ORIGINAL

#10 M. D. First Depot Battalion Manitoba. Regiment

Regtl. No. 2129449

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname MAYHEW
2. Christian name CLIFFORD JOHN
3. Present address 486 William Avenue. Winnipeg Manitoba. Canada.
4. Military Service Act letter and number 508064 JC
5. Date of birth February 4th. 1892
6. Place of birth London. England,
   (town, township or county and country)
7. Married, widower or single S9ngle.
8. Religion Pres.
9. Trade or calling Farm Labourer
10. Name of next-of-kin Mrs Mary Mayhew.
11. Relationship of next-of-kin Mother
12. Address of next-of-kin 486 William Avenue. Winnipeg. Manitoba. Canada.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any No
15. Medical Examination under Military Service Act:—
    (a) Place Neepawa. Manitoba, Canada. (b) Date 26/11/17 (c) Category A2

DECLARATION OF RECRUIT

I, Clifford John Mayhew., do solemnly declare that the above particulars refer to me, and are true.

Clifford John Mayhew. (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	24	yrs	11½ mths.
Height	5	ft	5½ ins.
Chest measurement	fully expanded	35	ins.
	range of expansion	3	ins.
Complexion	Dark		
Eyes	Brown		
Hair	Brown		

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

~~Slight~~ Varicocile ~~Left Foot.~~ Slight D.A.L.

p. John Armour Maj.
Lieut. Colonel
Comm'd'g. 1st Battalion, Manitoba Regiment
O.C. First Depot Bttn.
Manitoba. Regt.

Place Winnipeg Canada. Date 5/1/18

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

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

---

1. Surname. MAYHEW

2. Christian name. CLIFFORD JOHN

3. Present address. 486 William Avenue, Winnipeg, Manitoba, Canada.

4. Military service Act letter and number. BC8004 1C

5. Date of birth. February 24th, 1892

6. Place of birth. London, England.

7. Married, widower or single. Single.

8. Religion. Presbyterian

9. Trade or calling. Farm Labourer

10. Name of nearest kin. Mrs Mary Mayhew.

11. Relationship of next of kin. Mother

12. Address of next of kin. 486 William Avenue, Winnipeg, Manitoba, Canada.

13. Whether willing to join a regiment of the Active Militia? No

14. Particulars of previous military or naval service. If any. No

15. Medical Examination under Military Service Act. Passed Dec. 26/12/17

(a) Place. Winnipeg, Manitoba, Canada. (b) Date. 26/12/17 (c) Name of Examiner. J.J.

DECLARATION OF RECRUIT

I, Clifford John Mayhew,

do solemnly declare that the above particulars refer to me, and are true.

Signature of Recruit

DESCRIPTION ON CALLING UP

Apparent age	24	Distinctive marks and marks indicating congenital peculiarities or previous disease	Slight Varicocele left testes.
Height	5ft 10½ins.		
Chest measurement	36½ins. fully expanded. 34½ins. Range of expansion 2ins.		
Complexion	Dark		
Eyes	Brown		
Hair	Brown		

Place. Winnipeg Canada. Date. 5/1/18

Depot Unit. Manitobas.

DUPLICATE

#10 M. D. First Depot Battalion Manitoba. Regiment

Regtl. No. 2129449

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname MAYHEW
2. Christian name CLIFFORD ~~JOHN~~ JOHN
3. Present address 486 William Avenue. Winnipeg Manitoba Canada.
4. Military Service Act letter and number 508064 JC
5. Date of birth February 4th. 1892
6. Place of birth (town, township or county and country) London. England.
7. Married, widower or single Single.
8. Religion Pres.
9. Trade or calling Farm Labourer
10. Name of next-of-kin Mrs Mary Mayhew
11. Relationship of next-of-kin Mother
12. Address of next-of-kin 486 William Avenue. Winnipeg Manitoba Canada.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any No
15. Medical Examination under Military Service Act:—

(a) Place Neepawa. Manitoba ~~Canada.~~ (b) Date 26/11/17 (c) Category A2

DECLARATION OF RECRUIT

I, Clifford John Mayhew, do solemnly declare that the above particulars refer to me, and are true.

Clifford John Mayhew (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	24 yrs	11½	mths.
Height	5 ft	5½	ins.
Chest measurement	fully expanded	35	ins.
	range of expansion	3	ins.
Complexion	Dark		
Eyes	Brown		
Hair	Brown		

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

~~Slight~~ Varicocile ~~Left Foot~~ Slight D.C. L

J. McAmis Maj.
Commanding Depot Battalion, Manitoba Regiment
Lieut. Colonel

O. C. First Depot Btln.
Manitoba. Regt.

Place Winnipeg Canada. Date 5/1/18

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

8
17
26

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917.

(Class One.)

MAYHEM

CLIFFORD JOHN

486 William Avenue, Winnipeg Manitoba Canada.

February 4th, 1892

London, England.

Single.

Pres.

Farm Labourer

Mrs Mary Mayhem

Mother

486 William Avenue, Winnipeg Manitoba Canada.

No.

Neepawa, Manitoba, 26/11/17 AB

Canada.

DECLARATION OF RECRUIT

I, Clifford John Mayhem do solemnly declare that the above particulars refer to me, and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	24 yrs	Distinctive marks, and marks indicating corporal peculiarities or previous disease	
Height	5 ft.	11½ ins.	
Chest	(fully expanded)	35 ins.	Right Varicocilebert
Measurement	Range of expansion	3 ins.	Foot
Complexion	Pale		
Eyes	Brown		
Hair	Brown		

O.C. Unit

Manitoba.

Winnipeg Canada. Date 5/1/18

REGIMENTAL DOCUMENTS

NAME Mayhew, Clifford REGT. NO. 3129449 UNIT 47th Bty H. Q. FILE NO.

	CONTENTS 29	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
1	MEDICAL EXAMINATION (M.F.W. 129)				14981	
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
4	Misc...					
1	Disp. Certs					
1	Land					
1	Pass Card					
24	Cards					
1	98.9.1237					
1	R-122					

Received 1-4-19 Demobilized 1-4-19

64 7 / 23 7 / 7 . 7 / 2

MSA

SURNAME. Mayhew

CHRISTIAN NAMES Clifford James

REGL. No. 2129449 RANK Pte.

UNIT Man. Regt. 1st 2Jo. Bn.

FORMER CORPS Nil

10. CARD No. IX

SOSDes 2 5-19 Demob
100/150 of 30-5-19 #10120 FOLL.

Ind. 5-1-18
Do. Pte No. 22.

NEXT OF KIN.

NAMES IN FULL Mayhew, Mrs. Mary

RELATIONSHIP TO SOLDIER Mother

ADDRESS 486 William Ave.,
Winnipeg. Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, London DATE Feb. 4th 1892

PLACE OF ATTESTATION Winnipeg Man. DATE Jan. 5th 1918

PIC 22-5-19 330/59 Pte.

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H.Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Form R. 149.

Name MAYHEW. Clifford John Rank Pte. Reg. No. 2129449

Unit 11th Regt Can.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
22-6	to C. Nom. C.G.H. Eastbourne.					
	A.P.C. C.C.S. Arbuthnot Shuttle			C 233		19262.
24-6	A.P.C. C.C.S. Boeschepe do			C 252		20466.
23-8.	Discharged	Do		C 302		7568
8/2/1918						

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

Form DMS 1401.

A. & D. CARD

.....HOSPITAL.

AT.....

A. & D. No. 24224 Pl. of Action.....

Rank Pte. Reg. No. 2129449 Unit 11th Can. Res. Sick or Wounded

Name Wayhew C.J. Age 25 Religion Pres.

Place in Hospital E1

Diagnosis Arthritis Multiple

Admitted 3-JUN 1918 Fit From.....

Discharged ..... To.....

Transferred Wooden 26-6-18

Service at Home 5/12 In Field.....

Results .....

.....

.....

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

No. 2129449 RANK Pte NAME Mayhew C. J.

T. O. S. 5-1-18, UNIT 1st Depot Battalion Man Regt.
D022 of 22-1-18

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan 5	1918 Jan 31	C		

Form DMS 2401. Local Local T. 303.

PRINCESS PATRICIA CANADIAN RED CROSS HOSPITAL. A

A. & D. CARD

AT Bexhill

REG. No. 2129449 PL. OF ACTION Seaford

RANK Pte. UNIT 11th Can Res to 6 C.G. SICK OR WOUNDED

NAME Mayhew C.J. AGE 25 RELIGION Pres.

PLACE IN HOSPITAL Div. 1.

DIAGNOSIS Arthritis multiple

ADMITTED 26-6-1918 FROM No. 14 Can. Gen'l Hosp't. Eastbourne.

DISCHARGED 23-8-1918. TO 11th Res Bn Seaford

TRANSFERRED

SERVICE AT HOME 5/12 IN FIELD

RESULTS

DISCHARGED TO DUTY. Cat. A.

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS

Same Taboos. (Lot A)

29056

REG. NO. 2129449 NAME (SURNAME FIRST) Mayhew, C. J. b

RANK Pte CORPS Depot Batt.

AGE 25. SERVICE 3/12 Can.

NAME OF HOSPITAL General PLACE Winnipeg

DATE OF ADMISSION 18. 3. 18.

DISEASE Tonsilitis.

DISCHARGE 26. 3. 18.

OPERATION

DISCHARGED TO DUTY Yes.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

NAME Mayhew C. J

RANK AND CORPS Pte. U.R.

REGT'L. No. 2129449

H. Q. FILE No 649

FOLLOWS

No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 31493 M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS Man. Regt.
6 233 1	14 Can. Gen. Eastbourne	3 4-6-18	Arthritis mult.
6252-1	to P. P. Can. Red Cross. Spec. Bexhill	27-6-18	" "
C302	Discharged	23-8-18	" "

E. McH.

Number. 212944 9 . . . . Rank. . . . Pte . . .

Surname. MAYHEW . . . . . .

Christian Name. . . Clifford John . . . . . .

Units 27th Bn. Can Inf theatre of War. . . France

Date of Service. 4/10/18 . . . . . .

Remarks. . . . . .

Latest Address. . . Binscarth . . Man . . .

. . . . . .

Roll No. B Page 8263

No. Rank Name

T. O. S. Unit

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY

DEP. OCT 22 1921
REGN. NO. 1413804

D.M S. 1300 50M-21-11 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Mayhew.	C. J.	212944 9.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	11 R. Mon			

HOSPITAL — DATE OF ADMISSION

1. 1st Can Gen Eastbourne 4. 6. 18.
   P.P.C.L.I. Spec. Bexhill HOSP. 27.6.18.
2. HOSP.
3. HOSP.
4. HOSP.

DIAGNOSIS

1. arthritis Mouth ad.
2.
3.

DISPOSITION — DATE

C to T. 6.18. b 238 d — Dis. 23-8-18

29.6.18. b 2520

27.8.18. c 302 II

REMARKS

A.M.D. 2 Dept.
Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Form R 122.
2353—100M—9-1-16

ET. Rank Name MAYHEW, Clifford John Reg'l No. 2129449

Unit 5th Dft. 1st Bn MAN If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Winnipeg. January 5th. 1918. Place of Birth London. England.

Name and Address, Next-of-Kin Mrs Mary Mayhew,
486, William Ave, Winnipeg. Manitoba, Canada Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

NF RB 25676
File R.L.
Category O.F. Can

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		C Arrived in England	28-4-18 S/S MELITA		
3.5.19.	11 Res	T.O.S FROM Canada	28.4.18	Pt II O 105	
9-10-18	27th Bn	TOS from 11th Res Bn	Guild	Pte 4-10-18	Pte 92. 11th Res D.O 233 4/10/18
14-4-19	27BN	PROC TO ENGLAND	12 4 19	D.O 26	
15 4 19 M'W	CCC	TOS FROM 27th	WITLEY	13 4 19	D.O 5
13 5 19	M wing	S O S to Canada	Wit	D 13 5 19	D.O 33

(Q. M. Discharge Cheshire 10-10-19 S.D.)

To Can 13.5.19 62-M-22

2129449 Mayhew L. J.

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.				

W.S.B. Class A

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.

Unit, Regiment or Corps 1st. DEPOT BATTALION, MANITOBA REGIMENT.

Regimental No. 2129449 Rank Pte. Name [redacted] C. E. F. Clifford John MAYHEW

Enlisted (a) 5/1/18 Terms of Service (a) C.E.F. Service reckons from (a) 5/1/18

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) MILITARY CIVIL. Labourer

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		EMBARKED SS "MELITA"	HALIFAX N.S.	17-4-18	
		DISEMBARKED	LIVERPOOL	28-4-18	
3-5-18	OC. 11th	T.O.S. 11th C.R. Bn. on arrival from Canada.	Seaford	28-4-18	Pt. 11 Bn. O. 105
3-10-18	"	SOS on proceeding O/S to 27th Bn.	"	2-10-18	Pt II Bn. O. 233
5-10-18	6 I.B.D.	arrived T.O.S. 27 Bn		4-10-18	N.R. 785 Pt II 92 of 8-10-18
5-10-18	"	To C.C.R.C.		6-10-18	" 1414
6-10-18	C.C.R.C.	arrived		6-10-18	" 1579
8-10-18	"	To Unit		8-10-18	" 1797
19-10-18	27 Bn	Joined		11-10-18	B 213
	Emb. Camp.	Proceeded to England.		12.4.19	N.R. Pt.2 O.No.

LIEUT. FOR LT COL. A.A.G.

(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.

CERTIFIED CORRECT 11 OCT 1918 CAN. RECORD OFFICE, LONDON

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				
13-5-19.		S.O.S. OF O.M.F.C. ON PROCEEDING TO CANADA. for discharge	DO Pt 11 No 33	D/13-5-19.	

LIEUT.
FOR OFFICER COMMANDING,
"M" WING, C.C.C.

H.M.T. NORTHLAND
EMB. LIVERPOOL 13-5-19
DISEMB. HALIFAX 23 5 19

13.5.19 T.O.S. Dispersal Station 20 Pa
" 150 2

and Dispersed 26.5.19 " 3

Lieut.
for O. C. 10 District Depot.

C.A.D.C. 5009A

Dup

"M" WING C.C.C.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) MAYHEW. C.

REGIMENT 27th Can. Bn RANK Pte. No. 2129449

Date of Examination in England 16/4/19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 5, 8, 9.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

Unfit for Ms.

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada
- (b) In England Yes
- (c) In France

Signature of Dental Officer G. H. Rowlands

Group No 25

"M" WING, C.C.C.

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. 2129449 Rank Pte Surname MAYHEW

(Given name in full) CLIFFORD JOHN

Unit or Corps 27th Bn. Birthplace London Eng

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

1. GENERAL DESCRIPTION:

Physique Robust Weight 135 lbs. Height 5 ft. 6 in. Colour of Eyes Hazel

Nutrition Good

Pulse 74 Regular

Condition of arteries Soft

Vision Rt. Est Left Est

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

Scars Cheeks & Chin

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.

Arthritis Multiple 26.6.18

Pneumonia 1910.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 15/4/19 Signed W. H. Hills Capt RAMC 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. J. Mayhew

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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 a Medical Board.)

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

FORM OF WILL.

I, Pte Clifford John Mayhew (Name in full)
Regimental Number 2129449 serving in 1ST Depot Batt
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

Mrs Mary Mayhew 486 Williams Ave Winnipeg. Man.	Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 6th day of April A. D. 1918

C. J. Mayhew Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness George Hughes
Address of Witness 405 Elgin Avenue Wpg
Occupation of Witness Soldier
Signature of Second Witness John A. Brown
Address of Witness Headingly Man
Occupation of Witness Soldier

M. F. W. 82
300M-5-16.
1772-39-983.

APR - 9 1918

Forms I. 1237 / 11

P P RED X HP
BEXHILL.

Army Form I. 1237.

MEDICAL CASE SHEET.*

F.1.52.

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
	2129749	Pte	Mayhew.	C.W.
Year 3/6/18	Unit. 11th Res.		Age. 25.	Service. 5/12.

Station and Date. 1st Canadian General Hospital Weare, Eastbourne

Disease Arthritis Multiple.

Complaints:- Knees and feet ache.
Soreness across lower part of abdomen.

Duration:- 2 days

Past Hist:- Influenza seven or eight times during the last six years.
Last attack april 1918. Pneumonia 1911.

P.I.:- Had had sore feet for a couple of weeks, but pains in knees etc came on in morning of the first inst.

P.S.:- T.P.R. on admission 100½ 90-24.
Face flushed. Tongue coated.
Heart lungs + abd. all neg.
Both knees swollen and inflamed
No fluid present.
Both feet ditto. especially the left. Left ankle region most involved.

Treatment:- Lead lotion and bandage.
Soda Sal: internally. A.W. Hefty, Capt. Canc

~~26-6-18~~ Feels normal.

26-6-18 Feels quite well.
Fit for Convalescent Hosp.
Transferred to Cooden C.C.H.

A.W. Hefty, Capt. Canc

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[1185] W11203/M1150 50m 12/16v 5 89 Forms/I. 1237/12

P.T.O.

Station and Date.	
T 303 P. P. C. R + Hosp.	
26. 6. 18	
23. 8. 18	Discharged to Duty per W. Phillips, capt

MEDICAL CASE-HISTORY SHEET.

Hospital Winnipeg General Hosp. Station Winnipeg

No. 2129449 Rank Pte Name Mayhew S.J. Age 25

Unit Depot Batt. Service 3/12 Can.

Date of Admission 18th March 1918 Date of Discharge 26 March 1918

Diagnosis Tonsillitis

Date of Origin ..... Place of Origin Barracks.

CAUSE OF ILLNESS OR INJURY:

2

HISTORY OF PRESENT ILLNESS OR INJURY.
(Is Illness or Injury result of Service?)

service

CONDITION ON ADMISSION.

Fever + sore throat

TREATMENT.

Routine

CONDITION ON DISCHARGE FROM HOSPITAL.

Cured

S B Walker Capt
Medical Officer i/c Case.

Date March 26/18

M. F. B. 313a.
30M—9-16.
39-139.

9/29056

2nd Original

MEDICAL HISTORY SHEET

ORIGINAL

Surname Moyles Christian Name Clifford John

Examined on 27th day of Nov 1917
at Neepawa

Approved by C R Macdairmid
Rank Lieut M.O.

Birthplace City or Town London
County Eng.

Apparent age 24

Trade or occupation Farmer

Height 5 feet 6½ Inches

Weight 135 lbs.

Chest measurement Minimum 33 inches
Maximum expansion 36 inches

Physical development Good

Small-pox Marks

Vaccination Marks Arm Right Left ✓
Number 2

When Vaccinated last 1903

(a) Marks indicating congential peculiarities or previous disease —

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

Date	Fit or Unfit	Examined for Re-Engagement	
23.2.18	Att	Capt Phillips	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
3/5/18			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
3/5/18	TAB 1		M.O.
1 AB 1	25-9-18	C of M J	M.O.
			M.O.

Enlisted on 5th day of January 1918 at Winnipeg Man

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	1st Depot Bn Man. Reg.	2129449		
Transferred to	11th C.R. Bn			
	27th Bn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Mayhew Christian Name Clifford Foster

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	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
No. 14 Canadian General Hospital Medical Establishment	-	3	6	18	26	6	18	Arthritis Multiple	24	On admission both knees and ankles swollen and inflamed. all joints normal. Sent to Cooden	A.W. Jeffery Capt. R.A.M.C.
P.P.C.R.C. Hospt Cooden.	26-6-8	26	26	18	28	8	18	—"—	58	Discharged to Duty	H.W. Phillips Capt. R.A.M.C.

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 1/M/1st Depot Battn. Man. Regt.

(2) Regimental Number 2129449

(3) Full Name of Soldier Clifford John Mayhew.

486 William Avenue. Winnipeg Manitoba Canada.

(4) Place of Birt London England.

(5) Are you married, or not ? Single

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

(b) Present Postal Address

(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

M. F. W. 67.

500M.—9 16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....No.....

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

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

If so, state name and address.....Mrs. Mary Mayhew.....

.....486 William Avenue, Winnipeg, Manitoba, Canada.

(11) If your Mother is a widow.....Yes.....

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

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

.....

.....

(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.

.....

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

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

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

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

p. John Anshe Maj.
Officer Commanding.

Lieut.-Colonel
Commanding 1st Depot Battalion 90th Regiment

Date.....5/1/18.....

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
CLASS "A" No. 189395

THIS IS TO CERTIFY that No. 212 9444 (Rank) Private

Name (in full) MAYHEW CLIFFORD JOHN enlisted in

the 1st Depot Battalion

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 5th

day of January 1918

HE served in 27th Battalion in France

and is now discharged from the service by reason of Demobilization. Demobilization R.O. 1420 (c)

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

Age 26 yrs. 4 months

Height 5 ft 5½ inches

Complexion Dark.

Eyes Brown

Hair Brown

C. J. Mayhew
Signature of Soldier.

Marks or Scars Scars. cheeks & chin.

Date of Discharge

Dispersal Station Military District No. 10
MAY 26 1919

J. Alcock
Issuing Officer.

H.
Rank

Date M. 8. 1919

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B. 39A.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-4-1918	EFFECTIVE DATE:-
AMOUNT:- $ 15 00	AMOUNT:-

NAME:- MAYHEW. CLIFFORD. JOHN. 152

NUMBER:- 2129449

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs. Mary Mayhew. (Mother)
486 William Ave.
Winnipeg, Man.
Canada

Stopped Eff. 1.5.19

Mid 10

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- #5 Draft. 11TH RESERVE BATTALION

DATE ACCOUNT FIRST OPENED:- April 11-1918

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
4.4.	221	6 Bde	365			Ledger Balce	13 66
16.4	503	B. Schtt.	~~73~~				
			7665			L.R.C. Balce	5801

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Canada 30.4.19. Auth. NRE 7183 B. Schtt. 18.4.19.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Apr 10	Balance from Canada	8 60							19 60		
11 to 31/5/18	21 days @ 1 Pay.	2 10		Cap. Apl. x May.				30			
				AR 278. 10/5/18. 11 Res.	4 87						
				" 267. 30/5/18. do.	9 73				21 10		
		15 60			14 60			30			
June	1 Pay.	33		Cap				15			
				DN 958 14 Cfg Hosp 13/6/18	2 43						
				" 1596 R x Hosp Leicester 28/6/18	9 73				36 94		
		33			12 16			15			
July	2 P	34 10		Cap				15			
				DN 2321 1 Cfg R x Hosp	9 73				46 31		
		34 10			9 73			15			
Aug	2 P	34 10		Cap				15			
				AR 3214 1 Cfg R x Hosp 16/8/18	14 60				50 91		
		34 10			14 60			15			
Sept	2 P	33		Cap				15			
				AR 1824 11 Res 4.9.18	31 07						
				Lon R 94005 31 8 18	1 72				33 02		
		33			35 79			15			
Oct	1	34 10		Cap				15	52 12		
		34 10						15			
Nov		33		Cap				15			
Dec		34 10		1 Dec & Jan				30			
Jan		34 10		13842 6 Bde 16/12	6 49				101 83		a/c agreed 7.3.19.
		101 20			6 49			45			

NUMBER 2129449 RANK Pte NAME MAYHEW Clifford John

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1.	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									10183		
Feb.	P.P.	30 80 ✓		AR 4385 6 Bde 14/1 C. of P.	503			15 ✓			
Mar.	✓	34 10 ✓		✓ 4905 ✓ 21/1 C. of P.	373			15 ✓			
				✓ 6210 ✓ 9.2	373						
				✓ 5683 ✓ 25.2	373						
				✓ 7021 ✓ 21.3	365						
		64 90			1987			30	11686		
April	"	33 ✓		✓ 221 ✓ 3.4 C. of P.	365			15 ✓			
				" 503 W. King 16.4	73 00						
				" 1966 " L.C.C.C. 3.5	9 73				4848		
		33			8638			15			

505th Can 13/5/19 She 64

22-6-39

WAR SERVICE BADGE
CLASS "A" No. 189395

M

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

DA-M
6G-1

1. No. 2129449

2 Rank. Private

3. Name. MAYHEW. CLIFFORD JOHN

4. Unit. 27th Battalion

5 Date of Discharge | M. 5. 19. | Place | Winnipeg

6 Reason for Discharge. Demobilization

7. Authority. 20/150

8. Proposed Residence after Discharge. Brandon Man

Received 27 6 19 Medical Card

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.?

C. J. Mayhew
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Dispersal Station Military District No. 10 MAY 26 1919

Place H.M.T. NORTHLAND

Date DEMB. LIVERPOOL 13-5-19

DEMB HALIFAX 23 5 19

Signature for (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

SHORT FORM.

PROCEEDINGS ON DISCHARGE

(Demobilisation).

1. No.

2. Rank.

3. Name.

4. Unit.

5. Date of Discharge. Place.

6. Reason for Discharge.

7. Authority.

8. Proposed Residence after Discharge.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undermoted place and date I received my discharge Certificate

M. F. W. 1.

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.

Date.

Signature

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group.....

Checked by No.....

.....

Date 10 MAY 1919

14th Canadian General Hospital,
Meads, Eastbourne.

Regt. No. Rank & Name. Pte. Hayden No. 2129449

Diagnosis. Rheumatism 67 Ward. 5. 6. 89.

To: Officer i/c Laboratory.
Please carry out an examination of the accompanying specimen of urine with special regard to Routine Examination

Date June 4. 1918. W. M. Officer i/c Ward.

LABORATORY REPORT.

Color. Light amber

Reaction. Acid

S.G. 1012

Sugar. Neg.

Albumen. Neg.

Microscopic.

Special.

Date of examination. 4/6/ 1918. J. D. Moore. Capt. CAMC
89. for Officer i/c Laboratory.

LABORATORY * EASTBOURNE 4 JUN. 1918 SUSSEX * No. 14 CANADIAN GENERAL HOSPITAL

Fn. 1663

M. OR S.

NORTHLAND

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

AUDITOR | PAYMASTER

REGT. No. 2129449 RANK Pte NAME (IN FULL) Mayhew C G (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. 18th IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — DATE OF ATTESTATION 5-1-18.

TRANSFERRED TO Dis Stn M DATE MAY 13 1919 AUTHORITY D, O, 150

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 15.00 DATE EFFECTIVE

PAYABLE TO ~~Mrs. M. Mayhew.~~ RELATIONSHIP ~~Mother~~ ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Northern Crown Bank Binscarth Man

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE M.D. 10 DATE MAY 26 1919 REASON B AUTHORITY D, O, 150 IF ENTITLED TO POST DISCHARGE PAY

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS: 26

EFFECTIVE DATE

AUTHORITY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							58	01	58	01																								58	01	6/- BAL. ENG. L. P. C. 58.01
1/5-2/6	33	1.10	36	30	70	00			141	30	✓						9	73	4 5	84 00	164	71	15	00						199	31					Rec'd to 2/6/19
																																			Clothing Allce. 1st payment W.S.G.
																																			Advances - Boat - Train
																																			A.P. chgd. on Eng. L. P. C. to May 6 type.
122 Days at Min.			WSG 280	00	SA ✓		280	00	✓														WSG 70	00	SA ✓	7	70	✓			202	30	✓			1st Payment W.S.G. as above ✓ Rec'd off Pol.
July 22																	79	72 32	✓ 40	✓											62	30				140 2+3rd pmts W.S.G.
													Aug. 26				122	29 06	✓ 62	30/30 ✓							7	70			—		16			62 30 final " W.S.G.
							280	— ✓															272	30 ✓		7	70 ✓		280	—	W					
																			H/C CLOSED																

War Service Gratuity.

AUDITED AUG 2 1919 Audit Clerk M.D. 10

200M-3-19.—L. ... 58783-1... & D. 9935.
M. F. W. 2.96.
1772-39-1390.

8Mx720

Date of Enlistment 5—1—18.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

M 15652

Date of Assignment Apr. 1st 1918.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

8L 11/11/10 BMR.

PARTICULARS OF SEPARATION ALLOWANCE

No. 2129449.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 1st Depot Bn. Man. Reg. 5th Dft.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MARY MAYHEW,
486 WILLIAM AVE.,
WINNIPEG, MAN.

2 % 2129449 PTE CLIFFORD JOHN MAYHEW 15 15.00
FIFTEEN DOLLARS

3

4

Date		Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
1918	April	H 2728		15	15	✓	mailed 3-4-18 Mrs Mayhew 89551 Drake 29 5-19 MJ
	May	R 12428		15	15	✓	
	June	L 24617		15	15	✓	
	July	J 32891		15	15	✓	
	Aug	P 35380		15	15	✓	
	Sept	S 46583		15	15	✓	
	Oct.	X 50851		15	15	✓	
	Nov.	T 57300		15	15	✓	
	Dec.	Y 65583		15	15	✓	
	Jan	X 73236		15	15	✓	
	Feb.	N 72286		15	15	✓	
	Mar	K 90022		15	15	✓	
	Apr.	P 327		15	15	✓	
	May	G 5410		15	15	✓	
				210	210		

170576

M. F. W. 128.
4'000. 6-7—1-72-39-1141
L. L. 22250—M. & D. 7993.

A/c Closed 3/5/19 Merchland
Ret'd per S.....
Date 2/5/19 M.F.W.187 28/5/19
Clerk M J Scanlon M D 10

MAY 30 19 C

AUTHORITY FOR NEW ACC'T. } N.R. M.D. 10 B/L
M Hollerand
1.5.18.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
40M. 6-17—1772-39-1141
L. L. 22320—M. & D. 7903.