Original

ATTESTATION PAPER.

No. 524073

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Mealing
1a. What are your Christian names?	Frank ,
1b. What is your present address?	Sifton Man. Canada
2. In what Town, Township or Parish, and in what Country were you born?	Harwich, Essex England
3. What is the name of your next-of kin?	Isabel Ramsey (Married Again)
4. What is the address of your next-of-kin?	Sifton Man Canada
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	9th Nov 1896
6. What is your Trade or Calling?	Farm Labourer
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? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Frank Mealing, 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.

Frank Mealing (Signature of Recruit)

Date Aug 3rd 1916. R J Hawkins (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frank Mealing, 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.

Frank Mealing (Signature of Recruit)

Date Aug 3rd 1916. R J Hawkins (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 Camp Hughes this 3rd day of Aug 1916.

(Signature of Justice) Captain.

Commissioner of Oaths.

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39 841.

Description of Frank Mealing on Enlistment.

Apparent Age 19 years ... 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 ... 6 ft. 1/4 ins.

Chest measurement.
- Girth when fully expanded ... 35 ins.
- Range of expansion ... 3 ins.

Complexion ... Dark

Eyes ... Grey blue

Hair ... Dark

Religious denominations.
- Church of England ... Yes
- Presbyterian ...
- Methodist ...
- 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 Aug 3rd 1916

Place Camp Hughes Man

J. R. Chisholm Capt Canc
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.

Frank Mealing having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

D. B. Lewis Captain
(Signature of Officer)
O.C.A.M.C. No 10 Tr Depot C.E.F.

Date Aug 3rd 1916.

REGIMENTAL DOCUMENTS

Pte NAME MEALING FRANK (M) REGT. NO. 524073 UNIT CAMC H. Q. FILE NO.

27/8/49

	CONTENTS	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)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
2	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)	28-1-44				
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)				15663	Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
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)					
3	Misc					
1	CADC 5009A					
1	DMS 1394					
1	R+O 6045					
1	Disp Cert					
1	MFW 67					
1	Ind Card					

H

W. 2589
100M-11-18
17/2-39-1377

No. 5-24073 RANK Pte NAME Mealing, T

T. O. S. 3-8-16 UNIT 1no 10 Training Depot AMC
D.O. 46-7-8-16

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug 3	Aug 31	C		
	Sept-	C		
	Oct-	C		
	Nov	C		
	Dec	C	Transfd O/S 10-12-16	D.O. 106 - 11-12-16

M 10 CARD NO. ✓

SOS Dis. 9-8-19
Demob. #104
Do. 224 of 12-8-19

FOLL.

SURNAME. Mealing

CHRISTIAN NAMES Frank

REGL. No. 524073 RANK Pte

UNIT C. A. M. C. (Training Depot No. 10) (5th R.D.)

FORMER CORPS Nil

NEXT OF KIN.

NAMES IN FULL Ramsey Mrs. Isabel

RELATIONSHIP TO SOLDIER Mother

ADDRESS Sifton, Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England. Harwich, Essex DATE Nov. 9th 1896.

PLACE OF ATTESTATION Camp Hughes, Man. DATE Aug. 3rd. 1916.

R/C 6/8/19 38/60 Pte

L L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Farm Labourer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 19 YEARS MONTHS

HEIGHT 6 FEET ¼ INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 3. INCHES

COMPLEXION Dark EYES Grey Blue HAIR Dark.

DISTINGUISHING MARKS Not stated

MEDICAL EXAMINATION. PLACE Camp Hughes, Man. DATE Aug. 3rd 1916.

Present address: Sifton, Man.

Number. 5-24.0.73 Rank. Pte B

Surname. MEALING

Christian Name. Frank

Units. C.A.M.C. Theatre of England

Date of Service. 26-12-16

Remarks. 6 Albemarle St Harwich

Latest Address. ~~G.P.O. Lifton~~ Essex Eng

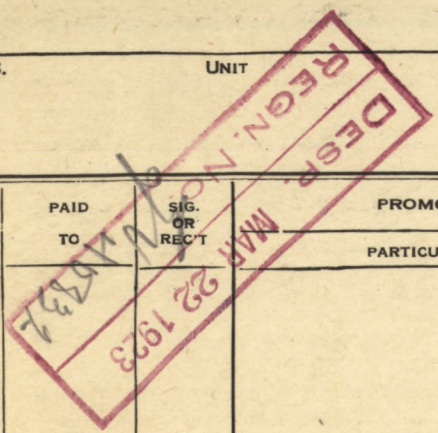
~~Devon~~

Roll No. A Page 874

No. Rank Name

T. O. S. Unit

M. D.



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

AMC TRAIN'G DEPOT NO 10

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps A M C No 10 Tr Depot C E F

Regimental No. 524073 Rank Pte Name Mealing, Frank

C. E. F.

Enlisted (a) 3/8/16 Terms of Service (a) D W Service reckons from (a) 3-8-16

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b) Sil

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	Baliker	21-9-16	
		Disembarked	Liverpool	26-9-16	
3-1-17	C.A.M.C. T.S.	TAKEN ON STRENGTH C.A.M.C. T.S.	Shorncliffe	29-12-16	Pt II D 23
25. 1. 17.	Camb. T.S.	S.O.S. on transfer to Shorncliffe Mil Hospl.	Westenhanger	22.1.17	Pt II D.O. 23. Capt Adjutant for O.C. C.A.M.C. Training
25-1-17.	Mil.Hosp. Shorncliffe	Taken on the Strength of the Military Hospital,	Shorncliffe.	22-1-17.	Part II. D.O. 25.
20-7-17	M.H.S.	S.O.S. to Canc Depot	do	1-7-17	Part 2. D.O. 200
20-7-17	M.H.S.	attached Mil Hosp. Shorn from Canc. Depot	do	1-7-17	Part 2. D.O. 200
26.9.17	no 9. C.G.H. Shorn	T.O.S. from Canc Depot on casualty to be att to Military Hosp.	Shorncliffe	24.9.17	Part II D.O. 3.

(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				
20.8.18.	No.9.Can. Gen.Hos. S'cliffe.	Granted one good Conduct badge.	Shorncliffe	19.8.18	Part 2 D.O .151
30-6-19	-do-	S.O.S. to Cas Co Witley	Kimmel Pk	30-6-19	Part 2. D.O. 47

McKrolik Capt.

S.O.S. O.M.F.C. TO C.E.F.
A.T.B. ORDER No. 72 DATED 22.7.19
OFFICER I/c RECORDS
"P" WING C.C.C WITLEY.

Sail # 99 "Saturnia" Glasgow - Montreal
25/7/19 4/8/19

25-7-19 T.O.S. Dispersal Station D.O. 224 pa 2.
M
and Dispersed 9-8-19 D.O. 224 pa 3
M. E. Patton Lieut.
for O. C. 10 District Depot.

AMC TRAINING DEPOT
NO 10

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.

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(1) Name of Overseas Unit which Soldier joins A.M.C.T.D. No 10 C E F

(2) Regimental Number 524073

(3) Full Name of Soldier Mealing , Frank

(4) Place of Birth Harwich Essex England

(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? No

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67
20 M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

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

(10) Is your Mother alive ? Yes Isabel Ramsey (married again)

If so, state name and address Sifton Manitoba Canada

.....

(11) If your Mother is a widow No

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.

.....
Officer Commanding.

Date Dec 8th 1916

R—122
8,401—50,000—21-10-16.

G.C. Rank Name MEALING. Frank. Reg'l No. 524073

Unit 9th.Dft.No.IO.AMC.,T.D. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Camp Hughes. 3rd. August 1916. Place of Birth Harwich Essex Eng.

Name and Address, Next-of-Kin Isabel Ramsey

Sifton. Man. Canada. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

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.
		Arrived in England S.S. Olympic		26.12.16	
3.1.17	Cam.C.T.S.	T.O.S. on arrival	Dibgate	29.12.16	Pte. Pt II D.O. 3
23.1.17	do	S.O.S. on trans to S'cliffe Mil Hp	West hgr	22.1.17	" 23 (L/2337
25-1-17	Sh. Mil. Hos.	T.O.S. from Cam. T.S.	Shorncliffe	22-1-17	" " 25
12-7-17	Camb.D.	T.O.S. to Com S'cliffe Hp.	Whanger	1.7.17	" " 193 & 200/20.7.17 S'cliffe Hp.
24-9-17	"	S.O.S. to 9th Gen Hp.	Re.	"	24.9.17 Pt II Do 267 & 3/26.9.17 9th Gen Hp.
20-8-18	9th C.G. Hp	Granted G.C. Badge	"	S'cliffe	19-8-18 Pt II 151
2-7-19	P Wing CCC	T.O.S. this unit for RTC	Pto.	Witley	2-7-19 DO 61 / Ca M.C.C.C. DO 156 D/3-7-19
3-7-19	Cam C Cas Coy	T.O.S. fr 9th C.G.H. Rhyl	"	"	30-6-19 DO 165 / 9 C G H DO 47 D/30-6-19

99-M-67 J 25.7.19

524073. Mealing T.

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.
26-7-19	P. Wing CCC	SOS to Canada	Ste Witley	25-7-19	DD 73

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 524023 (Rank) Private

Name (in full) Frank Mealing enlisted in

the Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE at Camp Hughes on the 3rd

day of August 1916

HE served in England with the C.A.M.C.

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

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

Age 22

Height 6 ft

Complexion Dark

Eyes Gray

Hair Black.

Frank Mealing.

Signature of Soldier.

Marks or Scars 4 Vaccination marks on left Arm

Date of Discharge

Dispersal Station "M" AUG 9 1919 Military District No. 10

Issuing Officer.

Rank

Date 9-8- 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.

ORIGINAL

MEDICAL HISTORY SHEET

PM

Surname Mealing *Christian Name* Frank

Examined { on 3rd day of Aug 191 6
at Camp Hughes

Birthplace { City or Town Hariwch
County Essex England

Apparent age 19

Trade or occupation Farm Labourer

Height 6 feet 1/4 Inches

Weight 185 lbs.

Chest measurement { Minimum 32 inches
Maximum expansion 35 inches

Physical development Fair

Small-pox Marks No

Vaccination Marks { Arm Right Left
Number 4

When Vaccinated last 1900

(*a*) Marks indicating congential peculiarities or previous disease None

(*b*) Slight defects but not sufficient to cause rejection Defective vision -corrected by glasses .

Approved by J. L. Chisholm
Rank Capt Canc M.O.

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
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
18/11/16	OK	M.O.
25/11/16	OK	M.O.
2/12/16	OK	M.O.

Enlisted on 3rd *day of* Aug 191 6 *at* Camp Hughes

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	A.M.C. No 10 Tr Depot C.E.F.	524073		Aug 3rd.16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Seaford Mil Hosp.	20-9-17	V.D.H.	C^iii perm. Hamilton Lt Canc.
" " "	3.10.17.	"	B^iii
" " "	18-4-18	"	B^iii Asst. Surg. Capt. G.W. Brooke Capt Canc
" " "	18/11/18	"	B^iii Asst. Surg. Capt. Canc

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.

WITLEY CAMP, SURREY.
10-7 1919

V.D.H. B^iii

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

Surname Mealing Christian Name Frank

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

EAR EYE NOSE & THROAT CLINIC

Witley ....18-7.....1919

Unit....R.W.Wing No 524073 Rank Pte Name ?....Meeking....

WITH OUT GLASSES		WITH GLASSES AS PRE PRESCRIPTION Below		
Visual Acuity Rt	~~6/36~~ 6/6	Sph	Cyl	Axis
" " Lt	6/36			

Category recommended A 6/24

Glasses not Ordered.

Original disease or injury Myopic Astigmatism

Date of origin Adolescence

Place of origin

Cause

Present disability Defective Vision

Remarks:-

Condition was — present previous to enlistment and has not been caused by service. Has not been aggravated by service.

For Long Board.

For Short Board.

.....F.A.Macneil..... Capt CAMV
Ear and Eye Specialist C C C Witley.

C.A.D.C. 5009A

"M" Group. "P" Wing.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) YEALING, FRANK,

REGIMENT C.A.M.C. RANK Pte NO. 524073.

Date of Examination in England 11.2.19 | Date of Examination in France

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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 6. 8 16 18.
2. EXTRACTIONS
3. CROWNS
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
- (b) In England
- (c) In France

Signature of Dental Officer J G Garvin Capt

L. L. L. 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Isabel Ramsay.

Address Sifton
Man

By Whom Assigned Mealing F.

Regtl. No. 524073

Rank Pte.

Corps a m c. T.D. no. 10
9th Ft

Rate 15.00

DEC 1 1916

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				

CONSOLIDATED ACCOUNT 4

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Isabell Ramsay PAYMENTS. Name of Soldier Mealing F

L. L. Job 4503.—Req. 6832.

#524073 - sto. a m c no 10

$15.00

9th Dft

DEC 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917	X 34852	30	
Feb.		G 45788	15.	
March		X 57197	15	15 bo
April		U 3396	15	15 W.
May		U 9655	15	15 H
June		T 16422	15	Cu
July		U 23176	15	Bo
Aug.		I 30636	15	
Sept.		I 37924	15	e
Oct.		S 44665	15	
Nov.		A 33102	15	
Dec.		P 58571	15	196 HS.
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch M

OVERSEAS CONTINGENTS

15845

Date of Assignment Dec. 1-1916

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

10L 3 M 11 MR.

PARTICULARS OF SEPARATION ALLOWANCE

No. 524073

Rank Pte. Promoted Reverted Discharge

Soldier's Name F. Mealing

Battalion 9. M. C. T. D. no 10 9th Dft.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Isabel Ramsay

Address Sifton Man.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		125'84-7-5 REMARKS
Dec 31	—		195	195		
Jan 18	Y 67100		15	15	✓	
Feb	F 73186		15	15	✓	
Mar	O 93619		15	15	✓	
April	L 11949		15	15	✓	
May	R 12617		15	15	✓	
June	L 24805		15	15	✓	
July	J 33079		15	15	✓	
Aug	P 35569		15	15	✓	
Sep	S 46780		15	15	✓	S 46780 Rtd & remailed 3/10/18
Oct.	X 51045		15	15	✓	
Nov.	T. 57492		15	15	✓	
Dec.	Y 65708		15	15	✓	
Jan	X 73406		15	15	✓	
Feb.	W 72440		15	15	✓	
Mar	K 90167		15	15	✓	
Apr.	P 445		15	15	✓	
May	G 5506		15	15	✓	
June	H 9623		15	15	✓	
July	F 12432		15	15		
Aug	O 13639		15	15	✓	
			495	495		

A/c Closed 31-8-19

Ret'd per Saturnia

Date 7/8/19 M.F.W. 197 14/8/19

Clerk A. Draper

MRO 117982. to Dec 14 8/19

MD # 10

AUDITED.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M.R.O. 12864 alteration 3/10/18

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

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
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

M

D. A. M
O. G. 7

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. 524073
2. Rank Pte
3. Name Mealing, Frank.
4. Unit C. A. M. C.
5. Date of Discharge 9-8-19 Place Winnipeg Man
6. Reason for Discharge Demobilization

H

7. Authority D. O. 224.
8. Proposed Residence after Discharge P.O. Sifton Man

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. ?

Frank Mealing
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Dispersal Station M.F. AUG 9 1919 Military District No. 10

Date

MEDICAL DOCUMENTS FORWARDED TO ~~S. C.~~ R. or P. B. C. on AUG 20 1919

Signature Ja. Dack Lt
for (O.C. Discharging Unit.)

M.F.B. 218a—150M-3-19—1772-39-113.

AS 26-1-54
[illegible] 19-2-54

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). + Dup
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
Checked by No. 18 GSP
Date 18 JUL 1919

Group B
Checked by No. 18 GSP
Date 23 JUL 1919

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS JLM

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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.

STATION Witley, Surrey DATE July 10 /19

1. 1 (a) Unit C A M C (b) Regimental No. 524073 (c) Rank Pte

(d) Surname M E A L I N G (e) Christian name Frank

(f) Home address Sifton Man

(g) Next of Kin Mrs I Ramsey (h) Relationship Mother

(i) Address of Next of Kin Sifton Man

2. Age last birthday 22 Date of birth Nov 9th 1897

3. Enlistment, or Appointment (if an Officer) (a) Place Camp Hughes (b) Date Aug 3 '16

4. Personal description:

(a) Height 6' (b) Weight 150 Lbs (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Gray (f) Identification marks, Scars, etc. 4 vacc marks left arm

5. Former trade or occupation Cook

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	281

	Periods	
	From	To
Canada	Aug 3 '16	Dec 21 '16
England	Dec 26 '16	July 10 '19
France or other theatres of War		

7. Original disease, or injury A. V. D. H.

B. MYOPIC ASTIGMATISM

(a) Date of origin A. Aug '16. B. Childhood (b) Place of origin A. Canada B. England

(c) Cause A. Infection B. Congenital

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

A. Shortness of breath & precordial pain.

B. Defective Vision

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

A. Well nourished man. Deffuse heart at apex, lateral border. Heart enlarged to nipple line. Apex beat 6th interspace. Murmur heard at apex, not transmitted. Pulse at rest 120, after 2 min exercise 145 X after 2 min rest 130. BPS 130 BPD 90

B. Special Report - Witley - 10-7-19

RV 6/6

LV 6/36 with glasses 6/24

Myopic Astigmatism. Cat "A" Sd F A MacNeil Capt.

A. Man complains of Dyspnoea precordial pain on exertion and frequent dizziness when stooping.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

10. (a) History (of the condition referred to in Section 9 (a).)

B. Vision always poor. Note on MHS - ~~Sxxxx~~ Defective vision corrected by glasses.

A. Man states heart began to bother him after enlisting and has been boarded VDH 20-9-17 - 3-10-17 - 18-4-18 - 18-9-18.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Measles and Mumps in childhood.

(*c*) (Here give a description of wounds, scars and deformities.

None

11.—(*a*) Did the disabling condition have its origin before enlistment? A. No B. Yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

A. N/A B. No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? A&B No (a&b)

The regimental documents will be referred to.
(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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? A. Three months B. Permanent

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

A. None B. None

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? A & B No
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes
(If not, briefly state why)

17. Recommendations

N/A

S J W Horne Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned F Mealing have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Frank Mealing Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes we concur

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.) Yes B iii
(*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	(" E)	(Yes or No.)

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(*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.)

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

RTC Auth AC tel 9083 of 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

P J O'Dwyer Capt *President.*

PLACE Witley

DATE 10-7-19 J H Macdonald Capt CAMC } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE.....

DATE..... } Members

APPROVED BY

W S Quint Capt
for *Assistant Director of Medical Services.*

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

CERTIFIED TRUE COPY
H Clarke Major Canmc

137539

— 20 —

Perforated sheet for Will from Pay Book of Reg.

No. 524073.

Name Pte. F. Mealing.

Unit C. A. M. C.

Military Will.

I leave the whole of my property & money to my mother Mrs. J. Ramsay.

Signature Frank Mealing

Rank and Regt. Pte. C. A. M. C.

Date 14.7.17.

R. & O. 6045 (*Revised*).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Sept. 20th 1917.

No. 524073 Rank Pt. Name Mealing F.

Local Unit C.A.M.C. Overseas Unit — Age 22.

Examination held at Military Hospital, Shorncliffe

DISABILITY.
~~Overseas~~—Local.
(scratch one out)

V.D.H.

PRESENT CONDITION.

Marked tachycardia - 150 lying down.
Pre-systolic mitral murmur - heard best
1" above and 1" internal to nipple
Heart displaced beyond infraclavicular line
and apex in 6th interspace.
Complains of palpitation - keeping him awake

BOARD RECOMMENDS:—

1. Fit for Duty C III ~~pecm~~ 4 mos. H.
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

Members: J. Swinden Capt. President.
H. A. Mitchell Lt.

APPROVED 22 SEP 1917

Dated at ..... 1916.

[signature] for CAPT.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

For A.D.M.S.

E. S.O. 60-5 (Revised).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Sept. 26th 1916.

No. [illegible] Rank [illegible] Name [illegible]

Local Unit Camc Overseas Unit — Age 22

Examination held at

DISABILITY.
Overseas—Local.
(scratch one out)

V.D.H.

PRESENT CONDITION.

Marked tachycardia. 150 lying down
Pre-systolic mitral murmur. Heart beat
1" above and internal to nipple &
Heart displaced beyond infra-clavicular line
and apex in 6th interspace.
Complains of palpitation. Keeping him awake

BOARD RECOMMENDS:—

1. Fit for Duty [illegible]
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

..... President.

Members .....

.....

APPROVED

22 SEP 1916

Dated at ..... 1916.

For A.D.M.S.

SATURNIA

Jn' 1876

M. OR S.

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

REGT. No 524073 RANK PTE NAME (IN FULL) MEALING. F

AUDITOR | PAYMASTER

NEXT OF KIN | RELATIONSHIP | PARTICULARS | EFFECTIVE DATE | AUTHORITY

ADDRESS

IS SEPARATION ALLOWANCE PAID? nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

9

ORIGINAL UNIT C.E.F. CAMC | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO Disp Stn M | DATE JUL 25 1919 | AUTHORITY D. O, 224

DATE OF ATTESTATION 3-8-16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 1-9-19

PAYABLE TO ~~Isabella Ramsay~~ | RELATIONSHIP | ~~ANY CHANGE IN ASSIGNEE OR ADDRESS~~ Sifton P.C. Man.

ADDRESS ~~Sifton Man.~~

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE M.D. 10 | DATE AUG 9 1919 | REASON D | AUTHORITY D. O, 224 | IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1	COL. NO. 2	COL. NO. 3	CASH PAYMENTS COL. NO. 1	COL. NO. 2	COL. NO. 3	ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE DEBIT	CREDIT	PARTICULARS OR REMARKS
															7 71	7 71	7 71	Dr BAL. ENG. L. P. C.
Aug	14	1.10	15 40	35 – / 70 –	120 40				9 73	4 84 / 5 –	93 09				112 69			Clothing Allce. 1st payment W.S.G.
																		Advances - Boat - Train
																		A.P. chgd. on Eng. L. P. C. to Aug.
			W.S.G.									W.S.G.				SOLDIER DEPENDENT		
183. Days at Min			420 –		420 –							70 –	Aug pd.			350 –	nil	1st Payment W. S. G. as above
														5 50		344 50		Dr 5.50 o/p P & A
														15 –		329 50		Dr 15.00 A.P. Aug. Paid but not Chgd.
						Sept. 9					1234521	70 –				259 50		70 – 2nd payment W.S.G.
						Oct. 9					1680783	70 –				189 50		70 – 3rd " "
						Nov. 9					1697534	70 –				119 50		70 – 4th " "
						DEC 9 1919					1923722	70				49 50		70 – 5th
						JAN - 9 1920					1830222	49 50				= =		6th
					420.							399 50		20 50	420.			

a/c Closed

Certified War Serv. Gratuity Account Completed

AUDITED DEC 30 1919 1919 Audit Clerk M.D. 10

200M-3-19.—L. L. 58786-M. & D. 9985.
M. F. W. 2596.
1772-39-1390.

P. 559
MARRIED OR SINGLE Single

PLACE OF BIRTH Harwich Essex. England

NAME AND ADDRESS OF NEXT OF KIN Isabel Ramsay
Sifton Man. Canada

RELATIONSHIP OF NEXT OF KIN Mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 524073 RANK Pte NAME Mealing Frank

IF IN PERMT. CORPS } WHAT UNIT Unit C.A.M.C. T.S. TRANSFERRED TO 2 Draft a.m.c.10 Thorncliffe Hosp DATE 16/2/17 AUTHORITY D.O. 23 23/1/17

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Camp. Hughes TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 3rd aug 1916. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1st Dec. 1916

PAYABLE TO Isabel Ramsay. Sifton. Man. Canada. RELATIONSHIP Mother.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														37 10	37 10															37 10				Balance from Canada
																											15 00						15.00 a pay for Dec
Jany 31	31	1.00 10	34 10												34 10												15		30	41 20			41 20	
Feb 15	15	1.00 10	16 50												16 50	1460	27/6/17						973				15		24 73	32 97				Trans to Thorncliffe Hosp 20.23. 23/1/17
16 28.2.17	13		14 30												14 30															47 27				
31. 3.17	31		34 10												34 10	3868 3813	21/7/17 7/7/17	4067 3952	30/8/17 14/3/17				24 33 4 87	4 87			15		58 94	27 43				
Apr	30		33 00												33															15		45 43			
May	31		34 10												34 10	127 10	28/4 18/5						486 487				15		24 73	54 80				
June	30		33 00												33 00	321 317	27/6/17 16/5/17						973 487				15		29 60	58 20				
July	31		34 10												34 10												15		15 00	77 30				
Aug	31		34 10												34 10	615 740	12/6 2/6						484 973				15		29 60	81 80				
Sept	30		33 00												33 00	1203	2/8	30 9 1423	8/9 24/8 10/8				487	24 33 487 973			15		58 80	56 00				
			300 30											37 10	337 40								827 73	48 67			150 —		281 40	56 00				

524043 Pte Mealing Frank

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
			300	30										37 10	337 40									82 73	48 67			150 –		281 40	56 00				
MONTH	PARTICULARS				CR. 1		CR. 2		PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE						MONTH	PARTICULARS		CR. 1	CR. 2	PARTICULARS		DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.
1917	Sep. Balance				~~56 00~~ Cr													56 00																	
Oct.	P/P				34 10												15	75 10																	
					34 10												15																		
Nov	"				33 –				Ah 123	9th Gen Hosp			25/10/17	4 87																					
Dec.	"				34 10				" 146	"	"	"	12 11/17	9 73																					
									" 65	"	"	"	24 9/17	4 86																					
									" 1009	"	"	"	11 7/17	4 86																					
																	15																		
									" 92	9th Gen Hosp			11 10/17	4 87				142 20																	
																		68 92																	
																	15	73 28																	
									Ah 197	S.M. Hosp			26 11/17	9 73				73 28																	
					67 10									38 92			30																		
1918																																			
Jany.	P.P.				34 10												15					104 38													
																						29 60													
									Ah 242	9th Gen Hosp			18 10/17	14 60				77 78																	
Feby					34 10									14 60			15																		
																	15																		
									Ah 404	9th Gen			24/1/18	9 73																					
	P.P.				30 80				Dn 331	"			11/1/18	4 87			15	78 98																	
Mch.					30 80									14 60			15	34 10																	
																		113 08																	
									M8 Dn 244	9th Gen			4/12/17	24 33				78 26																	
									M9 Ah 520	"			12/2/18	9 73																					
									M14 Ah 683	"			27/2/18	4 87																					
														38 93																					
									M31 Ah 841	"			25/3/18	14 60																					
	P.P.				34 10				M27 Ah 774	"			11/3/18	9 73				34 82																	
					34 10									63 26			15																		

P 820
12474--375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1/12/16.	EFFECTIVE DATE:-	
AMOUNT:-	15.00	AMOUNT:-	

NAME:- MEALING, FRANK,
NUMBER:- 524073.

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 Isabel Ramsay,
Sifton, Manitoba (Mother)
Canada.

Stopped 1/8/19

Granted-Good Conduct Badge-19/8/18-DO 151-9th Gen 20/8/18

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- Canc 78 Bn
DATE ACCOUNT FIRST OPENED:- 1/1/17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
Do 23. 53/1/19.	16/5/17.		S. Dn. Depr.

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
26/6/19	1498	9 4 N	7 30			Led. Bal	38 52
31/7	8461	2 Wmg	9 73			Ex.	46 23
31/7	8605	"	29 20				
			46 23			Ldc Dr Bal	7 71

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dro. to Can 1/8/19 N RY 11433 D'shaft 5/7/19 Wesley. MD 10. Wmg. P.

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31	Bal fwd.								3482	✓	
April				Can a/c.				15	1982		
	R.P.	33			—				5282		
				M⁴ aR 77 - 9th Gen - 15/4/18.	487				4795		
				M¹² " 211 - " - 29/4/18.	973				3822	✓	
May	R.P.	33 / 34 10			1460			15	7232		
					—			15	5732		
				M² aR 294 - 9th Gen - 13/5/18.	487				5245		
				M¹² " 413 - " - 28/5/18.	1460				3785	✓	
June	R.P.	34 10 / 33 —			1947			15			
					—			15	5585		
				M² aR 508 - 9th Gen - 13/6/18	487				5098		
				Mg " 584 " 27/6/18.	1460				3638	✓	
July	R.P.	33 — / 34 10			1947			15			
					—			15	5548		
				M³ aR 668 - " - 17/7/18	487				5061		
				M¹³ " 763 - " - 30/7/18.	2433				2628	✓	
Aug	R.P.	34 10 / 34 10			2920			15			
					—			15	4538		
				M⁶ aR 839 - " - 14/8/18	487				4051		
				M¹¹ " 915 - " - 29/8/18.	973				3078	✓	
Sept	"	34 10 / 33 —			1460			15			
					—			15	4878		
				M³ aR 1018 - " - 17/9/18	487				4391		
				Z³ " 1068 - " - 20/9/18	2433				1958		
		33 —			2920			15			

NUMBER 524073 RANK NAME MEALING. F.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Balford.								1956	Agreed	
Oct	PP.	34 10						15	38 68	Ind	
				1320. 14.10.18. 9.9 H 15	487				33 81		
				1560 30 — 39	730				26 51		
Nov.		34 10			12 17.			15			
		33			—			15	44 51		
				Mr ak 1672 - " - 14/11/18.	487				39 64		
Dec		34 10			—			15	58 74		
				Mr 29 . 1814 - " - 28/11/18.	973				49 01		
				Mr 54 . 1859 - 9 " - 9/12/18	1460				34 41		
Jan		34 10			29 20 —			15	53 51		
		10 20			29 20			45			
Feb.		30 80			—			15	69 31		
				Mr 20 . 4155 - " - 9/1/19.	1460				54 71		
				" 58 . 279 - " - 28/1/19.	730				47 41		
				" 91 . 442 - " - 13/2/19	730				40 11		
				AR 631 26/2/19 " 119	1460				25 51		
Mch	PP	34 10						15	44 61		
				" 853 12/3/19 Rhyl 149	973				34 88		
		64 90			53 53			30			
Apl	"	33						15	53 88		
				" 1024 20/3/19 9 Gt 2	24 33				28 55		
				" 183 11/4/19 " 21	973				18 82		
				" 684 1/5/19 " 59	730				11 52		
	" May	34 10			34 10 6 41 36			15	30 62		
				" 930 15/5/19 " 83	730				23 32		
		67 10			48 66			30			
June	"	33						15	41 32		
				" 1175 28/5/19 " 8	973				31 59		
				" 1399 12/6/19 " 19	1217				19 42		
	" July	34 10						15	38 52		
				" 1498 26/6/19 " 43	730				31 22		
		67 10			39 29 20			30			
				" 8464 3/7 "Pwllycce	973				21 49		
				" 8605 3/7 " "	2920				7 71		
				" 10382 23/7 Bob Wilkey	973				17 44		
					48 16						

Sol Can 25/7 SL 99