✓		174		
	Bank Oct mess 13-31 1916		174					
	at bank			180				
Dec 11	Pay Dec R.		186					
16	bank			186				
1917	Pay Jan. (R)		186					
23	Bank	19289		186				
Feb 20	Pay Feb (R)		168					
24	Bank	21932		168				
Mar 20	Pay March (R)		186					
24	Bank	24838		186 00 ✓				

1916-17

SYMBOL SYSTEM





B.P.C. 26781

S.M.B.

B.P.C.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR OFFICERS

"Original"

MEDICAL HISTORY OF AN INVALID

Station Strathcona Mil. Hosp.

Date Jan. 14th 1918

- 1. (a) Unit 49th Battn.
- (b) Rank Major.
- (c) Surname Lowery.
- (d) Christian name James Robert.
- 2. Age last birthday 33
- Date of birth April 12th 1884.
- 3. Date of appointment to the C. E. F. (for officers of the C. E. F.) Nov. 29th 1915.
- Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) Nov. 29th 1915.
- 4. Personal description:
  - (a) Height 5'7 1/2"
  - (b) Weight 150 lbs.
  - (c) Complexion Fair.
  - (d) Colour of hair Light.
  - (e) Colour of eyes Blue.
  - (f) Scars or tattoo marks
- 5. (a) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 202 McLeod Block, Edmonton, Alta.
- (b) Address of O. C. Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent
- 6. Former trade or occupation Student -at-Law.

7. Service	<u>26 months.</u>	Years	Days
		PERIODS	
		From	To
	<u>151st Battn.</u>	<u>Nov. 29th 1915.</u>	<u>March 1st 1917.</u>
	<u>49th Battn.</u>	<u>March 1st 1917.</u>	<u>Date.</u>

- 8. Disease or disability (use authorized nomenclature) Limitation of movement of left ankle and numbness of left heel.
- (a) Date of origin 9-4-17
- (b) Place of origin Vimy Ridge.
- (c) Cause Shrapnel wounds and G.S.W.

9. Present condition. (Important, to be a full description of the present condition or conditions.)  
 Well nourished. Respiratory, Circulatory, Digestive and Urinary Systems normal. There is a scar 1 1/4" long on anterior and one 3/4" long over tendo-achilles of left ankle. Movements of ankle 75%. There is numbness of left heel on inner and outer surfaces. The tendo-achilles was split at back of ankle but wound is healed. Terminal phalanges of first and second fingers of left hand deformed by shrapnel wounds.

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

B. P. C. FOLIO  
 FALSE DOCKET

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.

[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

There is a scar (red) 3" X 1" on outer side of left knee, adherent to structures beneath. Also a scar 5" long on back of thigh just above knee adherent at upper part, caused by shrapnel and G.S.W. Small piece of shrapnel under scalp on back of head.

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

20%

12. Did the disability arise on or off duty? On duty.

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes

Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(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.)

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

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

In Hospital, 3rd London General, 10 weeks.. Since then convalescing at home.

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

Yes, Massage of ankle and scars of knee.

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

20. Recommendations. Massage at Hospital for one month.

*Capt. MacDonald*  
Medical Officer by whom the case is brought forward.

(Sections 8, 9 and 10 are to be read to the Officer.)

I, the undersigned, Jas. R. Lowery, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

*Jas R Lowery*  
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

9. We find that he has full movement of ankle, with loss of power on rising on the toes. His left knee is insecure, owing to weakness of the muscles of the thigh. Favors left knee in walking, and tires easily. Appetite is precarious.

16 No. six months.  
20 No. Class "B"

- 22. Is the Officer fit for (a) General service (Category A.) (Yes or No.) (b) Service abroad (not general service) ( " B.) (Yes or No.) (c) Home service (Canada only) ( " C.) (Yes or No.) (d) Temporarily unfit ( " D.) (Yes or No.) (e) Unfit for service in Categories A, B and C. ( " Yes. (Yes or No.)

- 23. It is certified that the Officer (a) Does require treatment. (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.)

24. It is recommended that the Officer be discharged. (When not for discharge add special recommendation.)

Station Edmonton Alberta.

Date 16-1-18

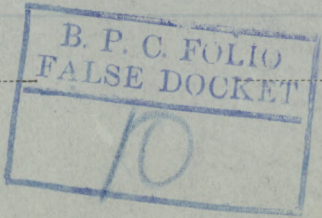
APPROVED BY [Signature]

Date 9-2-18

APPROVED BY

Date

[Signatures and titles: J. H. ... President. Major C.A.M.C. ... Members. Capt. ... Assistant Director of Medical Services.]



Director General of Medical Services.

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
5. The nomenclature of diseases to be followed is that 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.

923-29-1-18

291-07-2-18

# ORIGINAL ORIGINAL MEDICAL HISTORY SHEET.

Surname LOWERY Christian Name JAMES ROBERT

Examined { on 30th. day of Novr. 1915  
at Strathcona  
Birthplace { City or Town Rawdon Township  
County Ontario

Approved by Bernard O'Mooney  
for Morton E. Hall  
Rank Capt. & M.O.

Apparent age 31  
Trade or occupation Student - at - law  
Height 5 Feet 7 Inches.  
Weight          Lbs.  
Chest measurement { Minimum 33 inches.  
Maximum expansion 4 inches.  
Physical development           
Small-Pox Marks         

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

Vaccination Marks { Arm Right. Left.  
Number         

Date	Result	VACCINATIONS.
<u>7/2/16</u>	<u>Good</u>	<u>Bernard O'Mooney</u>

When Vaccinated last           
(a) Marks indicating congenital peculiarities or previous disease         

(b) Slight defects but not sufficient to cause rejection           
          
        

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>3/11/16</u>	<u>Good</u>	<u>Bernard O'Mooney</u>
<u>6/20/16</u>	<u>"</u>	<u>Bernard O'Mooney</u>
<u>6/30/16</u>	<u>"</u>	<u>Bernard O'Mooney</u>

Enlisted on 30th. day of Novr. 1915 at Strathcona.

	CORPS	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>151st O. Batt</u>			<u>30th. Novr. 1915</u>
Transferred to..	<u>C.E.F.</u>	<u>Major</u>		
	<u>9th Res Bn.</u> <u>49th Res Bn.</u>			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>13 Berners St</u>	<u>20-6-17</u>	<u>RSWS thigh leg and hand</u>	<u>unfit any service 2 1/2 months W.B. Mackenzie Lt capt. rmc</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.

CANADIAN

J.M.O

Surname *Lavery* Christian Name *James Robert*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Edmonton South.</i>		<i>11</i>	<i>4</i>	<i>1916</i>	<i>29</i>	<i>4</i>	<i>1916</i>	<i>Acute Appendicitis</i>	<i>19</i>	<i>Appendix Operation.</i>	
<i>St. Leonard's Hospital.</i>	<del><i>Cambridge</i></del>	<i>14</i>	<i>4</i>	<i>17</i>	<i>20</i>	<i>6</i>	<i>17</i>	<i>G.S.W. to A. Fract of W. Condyle Femur + Tibia L.</i>	<i>67</i>	<i>wounded in France 9/4/17.</i>	<i>W. M. J. ... Capit. Lamer</i>

Duplicate Medical History Sheet  
posted to here. *FS*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

29-11-15

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

50			
----	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *5*

Rank *Major*, Promoted Reverted Discharge

Soldier's Name *James Robert Lowery*

Battalion *151 Battr.*

Beneficiary *Mrs Ethel Bell Lowery*

Relationship *wife*

Address *Rapid City, Manitoba.*

Name

Address

Change of Address

1

2

3

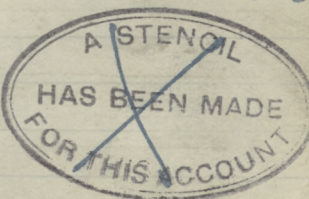
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31	—	1253		1253	
1918	Jan 69785 Q	50		50	BB
July	71790 G	50		50	
Mar.	90045 L	50		50	
April	<del>1274 B</del>	<del>50</del>		<del>50</del>	Cancelled by P.O. 22-4-18
					Struck off strength 15-3-18. J.P.M.S. 8-4-18
					File 11366-J-8. 19-4-18 J.S.

11366-J-8

M. F. W. 128  
400M. 6.17-1772-39-1141  
L. L. 22320-M. & D. 1583.

M.R.G. 2<sup>B</sup> 23-4-18



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

## OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128  
 400M-617-172-39-1141  
 L. L. 22320-M. & D. 7983.