Duplicate

Card 4 A 30/10/16

931183

ATTESTATION PAPER.

No.

No. 2 Construction Batt'n C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Mitchell
1a. What are your Christian names? — Aubrey
1b. What is your present address? — St Vincent West Indies
2. In what Town, Township or Parish, and in what Country were you born? — Mrs Eva Binder
3. What is the name of your next-of kin? — St Vincent British West Indies
4. What is the address of your next-of-kin? — Mother
4a. What is the relationship of your next-of-kin? — Aug 19th 1896
5. What is the date of your birth? — Seaman St Vincent B W I
6. What is your Trade or Calling? — ~~no~~ Seaman
7. Are you married? — ~~yes~~ 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, Aubrey Mitchell, 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.

Aubrey Mitchell (Signature of Recruit)

Date August 23rd 1916. Robert A Beckle Sergt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Aubrey Mitchell, 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.

Aubrey Mitchell (Signature of Recruit)

Date August 23rd 1916. Robert A Beckle Sergt (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Halifax this 23 day of Aug 1916.

(Signature of Justice)

A Justice of the peace in and for the City & County of Halifax, N. S.

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

Description of Aubrey Mitchell on Enlistment.

Apparent Age 20 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 3½ ins.

Chest measurement.
- Girth when fully expanded ..... 34 ins.
- Range of expansion ..... 2 ins.

Complexion Dark

Eyes Brown

Hair Black

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

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).

Tattoo Mark right fore Arm. (Heart)
Scar on right Groin

Height 120 lbs

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date 23 — 8 — 1916 J. M. Murdoch

Place Halifax N.S. Capt. C.A.M.C.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

D. H. Sutherland (Signature of Officer)

SEP 13 1916

Date ..... 191 .

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....2.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

1 cas card
1 A&D Card
1 Pills orig copy
a 29 1237—1
a 18 81—1
a 45 3212—1
B149—1
B122

M. F. W. 62.
50M. 9-16.
H. Q. 1773—39—935.

~~DISCHARGE~~ DOCUMENTS

R. O. No.....

H. Q. No.....

Name MITCHELL AUBREY

Regt. No. 931183 Rank not stated

Corps #2 Cont Bn. C.E.F.

Deceased 17. 9. 17

2-3-12-11

24934

2
51—15
31—15
1 15

FORM D.M.S. 1313.
7065 20m 6/2/17.

ADMITTING CARD.

Regt. No. 931183 A. & D. No. 904

Rank Cpt

Name Mitchell A

Corps No 2 Construction Bn

Religion C of C Age 20

M. H. Rec'd M. H. Requested M. H. Ret'd

Disease Pleurisy

Admitted 12 APR 1917

Discharged DIED 17 APR 1917

Place in Hospital 7/12

Transferred

Results

P/12 ✓

P.T.O.

REMARKS:

Receipt Recd. 10-4-17

MEDICAL HISTORY SHEET.

Requested			
From	Date	Reply	Date
1			
2			
3			
4			
		#2 Construction	

Orig. Dup. Recd. from Bd 12/4/1917

Orig. Dup. Sent to Case records 12/4/1917

Recd. from Regr. this Orig. Dup. / /19

Ward

Ham

Number 931183 Rank ~~Pte~~ Spr.

Surname MITCHELL

Christian Name Aubrey

Units C.O.R.C.E. Theatre of War England.

Date of Service 7-4-17.

Remarks Nil

D

Latest Address

Roll No. A. Page 5122.

10m.-8-21.M.

FORM R. 149.
7106—250m—7/2/17.

Name Mitchell, Aubrey *Rank* Pte. *Reg. No.* 931183

Unit 2nd, Construction Battalion.

Next of Kin British West Indies.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13-4-17	Canadian Military Hospital	Eastbourne.			M	
			Pneumonia.	2	1792.	
17-4-17	Do.	DIED.	Pleuro Pneumonia.		M	
				4	2146	
		15-4-17				

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

REGT'L No 931183

NAME Mitchell Aubrey

H. Q. FILE No. 649-

RANK AND CORPS Pte. No 2 Construction Bn.

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
M1792	14-4-17	Seriously ill Can. Mil. Hosp. Eastbourne April 13th. 1917. (Pneumonia.) ✓
M 2146	17-4-17	Died at Mil Hosp Eastbourne April 17th 1917. (Pleuro Pneumonia) ✓
Army Form B2090 London	19-4-17	Died, Canadian Military Hospital Eastbourne, 17-4-17 Pleuro Pneumonia
Recd 28-5-17		

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
2.	Can. Mil. Eastbourne.	13-4-17	Seriously ill Pneumonice
4	Can. Mil., Eastbourne	17-4-17	Prev. rep. Ser. ill now
			Died. Pleuro Pneumonia

649-M-155.17.

CARD NO.

FOLL.

D 17/7/17

SURNAME. Mitchell (649-M-155.17)

CHRISTIAN NAMES Aubrey

REGL. No. 931183 RANK Pte.

UNIT No. 2 Construction Bn.

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Binder, Mrs. Eva

RELATIONSHIP TO SOLDIER Mother

~~St. Vincent, B.W.I.~~

Undelivered Port of Spain, Trinidad

Auth. Post Master B.W.I. July 3rd 1918. B.W.I.

COUNTRY OF BIRTH B.W.I. St. Vincent. DATE Aug. 19th 1896

PLACE OF ATTESTATION Halifax, N.S. DATE Aug. 23rd, 1916

L. L. 6945. M. & D. 6994. M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

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

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Seaman RELIGION Church of England

DESCRIPTION.

APPARENT AGE 20 YEARS —— MONTHS

HEIGHT 5 FEET 3½ INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 2 INCHES

COMPLEXION Dark EYES Brown HAIR Black.

DISTINGUISHING MARKS Tattoo mark right forearm. ("Heart").
Scar on right Grind.

MEDICAL EXAMINATION. PLACE Halifax, N.S. DATE Aug. 23rd 1916

Present Address:- St. Vincent, B.W.I.

M

Mitchell, Aubrey., Pte. 931183 2ndCons.Bn. 649-M-15517

Med. & Dec. (NIL)

B. & S. (NIL)
(Serial 799627)

Mem. Cross. (NIL)

(Unable to locate N/K.)

W.K.

54590

England only
Eligible for Bronze

Reg. No. 931183 Name Mitchell A.

Rank Pte. Corps 2 Construction Age 23 Service —

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Gen. Hosp. Truro N.S.	18.3.17.	Gonorrhoea C.
Dis. to duty	20.3.17.	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

No. 931183 RANK Pte NAME Mitchell. Aubrey.

T. O. S. 23-8-16 UNIT No 2. Construction Battalion

S. O. 16 24-8-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Aug 23	1916 Aug 31	✓		
Sept.		✓		
Oct		✓		
Nov.		✓		
Dec.		✓		
1917 Jan	1917	✓		
Feb.		✓		
Mar.		✓		

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Mitchell	A.	931183

Rank	Unit	Co.	Troop	Batty.
Pte	2nd Batt. Const. (Coloured).			

Hospital

Date of Admission

Transferred Eastbourne Can. Mil. Hosp. 13-4-17

Hosp.

Hosp.

Hosp.

Diagnosis Pleuro Pneumonia Rw.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died 17-4-17

DISPOSITION

Date

#2.

O.L. 14-4-17

— 18-4-17 #4

REMARKS

Ser. Ill. 13-4-17.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Form R 122.
2353—100M—9-12-16.

2nd Const. Bn

J.P. Rank Pte Name MITCHELL, Aubrey. Reg'l No. 931183.

Unit No. 2. Const. Bn. If in perm. Corps What Unit? Married or Single Single

Place and Date of Enlistment Halifax. N.S. 23rd Aug. 1916. Place of Birth St. Vincent B.W.I.

Name and Address, Next-of-Kin Mrs Eva Bindes

St. Vincent. B.W.I. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. ~~37~~ 2888
File R.L. 25- M-4219
Category Died

MX 13/6/21 MJ

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"				
14. 4. 17	2nd Const Bn	adm. Can. Mil. Hpl. "Seriously Ill"	Eastbourne	13.4.17	C. L. No 2. "Pneumonia"
18. 4. 17.	"	Previously reported seriously ill. Now reported "Died"	"	17.4.17.	Cas list - K. D. 18.4.17. Pleuro. Pneumonia
18. 4. 17	"	DIED. S.O.S. EASTBOURNE. HOSPITAL	"	17.4.17	P.W. O 92

Dly 42

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.					

46. a

FO[redacted]EL

I, Aubrey Mitchell (Name in full)

Regimental Number 931183 serving in No 2 Construction Bat.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

My mother
Mrs Eva Binder (~~Bd~~)
St Vincent B.W.I.

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

absolutely, and my personal estate I bequeath to

My mother
Mrs Eva Binder

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE
This space for the appointment of Executor if necessary.

Aubrey Mitchell
X

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

this 22 day of February A.D. 191 7.

X 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: H Davie

Address of Witness: 1 East Young St Halifax NS.

Occupation of Witness: Manufacturer

Signature of Second Witness: J H Barnhill, Jr.

Address of Witness: Truro N.S.

Occupation of Witness: Clerk I.R.C.

M. F. W. 82.
300M.-12-16.
1772-30-983.

ORIGINAL MEDICAL HISTORY SHEET

931183

Deceased

225 Bn.

Surname Mitchell Christian Name Aubrey

Examined { on 23rd day of Aug. 1916 at Halifax N.S.

Birthplace { City or Town St Vincent County B.W.I.

Apparent age 20 years

Trade or occupation Seaman

Height 5 feet 3 1/2 Inches

Weight 120 lbs.

Chest measurement { Minimum 32 inches Maximum expansion 34 inches

Physical development Good

Small-pox Marks Nil.

Vaccination Marks { Arm ~~Right~~ Left Number Two

When Vaccinated last Kid

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by J. W. Murdoch Rank Lieut Colonel 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	
15/3/17	Lgsr	Dan Murray	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
24/10/16	Lgsr	H.V. Kent Major and	M.O.
31/10/16	Lgsr	H.V. Kent Major and	M.O.
7/11/16	Lgsr	H.V. Kent Major and	M.O.

Enlisted on 23rd day of August 1916 at Halifax N.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
No. 2 CONSTRUCTION, B'n. C.E.F.		931183		23/8/16
Transferred to				

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 Mackfield Christian Name Shirley

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				
CANADIAN MILITARY HOSPITAL, EASTBOURNE		13	4	17	17	4	17	Neuro Rheumatic	6	Died suddenly without warning. at 8.a.m. Duplicate Medical History Sheet posted to here.	A. E. Fraleigh Capt.

Forms
I. 1237
11

Admitted 12/4/17

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book 904 Year 1917

12 APR 1917

CANADIAN MILITARY HOSPITAL EASTBOURNE

Station and Date.

Regimental No.	Rank.	Surname.	Christian Name.
931183	Pte	Mitchell	A

Unit.	Age.	Service.
#2 Canst Bn	20	5/12

Disease Pleurisy

904

Previous to enlisting had Pneumonia Aug 1915.
Was always short of wind.
Present trouble came on 3 days ago, with chills & headache, and cough. Pain in R. side.
Heart normal.
Lungs – dullness at base of R. lung with br. breathing and pain over that region expectorating some blood. ~~some rales over that region.~~

Apr 15. Coughing a good deal, raising rusty sputum; complained of acute pain in abdomen just below the diaphragm.

Apr 16. Still some pain in upper abdomen.

Apr 17. Died suddenly without any warning about 8 a.m.

A. E. Fraleigh Capt.

Mrs. Lila Tyres
Dalmorth R.S.
Colbourne St.

* 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.	

Army Form W. 3212. (In books of 100)

Regtl. No., Rank and Name 931183 Pte. Mitchell Corps 2nd Bn.

Disease Pleurisy. Hospital C.M.H.

To Officer i/c Laboratory. Ward 12.

Please carry out an examination of the accompanying specimen of Urine

with special regard to Complete.

Date 13-4-17. C. A. King N.S.
O. i/c Ward.

LABORATORY REPORT.

904

Color. d. amber

Odor. char.

Sp. Gr. 1018

Reaction. acid

Sugar. neg

Albumen. pos. +.

Microscopic. a few leucocytes: squamous

Special. epithelium.

Date of Examination 13/4/17 L. D. Andrus for Capt. C. J. Douglas.
O. i/c Laboratory.

W9915—M1029 200,000 11/16 HWV(M1276) Forms/W3212/2

P. 559

MARRIED OR SINGLE: S.

PLACE OF BIRTH: St. Vincent B.W.I.

NAME AND ADDRESS OF NEXT OF KIN: Mrs. Eva Binds, St Vincent B.W.I.

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
Died at Can. Mil. Hosp. Eastbourne (Pleuro Pneumonia)	17.4.17	CL.4. 18.4.17

ADMISSIONS TO HOSPITAL, &c.

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

Not entitled to W.M.

REG'L NO. 931182 RANK Pte NAME Mitchell Aubrey.

9 MAY 1917

IF IN PERMT. CORPS WHAT UNIT — UNIT 2nd Can. Bn. TRANSFERRED TO Pay II K. DATE 18.4.17 AUTHORITY CL.4.18/4/17

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO Non Eff DATE 1/5/17 AUTHORITY do

PLACE OF ATTESTATION Halifax N.S. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 23 Aug 1916 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) — EFFECTIVE — REASON Entered on N.E. Card Index. Checked by H. Gillotson

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

CANADIAN EXPEDITIONARY FORCE, AUG 22 1917, CANADIAN CONTINGENTS

61

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.	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
														10	45	10	45															10	45			Bal from Canada
April 17	17	1·10	18	70												18	70															29	15			
																																18	70			Died in hosp. 17/4/17. CL.4.18/4/17
														14	30	14	30															43	45			Trans. Pay II K. 18.4.17.
																43	45							Balance transferred to N. E. Branch.											
NE Oct/17																										43	45			43	45				Balance unclaimed Apl/17
																																			Checked
																																			$43.45 to Ctt. for Sett. U16A. 20/6. Id 4-10-17

CANADIAN ASSIGNED PAY AUDITED no ass. R. C. Shorrock AUDIT CLERK DATE 28/5/19

No A.F. H.Q. 593-1-12 Dated 7-5-17

Statement of SEP 10 1917 Account rendered

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. OF DAYS	RATE	AMOUNT	No. OF DAYS	RATE	AMOUNT	No. OF DAYS	RATE	AMOUNT				1		2		3		4		1	2	3	4				CREDIT	DEBIT			
			$ c.			$ c.			$ c.				No.	DATE	No.	DATE	No.	DATE	No.	DATE												

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

CANADIAN MILITARY HOSPITAL
EASTBOURNE, SUSSEX.

Corps #2 Canadian

Military Hospital

No. 93183 Rank and Name Pte Mitchell A Age 20 Service 6/12

Disease Pleurisy Date of admission 12 APR 1917 Date of discharge 17 APR 1917 Result

Dates of Observation	12	13	14	15	16	17
Days of Disease	1					
Temperature Fahrenheit (Time A.M. P.M.)	4 p.m. / 6 A.M. / 10 / 2 p.m. / 8 A.M. / 6 p.m. / 10 a.m. / 2 / 4 p.m. / 6 / 9 p.m. / 6 A.M. / 10 a.m. / 2 / 6 p.m. / 10 p.m. / 6 A.M. / 10 a.m. / 2 p.m. / 6 / 8 P.M. / 6 A.M.					
Pulse per Minute	128 / 136 / 120 / 122 / 112 / 120 / 112 / 108 / 120 / 112 / 108 / 112 / 104 / 96 / 120 / 120 / 120 / 120 / 132 / 132 / 130 / 142					
Respirations per Minute	44 / 42 / 34 / 36 / 56 / 48 / 54 / 52 / 48 / 52 / 46 / 44 / 36 / 52 / 60 / 58 / 58 / 52 / 60 / 60 / 62					
Motions per 24 hours	1 / 0 / 1 / 3 / 1 / 2 / 2 / 1 / 4					

Died 8 a.m.

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature A. E. Fraleigh Capt. In charge of case.