

2 Duplicate

3rd Battery, C.F.A., C.E.
ATTESTATION PAPER.

No. 343932

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname? *May Lew*
- 1a. What are your Christian names? *Harold Robert*
- 1b. What is your present address? *Renfrew. Ont*
- 2. In what Town, Township or Parish, and in what Country were you born? *Renfrew*
- 3. What is the name of your next-of-kin? *John May Lew*
- 4. What is the address of your next-of-kin? *Renfrew. Ont*
- 4a. What is the relationship of your next-of-kin? *Father*
- 5. What is the date of your birth? *March 15, 1897*
- 6. What is your Trade or Calling? *Farming*
- 7. Are you married? *no*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
- 9. Do you now belong to the Active Militia? *no*
- 10. Have you ever served in any Military Force? *Cadets*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? *yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Harold May Lew*, 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.

Harold R. May Lew (Signature of Recruit)
Date *11th Nov* 191*6*, *Joe Burnie* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Harold May Lew*, 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.

Harold May Lew (Signature of Recruit)
Date *Nov 11th* 191*6*, *Joe Burnie* (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 *Kingston* this *11th* day of *Nov* 191*6*

Joe Burnie (Signature of Justice)

Description of Harold Maylew on Enlistment.

Apparent Age..... 19 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. 7 1/2 ins.

Chest measurement { Girth when fully expanded..... 34 ins.
 Range of expansion..... 3 1/2 ins.

Complexion..... med

Eyes..... 1 hazel

Hair..... Brown

nil

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

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..... 14-11-16 191 .

C. E. Elliott

Place..... Kingston

Capt.
 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.

Harold Maylew.....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.

[Signature] (Signature of Officer)

Date..... 18th Nov 191 6

REGIMENTAL DOCUMENTS

S
S

NAME **MAYHEW HAROLD ROBERT** REGT. NO. **343932** UNIT **10 Bty. C.F.A.** H. Q. FILE NO.

P. ER
5/7/19

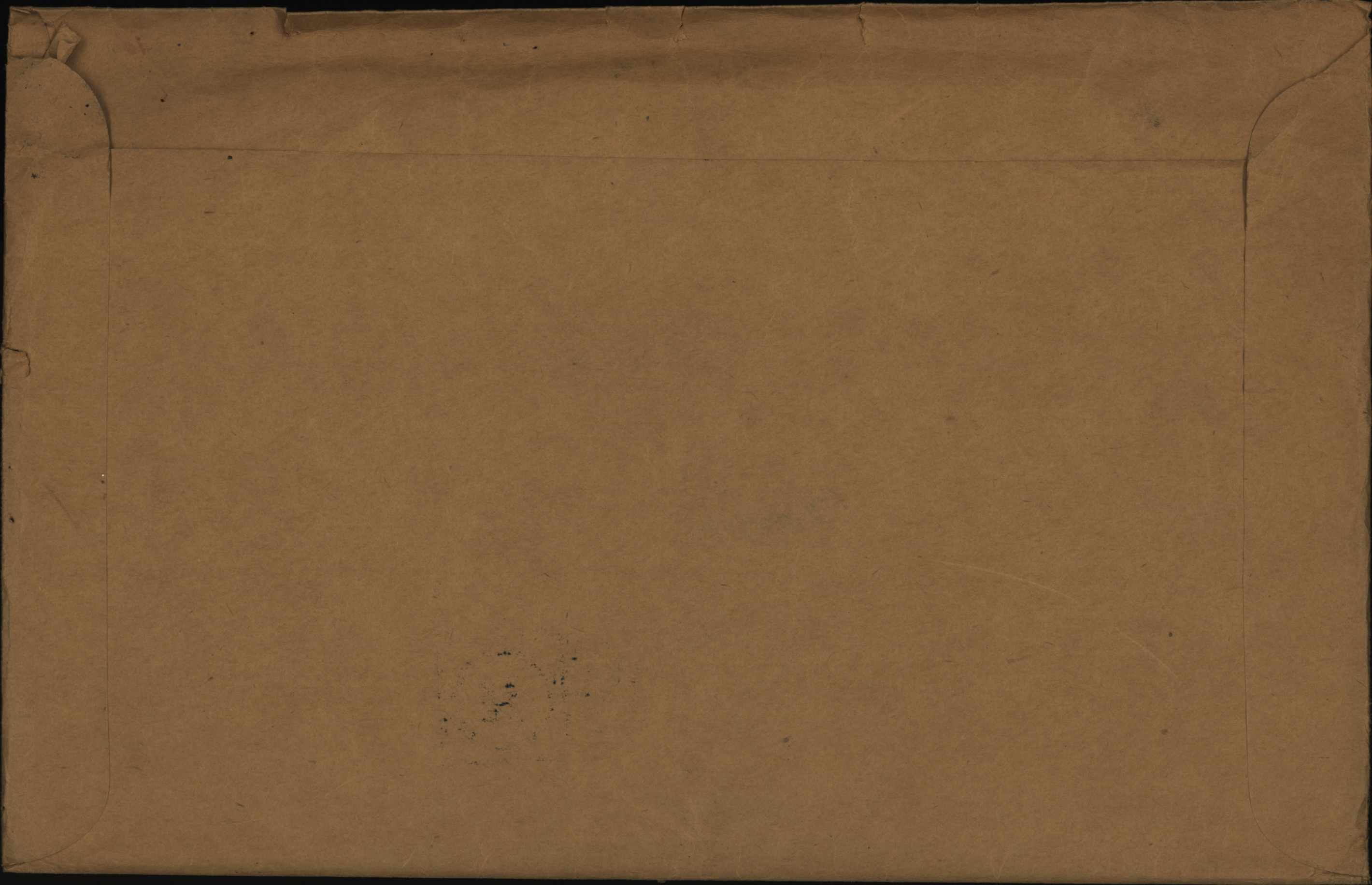
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				14993	
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
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1 MEDICAL EXAMINATION (M.F.W. 129)					<i>Denial</i>
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
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) 32-6
1 Disp Card					16-6
1 [unclear]					12-6
1 [unclear]					
1 [unclear]					

M

No. 1108/8/5/12

4/4/22

H



SURNAME.

Mayhew

524 CARD NO. ✓

CHRISTIAN NAMES

Harold

*SOS Div 27-5-19
Dem of FOLL 10/16/19
of 16-6-19-1919*

REGL. No.

343932.

RANK

Gr.

UNIT

73rd Bty. (1st R.D.)

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Mayhew, John

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Renfrew, Ont

COUNTRY OF BIRTH

Canada Renfrew, Ont

DATE

Mar. 15th 1897.

PLACE OF ATTESTATION

Kingston, Ont.

DATE

Nov. 11th 1916

R/C

25/5/19

*334
58 sig*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farming

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

19 YEARS

8 MONTHS

HEIGHT

5 FEET

7 1/2 INCHES

CHEST MEASUREMENT

34 INCHES

EXPANSION

2 1/2 INCHES

COMPLEXION

Med.

EYES

Hazel

HAIR

Brown.

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Kingston, Ont.

DATE

Nov 14th 1916.

Present address. Renfrew, Ont.

No. 343932 RANK

Pte.

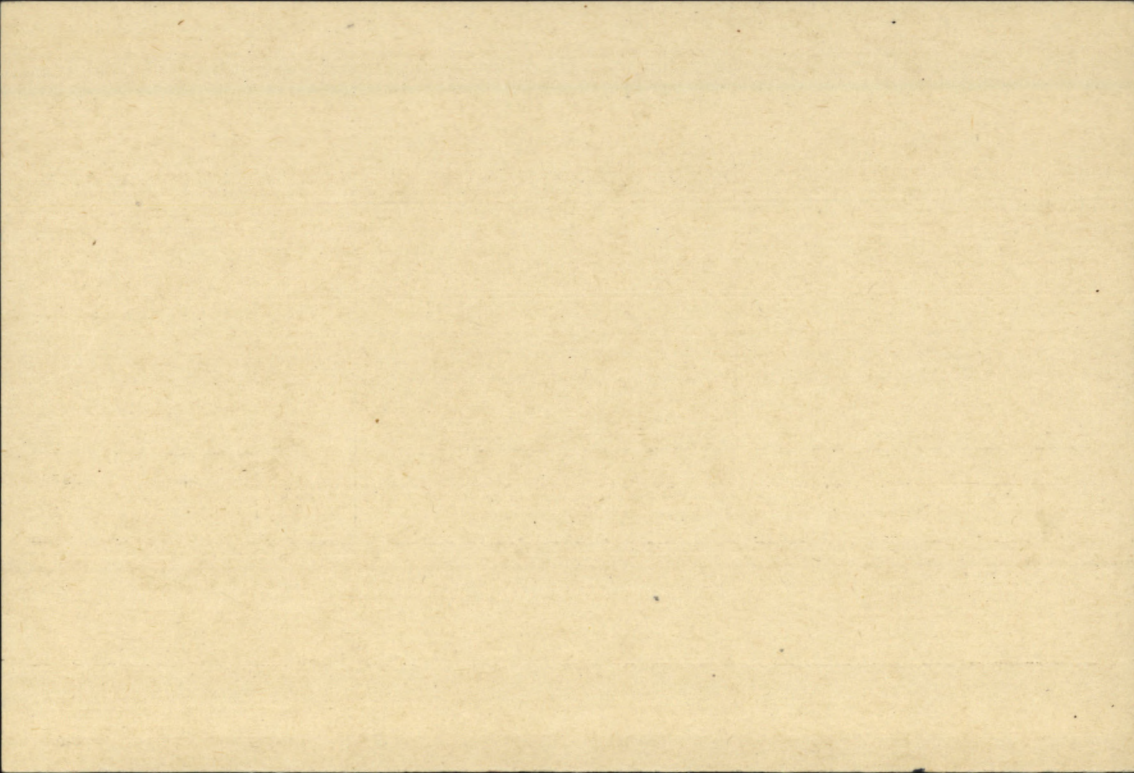
NAME

Mayhew, Harold

T. O. S. 11-11-16 D.O. 1657 UNIT 73rd Battery, C. F. A.
15-11-16.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Nov. 11	1916 Nov. 30	N	Proceeded Overseas 22-3-17.	D.O. 750 of 23-3-17.
Dec.		N		
1917				
Jan.		N		
Feb. Mar.		N		



REGT'L. No. 343932

H. Q. FILE No. 649

NAME

Mayhew Harold

RANK AND CORPS

Pte 3rd Bde. C. F. A. form

FOLLOWS

NO.

3rd Bty
~~*1st Bty*~~
FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

*N.K**John Mayhew father
Renewed Out.**Q 523
30-2**13-9-18**Adm. 57 C. C. S. Sept. 5th/18. Sh. Gas.*

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 344 ⁽³⁾	57. Cas. Chg. Stu	5-9-18	Shell gas wd
a 345 ⁽⁴⁾	53 Gen. Boulogne	6-9-18	" " "
a 360 ⁽³⁾	#7 Con. Dep. Boulogne	24-9-18	W (Gas Shell)
a 362 ⁽⁵⁾	#10 Con. Dep. Beaulieu	26-9-18	" " "
a 374 ⁽⁹⁾	Discharged	10-10-18	" " "

Imp
Number. 343932. Rank. *1st Lieut.* *B*
Surname. MAYHEW
Christian Name. Harold
Units. C. F. A. Theatre of War. France
Date of Service. 14/10/17
Remarks.
Latest Address. ~~G. P. O. Renfrew, Ont.~~
36 Kent Ave
Ottawa
Ont

Roll No. *B Page 8264*

Received British War
Victory Medals

2 $\frac{12}{21}$

J. P. Haynes

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

MAYHEW

H

343932

RANK

UNIT

Co.

TROOP

BATTY.

Gnr.

CA.3B.

HOSPITAL

DATE OF ADMISSION

57 C.C.S.

5-9-18.

1. 53 Jm. Boulogne

HOSP.

6-9-18.

2. 7 lower. Dep. Bégué

HOSP.

24-9-18.

10 low. Escourt.

HOSP.

26-9-18.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1. Shell Gas Wd.

2.

3.

DISPOSITION

CL. 11-9-18. A344-3.

12-9-18 A345-4

30-9-18 A360-3.

2-10-18 A362-5.

16-10-18 A374-5.

Dis 10-10-18. DATE

REMARKS

A.M.D. 2 Dept.

Beh. of D.G.M.S. O.M.F.C. Lond.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
CLASS 'A' NO - -

THIS IS TO CERTIFY that No. 343932 (Rank) Signaller

Name (in full) MAYHEW Harold Robert enlisted in
the 73 Battery. C.F.A.

CANADIAN EXPEDITIONARY FORCE at Kingston on the 11th
day of May 19 16

HE served in 3 Bde C.F.A. in France

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

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

Age 22 years

Height 5' 7 1/2"

Complexion medium

Eyes blue

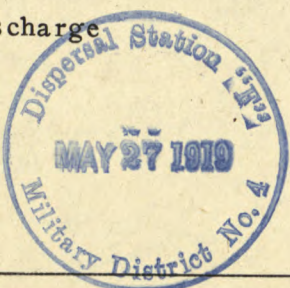
Hair Brown

[Signature]
Signature of Soldier.

Marks or Scars

Scar Scalp

Date of Discharge



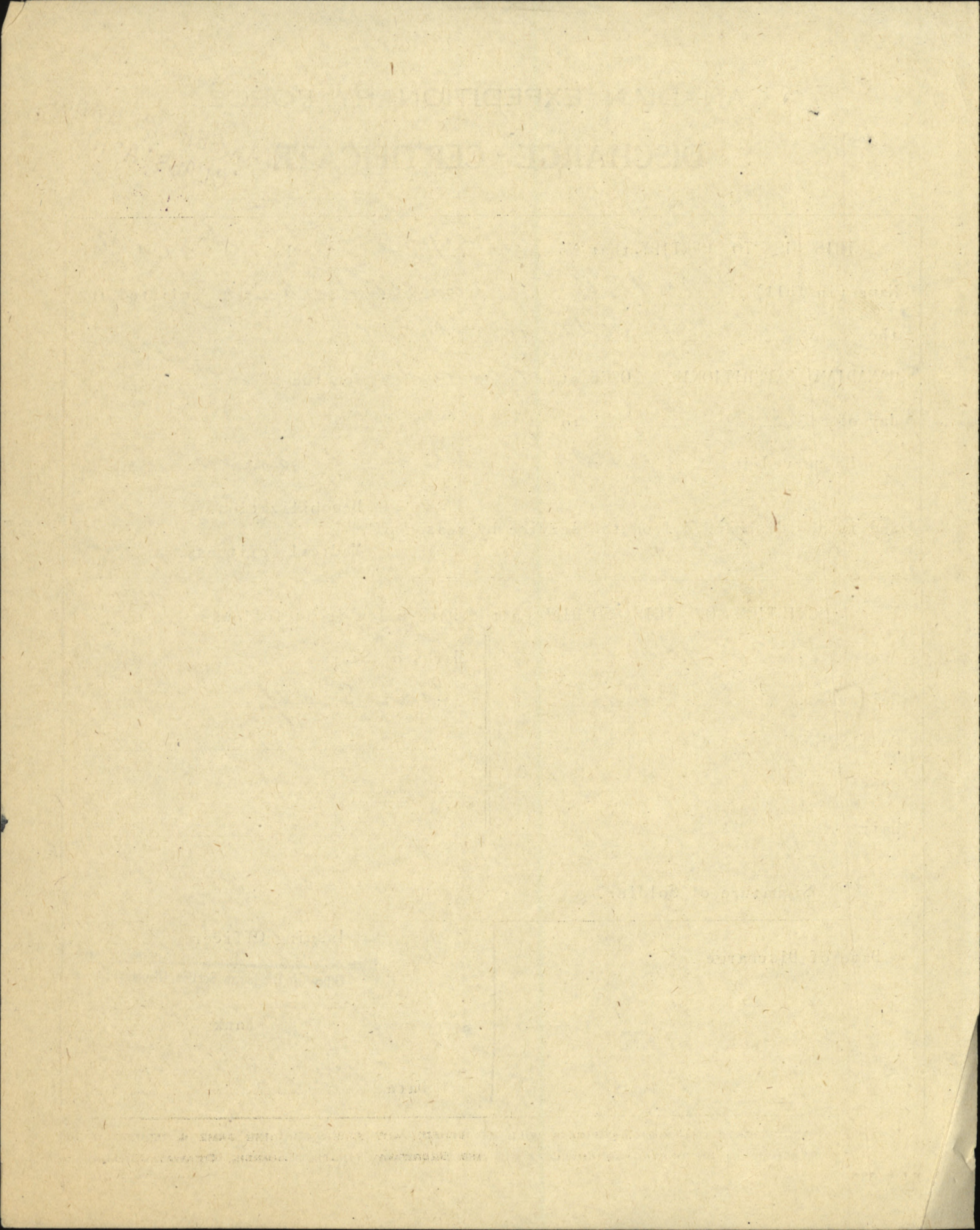
Issuing Officer.

[Signature]
Lieutenant
Officer in Charge Discharge Section, Dispersal Station

Rank

Date May 27 19 19

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



JM Rank Name MAYHEW, Harold. Reg'l No. 343932.
 Unit Dft. 73rd. Btty. If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Kingston. 11th Nov 1916. Place of Birth Renfrew.
 Name and Address, Next-of-Kin John Mayhew.
 Renfrew. Ont. Relationship Father.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character

N/E. R.A. No. 26689
 File #
 Category
Law

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 7 4 17 S.S. MISSANABIE					
13.4.17	Res Bde	T.O.S from Canada	Schiffe	8.4.17	PT II 0 103
22.6.17	" "	SOS to 2 nd Res Bde	"	22.6.17	" " " 174
"	2 nd Res Bde	T.O.S from Res Bde	"	"	" " " 1
15-10-17	do	S.O.S on Proc of seas	Sr Willey	14-10-17	PTO 116
22-10-17	Art Pool	4.O.S. as reinforcements	Sr Fuel	16-10-17	PTO 90
28-11-17	3 rd Bde	T.O.S from Pool	do	5-11-17	PTO 120 + Proc Pato 116 27-11-17
11.9.18	do	Wounded	"	5.9.18	L.A.345
26.4.19	do	Proc. to Eng	"	25.4.19	PT II 33
30.4.19	do	T.O.S. from 3 rd Bde	do	26.4.19	13

A.F.B. 103 CHECKED
22 OCT 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.				
31-5-19	B Wing ^{1st Lt}	S.O.S. To Canada	77-4-20	18-5-19	-17

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.

with unit before
KT 18/11/1916
J.

Unit, Regiment or Corps 73rd. Battery C. F. A., C. E. F.
 Regimental No. 343932 Rank Private Name Mayhew, Harold
 Enlisted (a) 11th. Nov. 1916 Terms of Service (a) War & six Mos. Service reckons from (a) 11th. Nov. 1916
 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) Farmer Signaller

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				
		Embarked	Halifax	28/3/17	
		Disembarked	Liverpool	7/4/17	
13-4-17	O.C. res Bde C.F.A.	T.O.S. Res Bde C.F.A. and posted to 5th Batty	S'cliffe.	8-4-17	B.O. Pt 2 103. 13--417.
23-6-17	O.C. Res. Bde C.F.A.	T.O.S. Res. Bde C.F.A. to 2nd Bde C.R.A. on absorption	S'cliffe	22-6-17	B.O. Pt II 174 Adjutant, Reserve Brigade, C.F.A.
22-6-17	O.C. 2nd Bde C.R.A.	T.O.S. from Res. Bde C.F.A.	S'cliffe	22-6-17	2nd Bde O Pt II 1
26-9-17	O.C. 2nd Bde C.R.A.	Granted leave of absence from 26-9-17 to 2-10-17.	Witley	26-9-17	Free transportation

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

CERTIFIED CORRECT.
 11 OCT 1917
 LONDON

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				
15.10.17	OC 2nd Bde C.A.	Proceeded Overseas to C.F.A. France.	Witley	14.10.17	B.O Part II No 116 Mil Home. CAPT. & ADJUTANT. 2ND BRIGADE, CANADIAN RESERVE ARTILLERY.
16-10-17	C.C.B. Dep.	Arr'd. Mainf. T. on S. Can. Arty. Pool.		16-10-17	N.R. 90 22-10-17.
20-10-17	do	Left for Gen. Arty. Pool.		20-10-17	N.R.
do	G.C.R.C.	Arrived at do do		20-10-17	N.R. (36)
5-11-17	A.A.G.	Posted to 3rd Bde	Field	5-11-17	CORG NRd/5-11-17 KR 222 P.II.O.No116
"	"	T.O.S. 3rd Bde.	"	"	" " " 120
10-11-17	Unit	Joined Unit	"	6-11-17	B213
6.9.18	53 Genl.	Passed.	53 Genl.	6.9.18	H. 7413
5.9.18	9 C.F.A.	N.Y. Gas.	C.C.S.	5.9.18	6790
6.9.18	57 C.C.S.	" " Shell.	9 A.T.	6.9.18	7762
7.9.18	3rd Bde.	To hospital.		7.9.18	B213.
24.9.18	76. Dep	Passed Must.	76th Depot	24.9.18	K. 3530.
"	53 Genl.	" "	do	24.9.18	K. 3697
26.9.18	10 C Depot	" "	10 C Depot	26.9.18	K. 4057.
"	76. Depot	" "	do	26.9.18	K. 4309
13.10.18	6.9. Bk.	T.O.S. Class A.	6.9. B.D.	13.10.18	N. R. 1542.
10.10.18	10 Con Dep.	109 Gas.	do	10.10.18	W. 3034 W 7986 h6056
19.10.18	6.9. Bk.	Left for.	6.9. Bk.	19.10.18	N. R. 1434.
22.10.18	6.9. Bk.	Arrived	6.9. Bk.	22.10.18	1687
9.11.18	3rd Bde	Rejoined unit		9.11.18	B213
9.11.18	"	Granted 14 days leave.		9.11.18	" Pk II No. 150.
20.11.18	"	Rejoined Unit	Field	26.11.18	"

Casualty Form Active Service.

Regiment or Corps

Rank..... Surname..... Christian Name

Religion..... Age on Enlistment years months

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

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

Extended { } Re-engaged { } Quarters in (b)
 or Corps Trade and rate

Occupation..... Signature of Officer

Report		Record of promotion, reduction, discharge, penalties, &c. during active service as entered in Army Form B.213, Army Form A. 6 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			
		Proceeded to England		25 APR 1919	

J. P. Kelton
 Lt.
 Capt. for Lt.-Col., 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, Shoslug-Smith, &c. W. 8695-M2733 2000m 9/17 (35611); C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

Casualty Form—Active Service.

Unit, Regiment or Corps 73rd By.

Regimental No. 343932 Rank Gnr. Name MAYHEW H.
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
16-6-19 16-6-19	O/S	T.O.S. D.D.#4Disp.Stn."F" S.O.S. D.D.#4Demob.	Montreal "	18-5-19 27-5-19	D.O. PT. II # 167 D.O. PT. II # 167 R.O. #1420
<p><i>L. H. Fletcher</i> a/ Lieutenant, Assistant Adjutant, District Depot No. 4.</p>					

(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.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

**DIRECTIONS TO
DENTAL OFFICERS**

NAME OF SOLDIER (Block letters) MAYHEW. H. R.
REGIMENT 10 Battery RANK Sgt. No. 343932
Date of Examination in England 27/4/19 Date of Examination in France _____

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.



14
14

PRESENT DENTAL REQUIREMENTS

1. FILLINGS _____

2. EXTRACTIONS _____

3. CROWNS 5.

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? /

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

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

E. J. Sheahan
..... Lieut. Col.
A. D. S., M. D. 4

BRAMSHOTT CAMP
HANTS

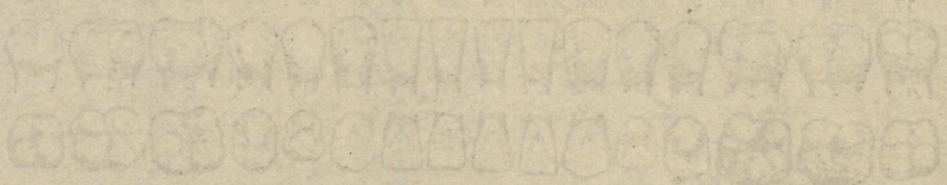
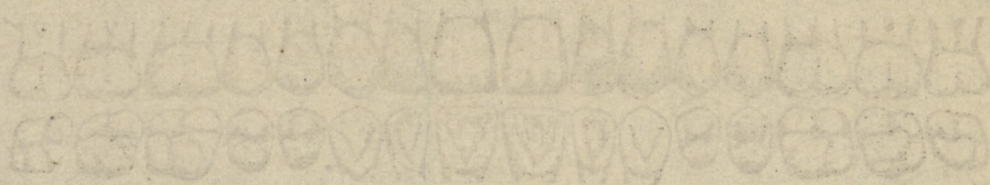
Signature of Dental Officer *C. Graham*

CANADIAN ARMY DENTAL CORPS C.M.T.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTOR, 14
DENTAL OFFICERS

This form will be
filled out for each
individual at the
time of demobilization in England
or France.

It gives an idea of
the dental work
done in the
service and will be
used in connection with
the dental work
done in the
future.



PREPARED BY THE DENTAL CORPS

1. Name of Patient

2. Service Number

3. Grade

4. Date of Issue

5. Name of Issuing Officer

6. Name of Receiving Officer

7. Name of Receiving Hospital

8. Name of Receiving Officer

9. Name of Receiving Officer

10. Name of Receiving Officer

11. Name of Receiving Officer

12. Name of Receiving Officer

13. Name of Receiving Officer

14. Name of Receiving Officer

15. Name of Receiving Officer

16. Name of Receiving Officer

17. Name of Receiving Officer

18. Name of Receiving Officer

19. Name of Receiving Officer

20. Name of Receiving Officer

21. Name of Receiving Officer

22. Name of Receiving Officer

23. Name of Receiving Officer

24. Name of Receiving Officer

25. Name of Receiving Officer

26. Name of Receiving Officer

27. Name of Receiving Officer

28. Name of Receiving Officer

29. Name of Receiving Officer

30. Name of Receiving Officer

31. Name of Receiving Officer

32. Name of Receiving Officer

33. Name of Receiving Officer

34. Name of Receiving Officer

35. Name of Receiving Officer

36. Name of Receiving Officer

37. Name of Receiving Officer

38. Name of Receiving Officer

39. Name of Receiving Officer

40. Name of Receiving Officer

41. Name of Receiving Officer

42. Name of Receiving Officer

43. Name of Receiving Officer

44. Name of Receiving Officer

45. Name of Receiving Officer

46. Name of Receiving Officer

47. Name of Receiving Officer

48. Name of Receiving Officer

49. Name of Receiving Officer

50. Name of Receiving Officer

51. Name of Receiving Officer

52. Name of Receiving Officer

53. Name of Receiving Officer

54. Name of Receiving Officer

55. Name of Receiving Officer

56. Name of Receiving Officer

57. Name of Receiving Officer

58. Name of Receiving Officer

59. Name of Receiving Officer

60. Name of Receiving Officer

61. Name of Receiving Officer

62. Name of Receiving Officer

63. Name of Receiving Officer

64. Name of Receiving Officer

65. Name of Receiving Officer

66. Name of Receiving Officer

67. Name of Receiving Officer

68. Name of Receiving Officer

69. Name of Receiving Officer

70. Name of Receiving Officer

71. Name of Receiving Officer

72. Name of Receiving Officer

73. Name of Receiving Officer

74. Name of Receiving Officer

75. Name of Receiving Officer

76. Name of Receiving Officer

77. Name of Receiving Officer

78. Name of Receiving Officer

79. Name of Receiving Officer

80. Name of Receiving Officer

81. Name of Receiving Officer

82. Name of Receiving Officer

83. Name of Receiving Officer

84. Name of Receiving Officer

85. Name of Receiving Officer

86. Name of Receiving Officer

87. Name of Receiving Officer

88. Name of Receiving Officer

89. Name of Receiving Officer

90. Name of Receiving Officer

91. Name of Receiving Officer

92. Name of Receiving Officer

93. Name of Receiving Officer

94. Name of Receiving Officer

95. Name of Receiving Officer

96. Name of Receiving Officer

97. Name of Receiving Officer

98. Name of Receiving Officer

99. Name of Receiving Officer

100. Name of Receiving Officer

"B" group 46914

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

THIS SECTION FOR USE OVERSEAS

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. 343932 Rank Signaller Surname Mayhew
(Given name in full)
Harold Robert
Unit or Corps 10th C.P.A. Birthplace Penfrew Ont

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

1. GENERAL DESCRIPTION:

Physique Good Weight 165 lbs. Height 5 ft. 8 in. Colour of Eyes Brown
Nutrition Good
Pulse 80 Regular
Condition of arteries soft
Vision Rt. 6/24 Left 6/24
Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Scars scalp (back of head) all 1914
Scars on left hand (all 1908)
Small scar on right elbow (all childhood)
One minor mark left arm

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 Yes

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.

Clasped - 6-9-18 - Recurring

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Braunston (Overseas)

Date 29-4-19

Signed Chancellor 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 J. H. Marshall

(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 Medical Board.)

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

[Handwritten signature]

[OVER]

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.

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

(1) Name of Overseas Unit which Soldier joins..... **73rd. Battery C. F. A., C. E. F.**

(2) Regimental Number..... **343932**

(3) Full Name of Soldier..... **Mayhew, Harold**

(4) Place of Birth..... **Renfrew, Ont.**

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

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

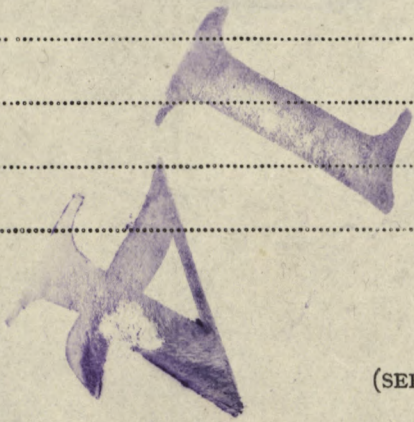
(b) Present Postal Address.....

(7) Are you a widower?.....

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

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

Also their names and ages.....



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

If so, state name and address **John R. Mayhew, Renfrew, Ont.**

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

If so, state name and address **Mrs. Belle Mayhew
Renfrew, Ont.**

(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.

(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.



Date.....

C. C. Barrett Major
O. C. 73rd Battery, Officer, Commanding.

ORIGINAL

ORIGINAL Original

meth

MEDICAL HISTORY SHEET.

Surname Mayhew Christian Name Harold ^{Robert} 343982

Examined { on 14 day of November 1916
at Kingston

Approved by C. E. Elliott

Birthplace { City or Town Benfrew
County Benfrew

Rank Capt M.O.

Apparent age 19 8 mos

Trade or occupation Farmer

Height 5 Feet 7 1/2 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 34 inches.

{ Maximum expansion 36 1/2 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right - Left one
Number one

When Vaccinated last Three years ago

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

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

Date.	Result.	VACCINATIONS.
<u>21-12-16</u>		<u>C. E. Elliott Capt</u>
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>11-12-16</u>		<u>C. E. Elliott Capt</u>
<u>18-12-16</u>		<u>C. E. Elliott Capt</u>
<u>21-12-16</u>		<u>C. E. Elliott Capt</u>
		M.O.
		M.O.

Enlisted on 14 day of November 1916 at Kingston

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>73rd Battery</u>	<u>343982</u>	<u>Good</u>	<u>Nov. 14, 1916</u>
Transferred to	<u>Res. Bde C.F.A.</u>		<u>Good</u>	<u>8-4-17</u>
	<u>2nd Bde C.F.A.</u>		<u>Good</u>	<u>22-6-17</u>
	<u>C.F.A. France</u>		<u>Good</u>	<u>14.10.17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To Whom *John Mayhew.*
 Address *Renfrew.*
Out APR 1917
 Rate *\$20.⁰⁰* *APR 1917*

By Whom Assigned *Mayhew, Harold*
 Regtl. No. *343932*
 Rank *Gnr.*
 Corps *73rd Bty*

PAYMENTS

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



1974 9/16

1974 9/16
1974 9/16
1974 9/16
1974 9/16

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.—7-16
 1772—39—819.

OVERSEAS CONTINGENTS

Sheet No. 2. *John Mayhew*
 (Assignee)

Name of Soldier *Mayhew, Harold*

L. L. Job 5470—Req. 6882.

PAYMENTS.

343932- Gnr- 173rd Bty
\$20.⁰⁰ **APR 1917**

Month.	Year.	Cheque No.	Am't.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>A 6266</i>	<i>20</i>	
May		<i>T 9374</i>	<i>20</i>	
June		<i>S 16668</i>	<i>20</i>	<i>Ba</i>
July		<i>T 24446</i>	<i>20</i>	<i>B</i>
Aug.		<i>H 31000</i>	<i>20</i>	
Sept.		<i>H 38094</i>	<i>20</i>	<i>D</i>
Oct.		<i>S 44463</i>	<i>20</i>	
Nov.		<i>A 32909</i>	<i>20</i>	
Dec.		<i>P 58386</i>	<i>20</i>	<i>180 H</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

1876

MILITIA AND DEFENCE
ASSIGNED PAY
 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.				

NUMBER 343932

RANK

Gnr

NAME MAYHEW

H

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918				Forward					62 71		
Nov	<i>Gnr</i>	33		A.P.				20			
Dec	"	34/10		CP Dec 14/11 62532	14 60						
1919	Jan	34/10		Lb. 9/11 3 C.F.A.	48 67						
				AR 2000 14/11 3 C.F.A.	3 73						
				" 2245 7/12 "	13 06						
				Cont'd				20			
				"				20	23 85	paid.	
		61/20			80 06			60			
				AR 2447 24/12 3 C.F.A.	3 73						
				" 2767 14/1 "	18 16						
				" 2637 14/1 "	3 73						
				" 3048 5/12 "	3 73						
				" 2889 24/1 "	3 73						
				" 3194 17/2 "	3 73						
Feb	<i>Gnr</i>	64/90		A.P.				40			
				AR 2422 8/3 "	3 65						
				" 3504 14/3 "	18 25						
				" 3650 21/3 "	3 65				14 11		
		64/90			62 86			40			
Apr	<i>Gnr</i>	67/10		A.P.				40	12 99		
				AR 225 10/4 3 C.F.A.	3 44						
				" 752 1/5 CCC	38 93						
				" 3114 20/4 3 C.F.A.	3 65						
				" 28 9/4 "	3 44				36 57		
		67/10			49 36			40			

505 5/27 18/07/14

WAR SERVICE BADGE
CLASS - A - NO...

249841

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



D.A. & F
O.G. 21

1. No. 343932.

2. Rank. Sig.

3. Name. MAYHEW Harold Robert

4. Unit. 10th Bty. 3rd Bde.

5. Date of Discharge 27-5-19 Place MONTREAL

6. Reason for Discharge.....
DEMOBOLIZATION

7. Authority. D.D.#4 R.O. 1420 D.O. PT. II #167

8. Proposed Residence after Discharge.....
Ottawa, Ont. G.P.O.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. B? 39. Montreal
MAY 27 1919
HR Mayhew
Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place..... Montreal
MAY 27 1919
Date.....
Signature..... [Signature]
Officer in Charge (Discharge Section, Discharging Unit.)

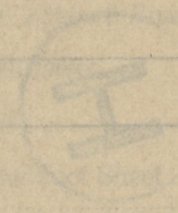


D.A. of
O.C.

SHORT FORM
PROCEDURE OF DISCHARGE
DEMOLITION



1. Name of Soldier		2. Proposed Release after Discharge	
3. Reason for Discharge		4. Signature of Soldier	
5. Signature of Discharge Unit		6. Date	
7. Place		8. Signature of Discharge Unit	
9. Signature of Discharge Unit		10. Date	



LIST OF DISCHARGE DOCUMENTS

1. Certificate of Discharge	1. Certificate of Discharge
2. Medical History Sheet	2. Medical History Sheet
3. Physical Examination Report	3. Physical Examination Report
4. Laboratory Reports	4. Laboratory Reports
5. X-ray Reports	5. X-ray Reports
6. Medication List	6. Medication List
7. Discharge Instructions	7. Discharge Instructions
8. Referral Letters	8. Referral Letters
9. Patient History	9. Patient History
10. Social History	10. Social History
11. Family History	11. Family History
12. Psychological Evaluation	12. Psychological Evaluation
13. Substance Use History	13. Substance Use History
14. Mental Status Exam	14. Mental Status Exam
15. Caregiver Information	15. Caregiver Information
16. Insurance Information	16. Insurance Information
17. Financial History	17. Financial History
18. Social Support System	18. Social Support System
19. Patient Education	19. Patient Education
20. Discharge Planning	20. Discharge Planning

1. Certificate of Discharge (M.E.W. 1950)
 2. Medical History Sheet (M.E.W. 1950)
 3. Physical Examination Report (M.E.W. 1950)
 4. Laboratory Reports (M.E.W. 1950)
 5. X-ray Reports (M.E.W. 1950)
 6. Medication List (M.E.W. 1950)
 7. Discharge Instructions (M.E.W. 1950)
 8. Referral Letters (M.E.W. 1950)
 9. Patient History (M.E.W. 1950)
 10. Social History (M.E.W. 1950)
 11. Family History (M.E.W. 1950)
 12. Psychological Evaluation (M.E.W. 1950)
 13. Substance Use History (M.E.W. 1950)
 14. Mental Status Exam (M.E.W. 1950)
 15. Caregiver Information (M.E.W. 1950)
 16. Insurance Information (M.E.W. 1950)
 17. Financial History (M.E.W. 1950)
 18. Social Support System (M.E.W. 1950)
 19. Patient Education (M.E.W. 1950)
 20. Discharge Planning (M.E.W. 1950)

Checked by _____
 Date: MAY 1950

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. 44)
(enclosed in special envelope (269M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Personal Certificate (C.D.B).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *and Supp*
13. Pay Book (A.B.64).
14. Year Service Gratuity (Form M.F.W. 2595).
15. Sanitary Documents.

Group B.....
 Checked by No. 11.....
 Date 15 MAY 1919.....

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

REGT. No. *343932N* RANK *Squad* NAME (IN FULL) *MAYHEW H.*
IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

M. OR S. *111631*

RELATIONSHIP: *(Circled)*

PARTICULARS: *Post 18-5-19* EFFECTIVE DATE: *20.167929B* AUTHORITY: *201863*

PLACE OF ATTESTATION: *Army* TRANSFERRED TO: DATE: AUTHORITY:

DATE OF ATTESTATION: *11-11-16* TRANSFERRED TO: DATE: AUTHORITY:

ASSIGNED PAY: *200* DATE EFFECTIVE: *1-6-19*

PAYABLE TO: *John Mayhew* RELATIONSHIP: *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS: *Wife. Co. Self ar.*

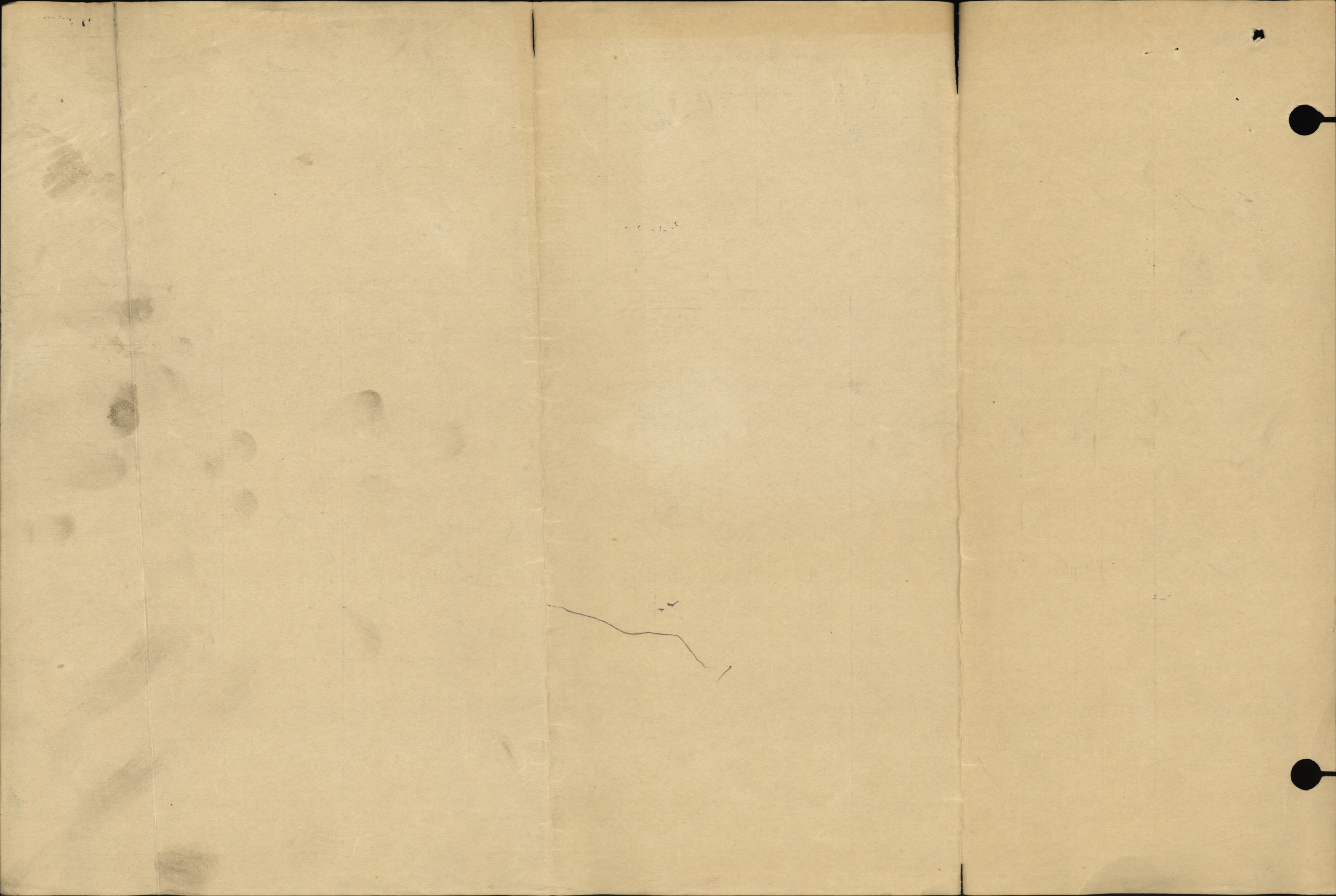
ADDRESS: *Bank Rempart Out* *Merchants Bank*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: EFFECTIVE: *Rempart Out*

DISCHARGED: *Montreal* PLACE: DATE: *27-5-19* REASON: *Demob.* AUTHORITY: *20167929B* ENTITLED TO POST DISCHARGE PAY: *20167929B*



MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL 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		
1-6-19			7.00	7.00																36.97	36.97	36.97	<i>900 hours</i>
2-6-19	2	1.10	2.20	35.00		107.20				4.17	5.00	7.00	2.00				6.60		106.47	6.60	29.62	<i>at 200 June 8 Cleburn TX</i>	
						20.00					20.00									20.00		<i>and emp. by detache</i>	
						127.20														163.44		<i>x 20.00</i>	
			Other Credits	W. S. C. S. A.	Total	War Service Gratuity								Other Charges	W. S. G.	S. A.	Total	Soldier Dependant					
				350.1	350.1									70	70	70	70	280					
														262.4			36.24	243.76				1076053	
														70	70	70	70	103.76				1081956	
														70	70	70	70	33.76				1515625	
														33.76			33.76					1622258	
																	350						
			40		40												40						



Date of Enlistment

MILITIA AND DEFENCE

M

15657

Date of Assignment

Separation and Assigned Pay Branch

Apr 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>30</i>			
-----------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *343932*
 Rank *Inv. Promoted* Reverted Discharge
 Soldier's Name *Harold Mayhew*
 Battalion *73 Batty*
 Beneficiary
 Relationship
 Address

9/23/19 MP

PARTICULARS OF ASSIGNMENT

Name *John Mayhew*
 Address *Renfrew Ont.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>			<i>180</i>	<i>180</i>	
<i>Jan 18</i>	<i>Y 66886</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb</i>	<i>F 72984</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Mar</i>	<i>O 93430</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>April</i>	<i>L 11757</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>P 12432</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>L 24622</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>J 32896</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Aug</i>	<i>P 35385</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Sep</i>	<i>S 46588</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Oct.</i>	<i>X 50856</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Nov.</i>	<i>L 57305</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Dec</i>	<i>Y 65588</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Jan</i>	<i>X 73240</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb.</i>	<i>N 72290</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Mar</i>	<i>K 90026</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Apr.</i>	<i>P 331</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>G 5413</i>		<i>20</i>	<i>20</i>	<i>✓</i>
			<i>520</i>	<i>520</i>	

17055 A 9
Month of 8.15 83 Duration: 1 1/2 yrs (Mar 16/19)

31 19
 A/c Closed
 Ret'd per
 Date
 Clerk
Acquiescing
M.F.W. 187
19
23

M. F. W. 128
400M-6-17-1772-89-141
L. L. 2320-M. & D. 7583.

