

ATTESTATION PAPER.

No. 180518

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *Pitt*
- 1a. What are your Christian names? *Percy*
- 1b. What is your present address? *320 Menzies St. Victoria, B.C.*
- 2. In what Town, Township or Parish, and in what Country were you born? *Coventry, Warwickshire, Eng.*
- 3. What is the name of your next-of-kin? *Albert Pitt*
- 4. What is the address of your next-of-kin? *320 Menzies St. Victoria B.C.*
- 4a. What is the relationship of your next-of-kin? *Father*
- 5. What is the date of your birth? *May 15, 1897*
- 6. What is your Trade or Calling? *Shoe Salesman*
- 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? *Yes*
- 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, *Percy Pitt*, 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.

Date *Nov 6* 1915. *Percy Pitt* (Signature of Recruit)
Hugh Henry Skellis (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Percy Pitt*, 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.

Date *Nov 6* 1915. *Percy Pitt* (Signature of Recruit)
Hugh Henry Skellis (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 *Victoria B.C.* this *6th* day of *Nov* 1915
A. W. Jones (Signature of Justice)

Description of

P. Pitt

on Enlistment,

Apparent Age *18* years *7* 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. *8* ins.

Scar Rt side nose

Chest measurement { Girth when fully expanded *35* ins.
Range of expansion *2* ins.

Complexion *Dark*

Eyes *Brown*

Hair *Brown*

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 declares that he is not subject to fits of any description.

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

Date *6/11 1915*

Place *Victoria* *Capt. Came*

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.

Perry Pitt 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.

S. N. Harwood Major (Signature of Officer)
for **O. C. 88th Batt., C. E. F.**
Absent on duty

Date *6/11 1915*

PITT PERCY

180518

88 BN.C.F.A.

10000

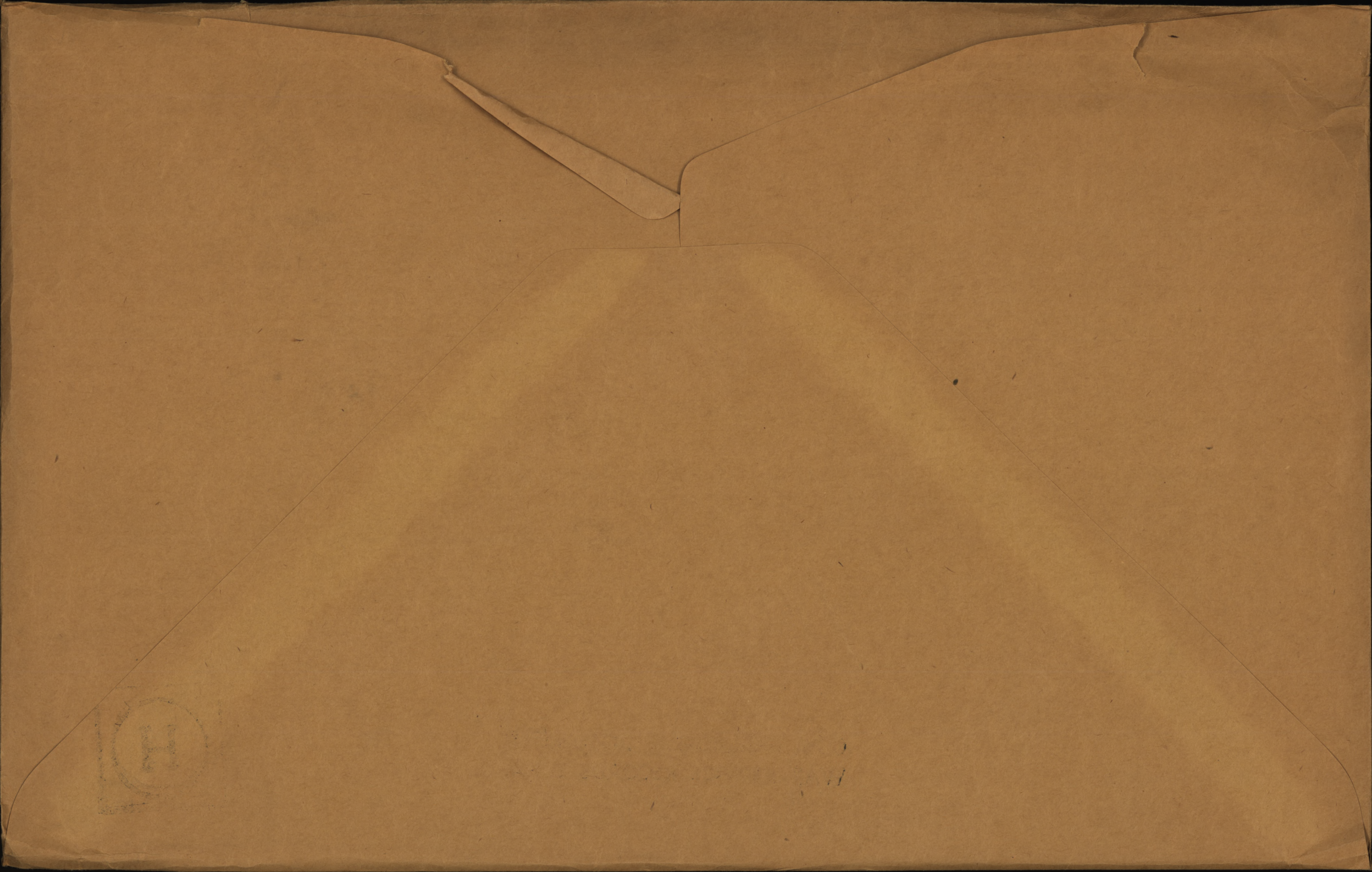
FRAC.ANKLE

M.U.

MB



C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.





Percy

Name *Pitt*

Rank *Gnr*

Reg. No. *180518*

Unit *2nd Bde Gen Fld Artillery*

Next of Kin *Canon*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1917</i>						
<i>27-6</i>	<i>Mt Can Gen Hqs & Staples</i>		<i>Sp. Ankle for Sev</i>	<i>A582</i>		
<i>30-6</i>	<i>Bevington War Hqs Shrewsbury</i>		<i>cut</i>	<i>B1871</i>		
<i>4-8</i>	<i>C. F. Woodcock Shrewsbury</i>		<i>do</i>	<i>B7</i>		<i>DL 166</i>
<i>14-9. Discharged.</i>			<i>do</i>	<i>B949</i>		<i>201.</i>

NAME

Pitt, Percy

RANK & No.

Pte.

CORPS

88th

ENLISTMENT, PLACE

Victoria, B. C.

DATE

Nov. 6th 1915. S. Batt.

FORMER CORPS

Can. Mil

COUNTRY OF BIRTH

England, Warwickshire.

NEXT OF KIN

Pitt, Albert

(Father)

ADDRESS OF NEXT OF KIN

320 Menzie St., Victoria, B. C.

DISCHARGE, PLACE

DATE

Sailed from Halifax Per. SS. Olympic

31/5/16 440
29

M. F. W. 22. 100 m.-9-15.

1916. 14/11/17.

S. O. Disc
21/1/18 II

180518.

REMARKS:



NAME *Pitt P.*

REGT'L No. 180518

RANK AND CORPS *Gr.*

2nd Bgde C. 3.

H. Q. FILE No. 649.

FOLLOWS
No.

CABLE

NATURE OF CASUALTY

FOLLOWS

NO.

DATE

<p><i>5th List. page 115.</i></p>	<p><i>page 115.</i></p>	<p><i>Sailed from Liverpool per the S. S. "Olympic" (6-11-17 (M.D. No. 11 Class C. 3.) Dis. of A. G.</i></p>
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LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
2581	No 1 Gen. Em. Staples	27-6-17	Spr. Ankle acc. lv.
B 284	Berrington was Mr. Shrewsbury	30-6-17	Sprn. Rt Ankle
B 7.	C.C. Wadete Pt. Epsom	4-8-17	" " "
B 422	Discharged	14-9-17	spr ankle acc sev.

26

Gar B

Number... 180 518 Rank... ~~Private~~

Surname... P I T T

Christian Name... Percy

Unit... 2nd LA Theatre of War France

Date of Service... 6-3-17

Remarks.....

Latest Address... 444 Kingston St Victoria

Roll No... B 6

"B" Page 8075

X

P

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date _____ Remarks _____

DEPT. NOV 25 1951
REGN. NO. 400034

*—Name will be given in full; surname first.

PITT

Surname

Christian Name or Names

Reg. No.

Pitt
Rank

Unit P.

Co. Troop 180518
Batty.

Gnr
Hospital

2nd.C.F.A. *bandst.*

1.C..H. Etaples 27-6 17 Date of Admission

Transferred Berrington War Shrewsbury Hosp. 30-6-17

banbow. Woodcote Park & pson Hosp. 4-8-17

Hosp.

Hosp.

Diagnosis Spr.Rt.Ankle Acc. *Sec.*

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis 14.9.17
Date

C.L.5-7-17 A581

6-7-17 B284

9-8-17 B72

19.9.17 B420

REMARKS

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



Veterans
Affairs

Affaires des
anciens combattants

REF
OK

N/K

DEATH NOTIFICATION — AVIS DE DÉCÈS

FILE NO — DOSSIER N°

1204031

NAME — NOM

Pitt, Percy.

SERVICE NO — MATRICULE

180518

DATE OF DEATH — DATE DU DÉCÈS

13-5-79

CPC NO — CCP N°

0250712

WVA — AAC. N°

PLACE OF DEATH — ENDROIT DU DÉCÈS

N/K.

INFORMATION RECEIVED FROM — INFORMATION RECUE DE

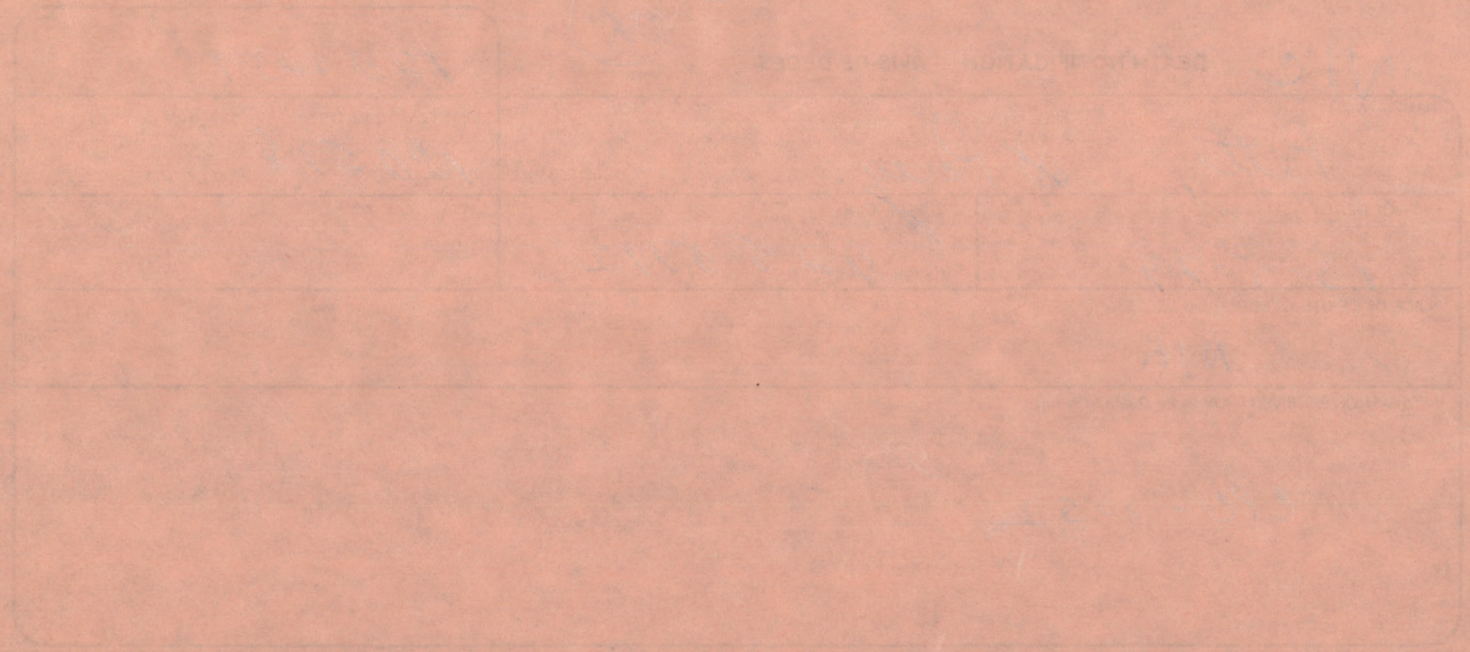
CPC - 1052

R. W.

14-12-79

FOR RECORDS MANAGER — POUR LE GESTIONNAIRE DE DOSSIERS

DATE



Rank _____ Name **PITT. Percy.** ✓ Reg'l No. **180518** ✓
 Unit **88TH BN** If in perm. Corps, }
 What Unit? } Married or Single *Single*
 Place and Date of Enlistment *Victoria B.C. 6th Nov. 1915.* Place of Birth *Warwick England.*
 Name and Address, Next-of-Kin *Albert Pitt, 320 Menzies Street, Victoria B.C.*
 Relationship *Father.*

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

N/E. R.B. No. *2513*

Separation Allowance \$ _____ Payable to _____

Relationship _____

File R.L. _____
 Category *Can O.R.*

Discharge, Date and Place _____ Reason _____ Character _____

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.				
		<i>Arrived in England</i>		<i>8 JUN 1916</i>	<i>Sys Olympe</i>
<i>29. 7. '16</i>	<i>OS. 88th Bn.</i>	<i>S.O.S. on transfer to 89th Bn</i>	<i>6. Sandling</i>	<i>29. 7. '16</i>	<i>Pt. II D.O. # 190.</i>
<i>16. 8. '16</i>	<i>OS. 89th Bn.</i>	<i>T.O.S. from 88th Bn.</i>	<i>Westenhanger</i>	<i>29. 7. '16</i>	<i>Pt. II D.O. # 183.</i>
		<i>Attached to Bde Sig Base 4th Div. & 2</i>			
<i>5. 10. 16</i>		<i>S.O.S. to 97th Bn.</i>		<i>5. 10. 16</i>	<i>227</i>
<i>7-10-16</i>	<i>97th Bn.</i>	<i>T.O.S. from 89th Bn.</i>	<i>Otterpool</i>	<i>6-10-16</i>	<i>" 253</i>
<i>20. 11. 16</i>	<i>97th Bn</i>	<i>SOS to 39th Battalion</i>	<i>Seaford</i>	<i>30-10-16</i>	<i>" 297</i>
<i>1-11-16.</i>	<i>OS. 39th.</i>	<i>Taken on strength.</i>	<i>W. Sandling.</i>	<i>31-10-16.</i>	<i>260</i>
<i>1-1-17</i>	<i>39th</i>	<i>S.O.S. to 6th Res Batta</i>		<i>1-1-17</i>	<i>2 ✓</i>
<i>4. 1. 17</i>	<i>6th Res Bn</i>	<i>Taken on Strength</i>	<i>Shorncliffe</i>	<i>4. 1. 17</i>	<i>Pt. II. O. 1</i>

180578

Litt Percy

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.				
16.1.17	6 th Res. Bn. S.O.S. to Res. Bde. C.F.A.	J. Sandling		15.1.17	Pt. "A" Co. "11."
16-1-17	To Res Bde T.O.S. from 6 th Res Bn	S' Cliffe		15-1-17	— 16
16-3-17	" " S.O.S. to 1 st D.A.C.	"		6-3-17	" - 65.
13.3.17	9 th Bde I.O.S. from Reserve Bde (attached)	Field		9.3.17	" - 60
24.3.17	" " Ceases to be attached Posted to Colm	"		9.3.17	" - 70
9-5-17.	do do S.O.S. on being Posted to 2 Bdes	do do		22-4-17.	" " 103.
9-5-17.	2 nd Bde C.F.A. T.O.S. on Posting From 1 st D.A.C.	do do		22-4-17.	" " 71.
5.7.17	" " Adm 1 Can Gen Hosp	Etaples		27.6.17	CL 4582 Sprain the sev acc
6.7.17	2 nd Bde Adm Beverington War Hosp	Shrewsbury		30.6.17	CL B 284 Spr R ankle Regt Depot T.O.S. P.I. 50# 122.3.9-7-17.
7.7.17	" " S' & Posted to Army Reg Dep	Field		30.6.17 20-6-17.	Pt 1049.
9-8-17.	do do Trans Com. Conval. Hosp "Woodcote Park Epsom"			4-8-17.	CL B. 7 "Sprain ankle acc sev"
18-9-17.	do do Disch.	do do		14-9-17.	CL B. 426 " do do do"
30-10-17.	Reg. Dep. On Comd 6 D D Buxton Enr Witley			29-10-17	Pt II 735
21-11-17	do Ceases on Comd and is Enr	do do		6-11-17	Pt II 757
	SOS being discharged to Canada for disposal by A.G. Ref O 1/2 Records RL 23-6 Vol 10 a 2-18117				
	Emb for Canada HM Transport 2810 6-11-17				
	for disposal by A.G. Nom Roll No 2 RL 23-6				
	Dis depot	Litt for Duty	M.D. # 11 Victoria	14/11/17	UR 402. Victoria BC.

A.F.B. 103 CHECKED
22 MAR 1917

Casualty Form—Active Service.

Regiment or Corps.....

Rank..... Surname Pitt Christian Name Percy

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

Enlisted (a) 6/11/15 Terms of Service (a) 3 years Service reckons from (a) 6/11/15

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

Extended { } Re-engaged { } Qualification (b).....
or Corps Trade and Rate.....

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
			Embarked ... Disembarked...		
<u>9-7-17.</u>	<u>Army Regt Depot.</u>	<u>T.O.S. on Posting From 2nd Bde.</u>	<u>Schiff</u>	<u>26-6-17</u>	<u>PAI No. 122.</u> <u>Lieut.</u> <u>189-17</u>
<u>20/9/17</u>	<u>O.C. C.A.R.D.</u>	<u>Shown on sick furlough 14-9-17 to 24-9-17</u>	<u>Witley</u>	<u>14/9/17</u>	<u>Pt II D.O. 195</u>
<u>25/9/17</u>	<u>do.</u>	<u>Shown on com. 1st Bde</u>	<u>Witley</u>	<u>24/9/17</u>	<u>Pt II D.O. 200</u>
<u>27/9/17</u>	<u>do.</u>	<u>Posted to Depot Bty.</u>	<u>do.</u>	<u>26/9/17</u>	<u>Pt II D.O. 202</u>
<u>29-10-17</u>	<u>do.</u>	<u>On com to D.D. Bde.</u>	<u>do.</u>	<u>29-10-17</u>	<u>Pt II D.O. 234.</u>
					<u>LIEUT. & ADJT.</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

FOR O.C. CAN. ART REGIMENTAL DEPOT.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
3 OCT 1917	TAKEN ON STRENGTH C.D.D, BUXTON PL. 11 ORDER No. 257.				Lieut.-Col.
			Commanding		Canadian Discharge
6 NOV 1917	EMBARKED FOR CANADA FROM LIVERPOOL				Depôt,
			Commanding		Lieut.-Col.
					Canadian Discharge
					Depôt.
	S. OFF S. No. 11 CASUALTY UNIT	New Westminster B.C.		2 1/2 / 18	PART II. ORDER No. 54
					Auth. X.M.D. 34-P. 174 77/2/18
					L. A. Scott Capt.
					For O. C. No. 11 Casualty Unit.

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

M. F. W. 54.
1901 10 11
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 88th BATTALION VICTORIA FUSILIERS C.E.F.

Regimental No. 180518 Rank Private Name Pith Perry

Enlisted (a) 6/11/15 Terms of Service (a) Do 10 96mos. Service reckons from (a) 6/11/15

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

Extended _____ Re-engaged _____ Qualification (b) Shot Salesman 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 June 1st 1915 }
 Arrived Liverpool " 8th " 1915 }
 Transferred to 97th Bn. Liverpool 7.10.16 }
 Transferred to 39th Bn. G. H. F. Oct 31 1916 }
 Capt. credit 97th Res Bn.

11-16 Ob 39th Taken on Str 39th W Sandling 31-10-16 P.T.II - 260
 4-1-17 Ob 39th Trans to 6th Res W Sandling 4-1-17 P.T.II - 3

4-1-17 Ob 6th Res Taken on 6th Res Sandling 4-1-17 P.T.II - 1

(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				
15-10-16	O. 66 th Reg	Transferred C.F.A. Landing		15-10-16	Pt II 10 ✓ g.c.s my the unit for Captain, Adjutant, 6th Can. Res. Bn.
16-1-17	OC Res Bde 67A	Taken Attached to Res. Bde. C.F.A.	Shorncliffe	15-1-17	B.O. Part II No. 16 L 16 1-17 Adjutant, Reserve Brigade, C.F.A.
22-2-17	OC Res Bde 67A	Taken on strength. Res. Bde. C.F.A.	Shorncliffe	15-1-17	Pos. Part II No 53 - 22-2-17 Adjutant, Reserve Brigade, C.F.A.
6/3/17	OC Res Bde 67A	Transferred to 1st D.A.C. France	Shorncliffe	6/3/17	Pt II 65 D 6/3/17 Adjutant, Reserve Brigade, C.F.A.
9-3-17	C.B.D.	Arrived as reinforcement is att'd. to 1st C.D.A.C.	Field.	9-3-17	N.R. Pt. 11 O. No. 60 d/13-3-17.
10-3-17	do	Left Base for Unit.	do	10-3-17	N.R.
17-3-17	Unit.	Arrived at EMX Unit.	do	12-3-17	B. 213
18-3-17	A.H.Q.	Posted to 1st C.D.A.C.	do	9-3-17	9-36. Pt. 11 70 24-3-17
22-4-17	able	Posted to 2nd Bde 67A	do	22-4-17	9-59 P II Ord 103 d 9-5-17
"	"	Taken on " " "	do	22-4-17	9-59 P II Ord 71 d 9-5-17
27-6-17	OC unit	4 B. 117 Recd. (Sprankle R Towial)			forwarded to London 16T 16/12/53
30/6/17	OC MIS Relief Command	Invalidist. Posted to Canadian Reg Depot.	Shorncliffe	30/6/17	W 3083/9462 Pt II 104 d 8/7/17

CERTIFIED CORRECT.

17 MAR 1917

RECORDS LONDON.

J. J. P. Capt. for Lt.-Col., A. A. G.
Canadian Section, G. H. O. 3rd Echelon, B. F.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 180518 Rank Pte. Name Pitt P.

Corps No. 11 Casualty Unit who was* Discharged

On 21-1-18 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-18 1918, to 21-1-18 1918, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month <u>Dec 31-17</u>	<u>7</u>	<u>90</u>
Advances by Cheques } No.			Regt'l Pay <u>21</u> days at \$ <u>1</u> c	<u>21</u>	<u>00</u>
Assigned Pay No.	<u>31</u>	<u>00</u>	Field Allow. <u>21</u> days at \$ <u>10</u> c	<u>2</u>	<u>10</u>
Other Charges*			Other Allowances*		
Payment on transfer or discharge No.	<u>13</u>	<u>00</u>	Other Credits* <u>Clothing Allow.</u>	<u>13</u>	<u>00</u>
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	44	00	Total	44	00

*Give Particulars.

A monthly stoppage of \$ 18.00 (†) has (‡) been paid on account of Assigned Pay for the month of Dec & Jan 1918 to (Assignee) Mrs Mary Pitt.,
 (Address) 320 Menzies St.,
Victoria, B.C.

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment 6-11-15

(2) if married and if a Separation Allowance Card has been submitted No.

(3) cause of discharge and authority Medically unfit for service under K.R. & O. for C.M. 1910 322 (9)

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 21-1-18

Place Vancouver, B.C.

B. J. S. L. S. L.
 Captain Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

PAY CERTIFICATE

Reference is made to the Order in Council of the 11th day of June 1915, and to the Regulations thereunder.

That the following is a statement of the amount of pay and allowances due to the undersigned in respect of the period from the 1st day of July 1915 to the 31st day of August 1915.

Particulars	Amount
Pay for 61 days at 1/10 per day	6.10
Allowance for 61 days at 1/10 per day	6.10
Travel Allowance for 61 days at 1/10 per day	6.10
Subsistence Allowance for 61 days at 1/10 per day	6.10
Medical Allowance for 61 days at 1/10 per day	6.10
Gratuity for 61 days at 1/10 per day	6.10
Other Allowances	
Total	36.60

On transfer of an Officer the pay shall be the same as if he had been in the same position throughout the period.

The amount of pay and allowances due to the undersigned in respect of the period from the 1st day of July 1915 to the 31st day of August 1915 is as above stated.

Witness my hand and the seal of the Department of Militia and Defence at Ottawa this 1st day of September 1915.

It is hereby certified that the above is a true and correct statement of the amount of pay and allowances due to the undersigned in respect of the period from the 1st day of July 1915 to the 31st day of August 1915.

Witness my hand and the seal of the Department of Militia and Defence at Ottawa this 1st day of September 1915.

Witness my hand and the seal of the Department of Militia and Defence at Ottawa this 1st day of September 1915.

Witness my hand and the seal of the Department of Militia and Defence at Ottawa this 1st day of September 1915.

Witness my hand and the seal of the Department of Militia and Defence at Ottawa this 1st day of September 1915.

RECEIVED THE ASSISTANT QUARTERMASTER GENERAL

Surname Pitt Christian Name Percy

Examined { on 6th day of Nov. 1915
 at Victoria B.C.
 Birthplace { City or Town Launceston
 County England

Approved by Lt. F. Thompson
 Rank Capt. C. M. O.

Apparent age 18
 Trade or occupation Shoe Salesman
 Height 5 Feet 8 Inches.
 Weight 140 Lbs.
 Chest measurement { Minimum 33 inches.
 Maximum expansion 35 inches.
 Physical development Good
 Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>5-JUL-1917</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
 Number 2 2
 When Vaccinated last 1911

Date	Result	VACCINATIONS
<u>2/16</u>	<u>+</u>	<u>L.F.H.</u>
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10/24/16</u>	<u>O.K.</u>	<u>L.F.H.</u>
<u>20/4/16</u>	<u>O.K.</u>	<u>L.F.H.</u>
<u>11/20/16</u>	<u>O.K.</u>	<u>L.F.H.</u>
		M.O.
		M.O.
		M.O.

Enlisted on 5th day of Nov. 1915 at Victoria B.C.

	CORPS.	REG'T'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>88th W.F. i.e. discharge</u>		<u>Good</u>	
Transferred to.....	<u>88th Bact. C.F.</u> <u>89th Bact.</u> <u>92d Bact.</u> <u>39th Bn. C.E.F.</u>	<u>180518</u>		<u>6-11-15</u> <u>29-7-16 B.G. 4026</u> <u>7-10-16 B.G. 2278</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.
To 1st D. A. C. France. Good 15-1-17
Good

STATION.	DATE.	DISEASE.	RESULT.
<u>Epsom</u>	<u>Sept 6/17</u>	<u>Fracture left internal malleolus.</u>	<u>N. J. M. P.</u> <u>C. H. Langley</u>

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

CANADIAN

Foris

Christian Name

Pitt

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Berrington War Hosp Shrewsbury		30	6	17	3	8	17	Sprained at ankle.	34		W.A. Clewood
mco Epsom		3	8	17	14	SEP	1917	- do -	43	considerable swelling at site of internal malleolus, which is fractured & much callous formed. Has had massage since admission. The fracture is healed but he has considerable pain on using foot. Discharge to Regt Depot. C.I.T.	<i>Amis</i> " " DIVISION. CAPT. C.A.M.C.

805-18

DENTAL CERTIFICATE.

Pvt Pitt P.

@ f a

The following Certificates will
be attached to the Medical History Sheets of all
Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
<i>3. 11. 17</i>	<i>1 filling</i>		<i>J.W.B. Chivalier. Capt. C.A.D.C.</i>	<i>To be done at Public Exp.</i>

DENTAL CERTIFICATE

The following certificate will

be valid only if the holder is a member of the
American Dental Association and is duly licensed
to practice dentistry in the State of

Name of Patient	Date of Examination	Present Condition	Dental Condition	Remarks

Woodcote Park Hospital.

Ward "B" Division No. of Bed Hut 23 Date Aug 4th 1917

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
180512	Plt Pitt P.	C.F.A.	Rt ankle.

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Contusion

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 4988 4989

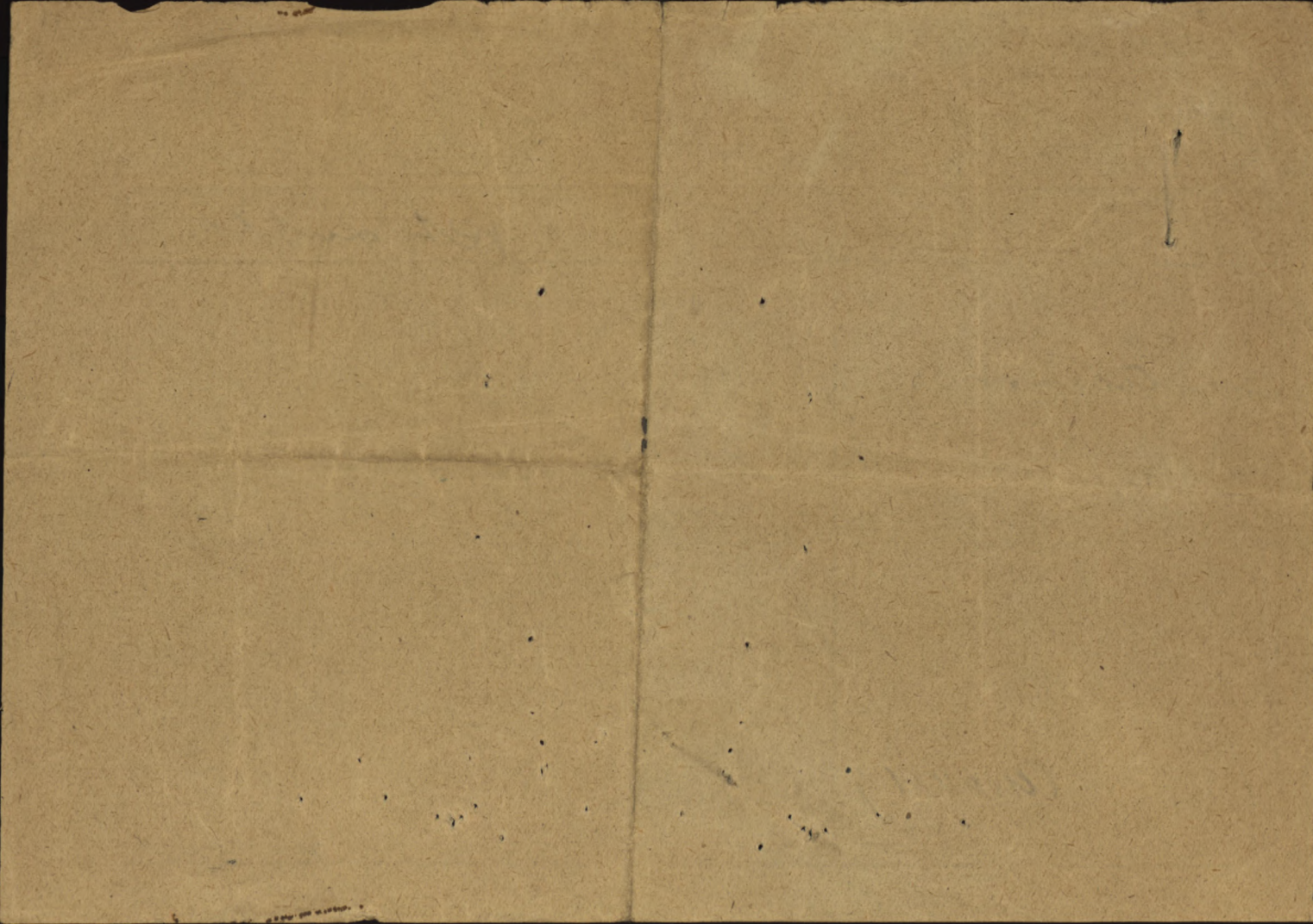
The Internal malleolus
has been fractured + detached
There is a fair amount of callus
present

Signature of M.O. Ausserley

Date Aug 4th 1917

Signature of Radiographer DJ

Date 8-8-17



DISEASE.

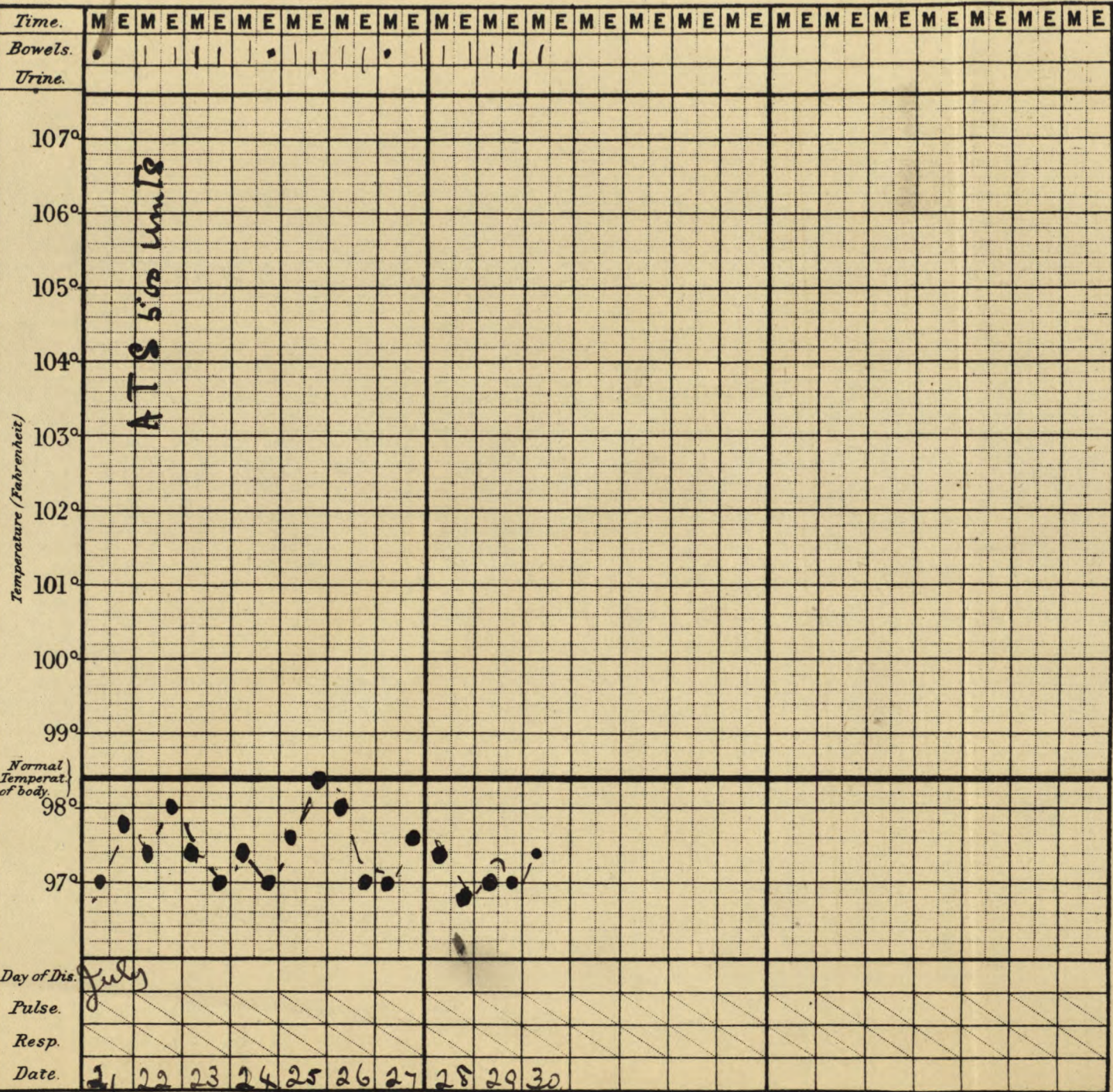
Notes of Case.

Name { *Signal P.*
Pitt

Age *20*

Diet

Case Book N^o



ATS 518 units

Date of admission. *30. 6. 14.*

Result

DISEASE

Notes of Case

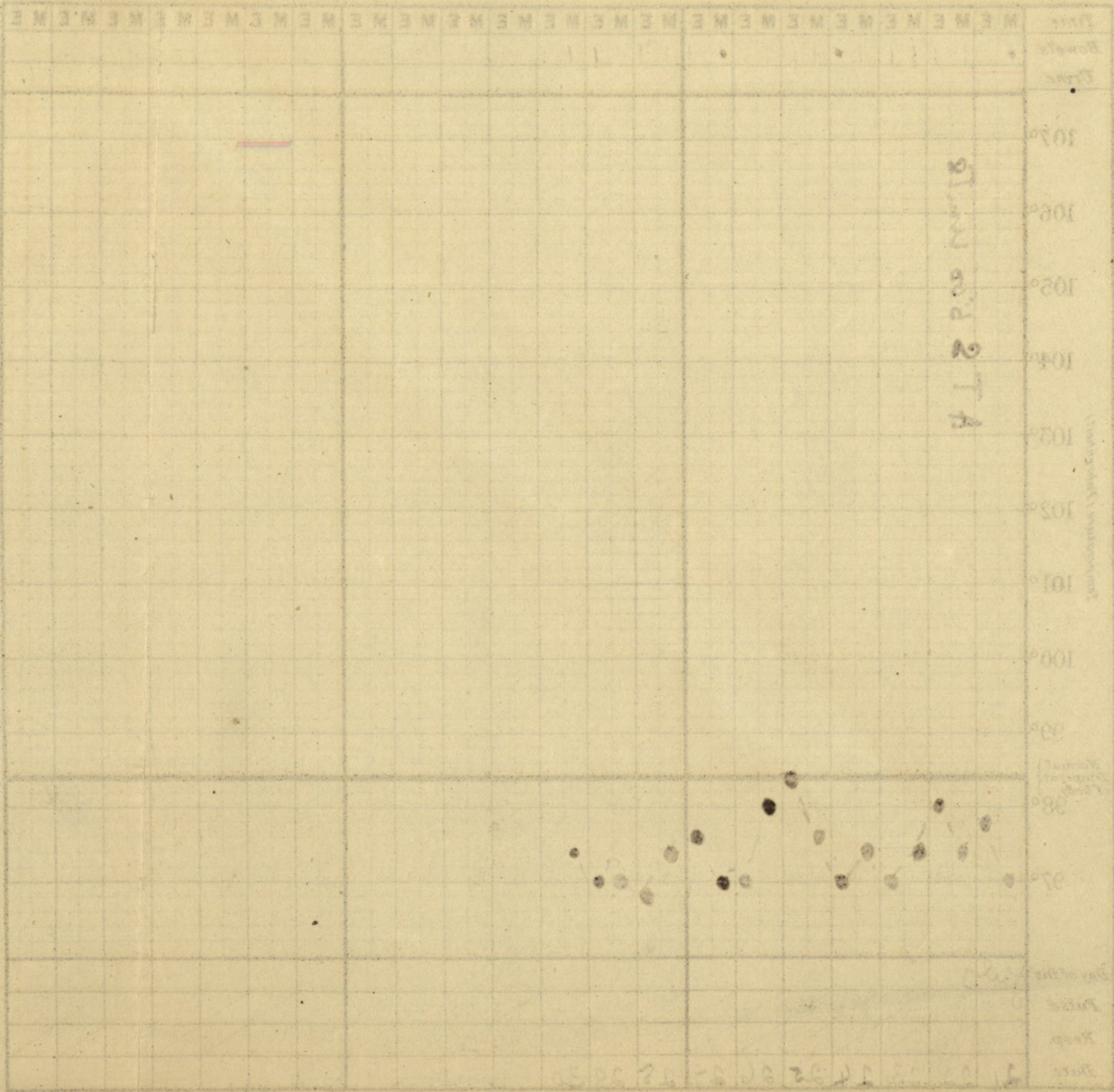
Name: [unclear]
Age: [unclear]

Sex: [unclear]
Date: [unclear]

Case No. [unclear]

Date of admission

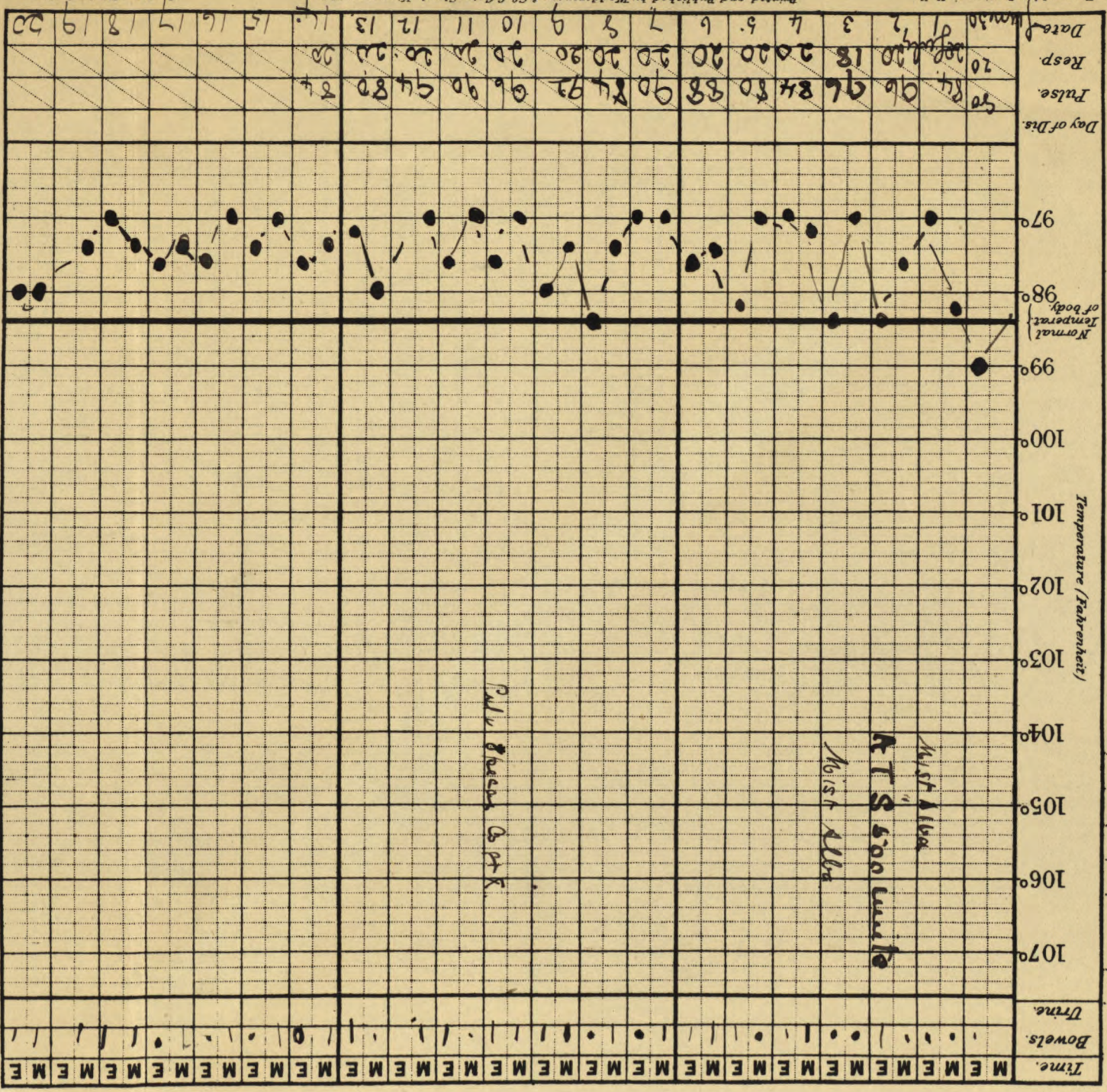
Result



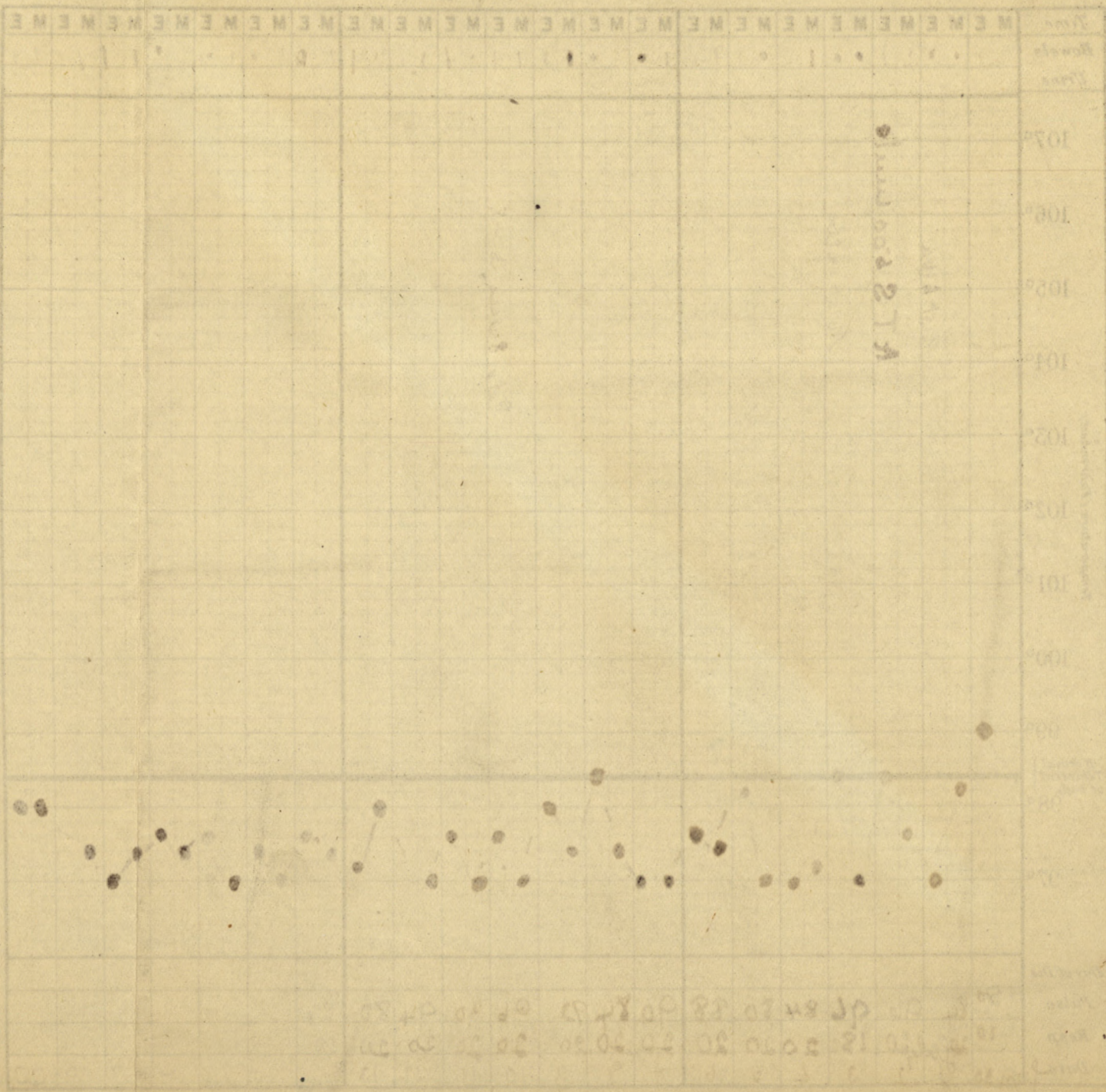
DISEASE.

Notes of Case.
 Name { 5 yrs. 10 PM
 Age 20 yhs.
 Diet
 Case Book No

Date of admission.
 30. 6. 17
 Result



DISEASE



Notes of Case
 21st
 107
 108
 109
 110

21st
 107
 108
 109
 110

POST DISCHARGE PAY OFFICE

15901/317

Three months pay and allowances after discharge.

Name **Pitt. Percy**
Surname

Christian Name

445-98-P-1.

Regimental Number **180518**

Rank **Sgnlr.**

Address (in full) **447 Kingston, St.,**

Unit # **XI. Cas. Unit.**

Victoria, B.C.

Original Unit

District where paid **M.D. 11.**

Date of Discharge **21-1-18.**

P. D. P. Filing Number **9-85-11.**

Rates:—Regimental pay \$ **1.00** per diem; Field Allowance \$ **.10** per diem. Separation Allowance \$ _____ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	1057	18-1-18	33 00	1045	18-2-18	33 00	1050	19-3-18	34 10		100 10
	<i>1962 W 945394</i>	<i>22-3-19</i>	<i>30 00</i>								
	<i>1607A W 938615</i>	<i>16/3/19</i>	<i>30 00</i>								

M. F. W. 127.
60M-6 17.
1772 89-1140.

Remarks:

Dec'n No 15901/SM W.S.G. File No 14598-P-5

Award days at \$ 70 per day \$ 350 00

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

Less P. D. P. Credited 100 10

\$

Less further debit balance \$

Net due paid as below 249 90

447 Kingston st.
Victoria, B. C.

		TO SOLDIER		TO DEPENDENT		
O	Ch No	Ch No	Amount	No	Ch No	Amount
22/3/19	1962	45584	70 00	✓		
10/5/19	1607A	39615	70 00	✓		
11.4/19	1140B	42640	90 00	✓		
14.5.19	1101C	461592	39 90	✓		
Total				Total		

GEN'L AUDITOR
Posting checked by
J. Kelly
Date 11/12/19

208

Name Pitt, Percy

M. F. W. 41
 1 03-746
 1772-39 489
 P. C. No.
 P. 1604

*lend
 NK*

Regimental No. 180518

Home
 Name and address of next of kin 320 Mansie St.
 Victoria B.C.

Unit 88th Bn.

Date of enlistment 6.11.15

M B. 16. 11. 17. Duty.
S/A. vid.

Place of " Victoria

Married (yes or no) no.

Date and place discharged

Amount of pay assigned monthly \$ 18⁰⁰ / 16⁶ 30¹¹ / 17 = 324.⁰⁰ Reason for discharge

To whom payable Mrs. Mary Pitt. 320 Character on discharge

Olympic 14¹¹ / 17 Mansie St Victoria B.C. Gate C 111 H. Q. 649-B-9322.

Form 5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	No.	Date				
	30.10.17												E. L. P. Co.
31.10.17	30.11.17	31	100	31 00	31	10	3 10						Boat. 54
													C. D. Fee.
													2768
													6178
													973
													5000
													Dr Bal
													1595
													7773
													18 00
													7773
													7773
													200/17
													L. P. Leonard 10 ¹² / 17
													showing a/c ad to 30/17
													and 4/17 to M. D. M. S. L.
													Recor. at P. Nov/17

*Home
 8.12.17*

Home A. P. Co. 1⁶ / 16 to 31¹⁹ / 17 306.⁰⁰

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

212

M. F. W. 12.
 50m.—4-16.
 H. Q. 1772-39-819.

To Whom *Mrs. Mary Pitt,* By Whom Assigned *Pitt, Percy.*
 Address *320 Menzies St,* Regtl. No. *180518*
Victoria Rank *Pte*
B.C. Corps *#3 Coy 88 Bn*
 Rate *\$18.00* JUN 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				



158555 10
158555 10

158555 10

158555 10
158555 10

158555 10
158555 10

ASSIGNED PAY

Sheet No. 2.

Mrs Mary, Pitt

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier

*Pitt
88 Bat*

*Percy
pte*

180518

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>18.00</i>	<i>18 4 4</i>
				<i>18 4 4</i>
				<i>18 4 4</i>
				<i>18 4 4</i>
April	1916			
May				
June		<i>L 6745</i>	<i>18 -</i>	
July		<i>M 11322</i>	<i>18 -</i>	
Aug.		<i>H 13343</i>	<i>18</i>	
Sept.		<i>V 19306</i>	<i>18</i>	
Oct.		<i>V 24390</i>	<i>18</i>	
Nov.		<i>V 28772</i>	<i>18</i>	
Dec.		<i>N 34023</i>	<i>18</i>	
Jan.	1917	<i>B 40952</i>	<i>18</i>	
Feb.		<i>B 46658</i>	<i>18</i>	
March		<i>P 52718</i>	<i>18</i>	
April		<i>M 4327</i>	<i>18</i>	<i>18 Cu</i>
May		<i>A 10860</i>	<i>18</i>	<i>18 B</i>
June		<i>M 20440</i>	<i>18</i>	<i>B. A/c Closed 30/11/17</i>
July		<i>N 24738</i>	<i>18</i>	<i>Ret'd per Olympic</i>
Aug.		<i>D 32005</i>	<i>18</i>	<i>Date 6/11/17 F. X. 28/11/17</i>
Sept.		<i>H 38867</i>	<i>18 - lu</i>	<i>Clerk J. J. J. a/p</i>
Oct.		<i>C 45418</i>	<i>18</i>	
Nov.		<i>A 33825</i>	<i>18</i>	
Dec.				
Jan.	1918			
Feb.				<i>3 24</i>
March				
April				
May				
June				
July				

JUN 1 1916

Wavy

18 4 4

18 Cu
18 B

A/c Closed 30/11/17
Ret'd per Olympic
Date 6/11/17 F. X. 28/11/17
Clerk J. J. J. a/p

3 24

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

P. 559
MARRIED OR SINGLE *Single*
PLACE OF BIRTH *Wexham Eng.*
NAME AND ADDRESS OF NEXT OF KIN *Albert Pitt,
320 Menzies St. Victoria B.C.*
RELATIONSHIP OF NEXT OF KIN *Father*
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. *180518* RANK *Pte* NAME *Pitt Percy*
IF IN PERM. CORPS } UNIT *88th Batt C.E.F.*
WHAT UNIT }
PERMANENT FORCE ALLOWANCES
PLACE OF ATTESTATION *Nelonia BC*
DATE OF ATTESTATION *6 Nov 1915*
ASSIGNED PAY MONTHLY \$ *18.00* DATE EFFECTIVE *1 June 1916*
PAYABLE TO *Mrs. Mary Pitt 320 Menzies St. Victoria B.C.* RELATIONSHIP *Father*
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
PAYABLE TO
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *Sept 11/17* EFFECTIVE *11/17* REASON *Dis to Canada*
DISCHARGE DATE AND PLACE *Canada 30/10/17* REASON AND AUTHORITY *Reg C.O. 110/17*
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *Entered on N.E. Card 1/17*
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) *Checked by [signature]*

Checked [signature]
8/10
8/19
10/19
11/12
20/10

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 \$	C.	NO. OF DAYS	RATE	AMOUNT \$	C.	NO. OF DAYS	RATE	AMOUNT \$	C.				NO. OF DAYS	RATE	AMOUNT \$	C.	1 NO.	2 DATE	3 NO.	4 DATE				1	2				3	4	CREDIT	DEBIT		
1916																																					
June	30	15	30		30	10	3																														
July	31		31		31		3																														
Aug.	15		15		15		150																														
"	16		16	00	16		160																														
Sept	30		30		30		3																														
Oct	10		10		10		1																														
"	21		21		21		210																														
Nov	10		10		10		1																														
11-30	20		20		20		200																														
Dec	1-31	31		31		310																															
1917	Jan	31		31		31		310																													
Feb	28		28		28		80																														
							300																														

St No 49 6.11.17 62 Bal 27.68

180518. Pte Pitt Percy

Assigned Pay \$15.00

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								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					CREDIT	DEBIT									
			\$	C.			\$	C.			\$	C.				\$	C.	NO.	DATE	NO.	DATE	NO.	DATE									NO.	DATE	1	2	3	4
1917																																					
Mar 1-10	10	10/100	11	00																																	
Apr. 20	20		22	-																																	
May 31	31		34	10																																	
Jun 1-26	26		22	00																																	
Jul 31	31		34	10																																	
Aug 31	31		34	10																																	
Sep 30	30		33																																		

Let to Ross Pte. Oct 6, 1917. 80.11.14/17

Nil 38.36 1st D.A.C. Do Jo. 24/3/17.

207th Ave DO 102 9/15/17

4. 14/9/17 - 24/9/17 DO 195 20/9/17
Ext CARA

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEPER. PAY	SEP. ALLE. ENG.
Oct 1	Sal Ford								114.88		
Oct 30	P.C.P.								129.88		
Nov	By che. 301 24/9/17 C.Rant										
	" 301 14/10/17 J.R. Rant										
	" 310 20/10 "										
Jan AR	2469 C.C.H. Epsom 2/8/17										
	" CR 2003 C.C.H. Epsom 8/9/17										
	" CR 1997 " Epsom 14/9/17								2768		

A.C.W. FORM 1917
 DISCHARGED TO Cam DATE 30/10/17
 PAYBOOK VERIFIED 3/11/17
 AUTH. P. J. E. Trolley
met benefit

Checked
C.A. Roberts
X.P.C

Balance transferred to Canadian liability ac
Balance transferred to N. E. branch.

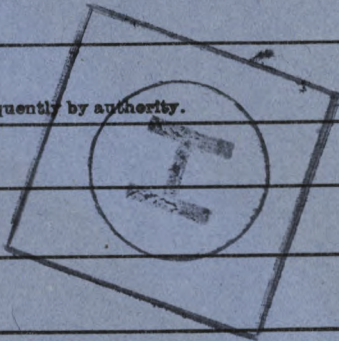
Nil

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	180518
Rank	Pte
Name	Percy Pitt
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	
Date of Discharge	21 st January, 1918.
Place of Discharge	Vancouver B.C.



1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 18 years..... 8 months.
 Height..... 5 feet..... 9 inches.
 Complexion *Dark*
 Eyes *Black*
 Hair *Brown*
 Trade *Salesman*
 Intended place of residence } *447 Kingston St*
 } *Victoria.*
(To be given as fully as practicable.)

Descriptive Marks
Fractured ankle right
2 Vac. left arm.

2. The above-named man is discharged in consequence of
Medically unfit. K.R.O (cm) 1510. 322(9).
Aug 11 1917. 34-P-174

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.
Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)
Salesman

K.C.O. - 1-20
5.

Sub. Comp.
11-2-19 EP

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Vancouver B.C.

L.A. Elliott, Capt.

(Date) 21st January 1918

for O.C. No 11 Casualty Unit
Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Vancouver B.C. Berry Pitt (Signature of Soldier.)

(Date) January 21st 1918 L.A. Elliott (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed) 2 years 76 days.

Total 2 years 76 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Vancouver B.C.

(Signature) L.A. Elliott Capt

(Date) January 21st 1918

for O.C. No 11 Casualty Unit

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

No Reservations
Percy Pitt.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

CONFIDENTIAL INFORMATION

Report No.

2265
J.

Category

Duty. O. 111

No. of
M. H. C. File

No. of
Local File

No. of
H. Q. File

Ritt, Percy.

580 Menzie St.
Victoria. B. C.

No. 130518 Rank Pto. Original Unit 88th. Present Unit 290th.

Age 19 Height 5 ft. 8 ins. Complexion Dark Eyes Brown Hair Brown Character N.R.

Date of enlistment 6-11-15 Where enlisted Victoria. Where seen service France.

Ship returned by Beta 10 Date of arrival 14-11-17 Port of arrival Halifax.

Birthplace England. Religion C. of E.

Name and address next of kin Mother, Mrs. A. Ritt, same address.

Notification of return to be sent to do

Cause of disability Conv. from fracture of internal malleolus rt. foot.

Condition in detail which prevents the soldier from earning a full livelihood

Status horse fell on him in France fracturing the internal malleolus 27-6-17/

Good union in good position, has resulted.

Movements at ankle joint are normal.

He walks with a decided limp.

This is largely due to habit.

Heart and lungs are normal.

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

Degree of incapacity (Please state in fractions) Eng. Board

None

Canadian Board

5%

Probable duration of incapacity 1 month.

Does it render him permanently unfit for Military Service?

No

Would operation, Special treatment, or use of appliances etc., lessen incapacity?

No

Destination to which transportation issued Vancouver.

Members of Board K. C. CAIRES. CAPT. A. HAIG. CAPT. E. A. ROBERTSON. CAPT.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Salesman.

Regular trade or profession do

Average earnings previous to enlistment \$6. week Any other income?

Name and address of last employer J. Maynard, Yates St. Victoria. B. C.

Rent per month If purchasing property amount due and annual payment, \$ \$

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society Amt. per mo. \$

If unable to follow previous occupation, name preference

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation Classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References

Witness Last emp.

I declare that the above statement is correct.

J. McDennell

Date Quebec 16-11-17

Signature P. Ritt.

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H.Q., \$ L. P. C. leaving Depot, \$

Amount forwarded to H. Q. Unit, \$ Credit Clothing allowances, \$

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....

First payment date.....

C. Service in Canada.
D. Treatment.

A. General Service.
B. Service abroad, not general.

A. Security Service

Form No. 100
Date of Birth: ...
Date of Issue: ...
Date of Expiry: ...
Name: ...
Rank: ...

DECLARATION OF INFORMATION TO BE OBTAINED BY THE SECURITY SERVICE

I hereby declare that the above information is correct and true to the best of my knowledge and belief.
I declare that I have not provided any information to any other person or organization which is likely to be prejudicial to the security of the United Kingdom.
I declare that I have not provided any information to any other person or organization which is likely to be prejudicial to the security of the United Kingdom.
I declare that I have not provided any information to any other person or organization which is likely to be prejudicial to the security of the United Kingdom.

B. Declaration

Signature	Date	Name of Informant	Rank	Grade or Position

INFORMATION TO BE FURNISHED BY SOURCE

Name of Source
Description of Source
Nature of Information
Date of Information
Rank or Position

C. Details of Source

Condition of Source
Name of Source
Address of Source
Date of Birth
Date of Issue
Date of Expiry
Who Issued
Where Issued
Rank or Position
Grade or Position

SECRET

CONFIDENTIAL INFORMATION

Gms 180578

102997

Pett, P.

RESERVE BRIGADE I.F.A.

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 180578.

Name Percy Pett

Unit As Bde. I.F.A.

Military Will.

In the event of my death
I leave all my personal
effects to my mother

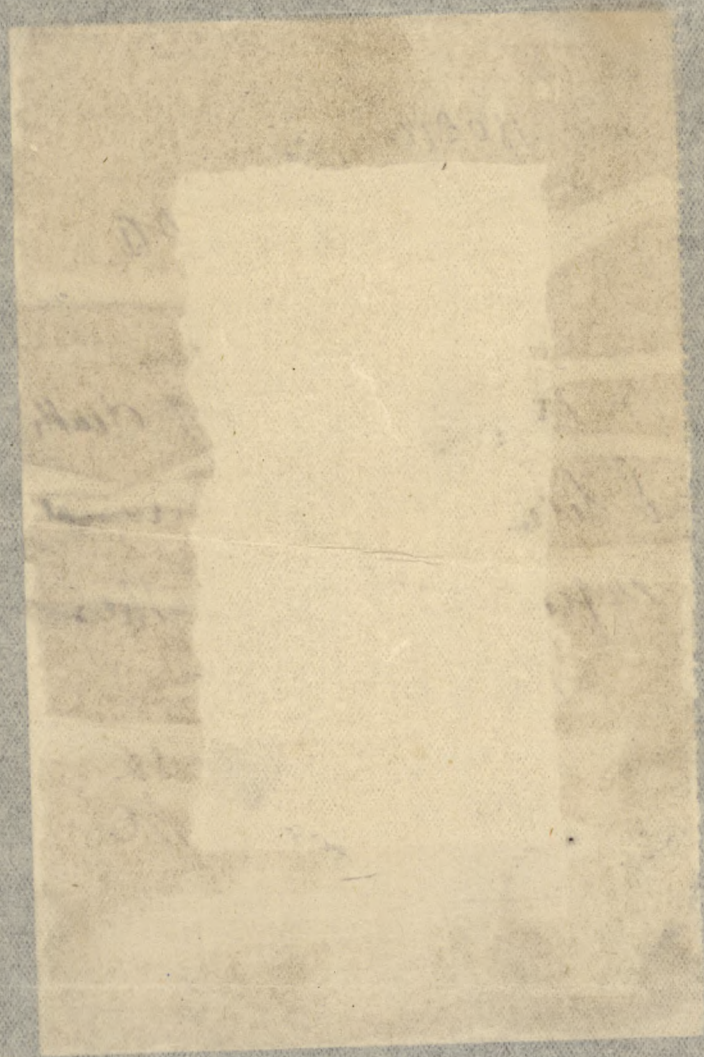
Mrs Mary Pett
320 Menzies St.
Victoria B.C.

Signature P. Pett.

Rank and Regt. As Bde I.F.A.

Date 21/7/17.





Duplicate.

BPE 5071
CP 177

Mother - Mary Pitt,
447, Kingston Street, Victoria B.C.

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

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID

No. XI C/C STATION Vancouver DATE Dec. 18 1917

1. (a) Unit 88th B. (b) Regimental No. 180518 (c) Rank Signaller
(d) Surname Pitt (e) Christian name Percy

2. Age last birthday 18 Date of birth May 15 1899

3. Enlisted at Victoria B.C. on Nov. 6 1915

4. Personal description :-

(a) Height 5' 9" (b) Weight 155 (c) Complexion Dark
(stripped)

(d) Colour of hair Brown (e) Colour of eyes Black (f) Identification marks

Fractured ankle rt. 2 Vac. L. arm.

5. Address after discharge (for the use of the Board of Pension Commissioners.)

447, Kingston Street, Victoria B.C.

6. Former trade or occupation Salesman

7. (a) Service Years 2.1/12 Days

	PERIODS	
	From	To
Canada	Nov. 1915	May 1916
England	May 1916	March 1917
France	March 1917	June 1917
England	June 1917	Nov. 1917
Canada	Nov. 14 1917	Present

(b) Has he been Overseas? Yes

8. Present disease or disability (use authorized nomenclature if possible). Impaired function rt. ankle

(a) Date of origin June 24 1917 (b) Place of origin Vimy Ridge

(c) Cause* Horse tramped on foot and ankle.
*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Well nourished man of eighteen. Says that on date of accident, was assisting in clipping an unruly horse, which reared and plunged; during the struggle the horse trod on him, fracturing the ankle. Examination shews a well healed fracture with the internal malleolus slightly forward and inward from its normal site. As a result, the joint is lax, and there is a tendency for the foot to "go over". Full range of all motions. Power of all motions of ankle diminished 30%. Foot tires on exertion, and is then painful; can walk three miles; finds it difficult to walk on rough ground.

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

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Heart and lungs normal.

Other systems normal.

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

10/100 all due to service.

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

13. Was a Court of Inquiry held? No

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

Yes..... No..... N.a.

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

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

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

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

Hospital - electricity and massage.

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

No

19. Can the former trade or occupation be resumed? Not entirely

20. Recommendations

The Board is of the opinion that further treatment is not indicated, and recommends that he be placed in Class E. for discharge.

By the Medical Board.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

Percy Pitt

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes

22. Is the soldier fit for-

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

No
No
No
No
Yes

23. It is certified that the soldier

- ~~(a) Does require treatment.~~ a.
 - (b) Does not require treatment.
 - (c) Should pass under his own control.
 - ~~(d) Should not pass under his own control.~~ d.
- (Strike out condition not applicable).

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

Yes - operation on the malplaced internal malleolus is not to be recommended unless the disability becomes aggravated, when an attempt to narrow the joint might be attempted.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

J. R. Hunter Capt President.
W. J. ...
W. J. ... Members.

STATION **Vancouver**

DATE **Dec. 18 1917**

APPROVED BY

DEC 29 1917

DATE *R. L. Maller Capt* Assistant Director of Medical Services. m. D. XI
(A. O. S.)

APPROVED BY

DATE Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

Does the Board concur with the preceding report? If not give dissenting opinion with reasons.

Number of dissenting members

1

2

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

BPE 25071 CR 478

CONFIDENTIAL INFORMATION

Report No. 2265

Category Outfit 6111
Pitt Percy
320 Menzie St
Victoria B.C.

No. of M. H. C. File	No. of Local File	No. of H. Q. File

J

No. 180518 Rank Pte. Original Unit 88th Present Unit A8C7A
 Age 18 Height 5 ft 8 ins. Complexion Dark Eyes Brown Hair Brown Character N.R.
 Date of enlistment 6-11-15 Where enlisted Victoria. Where seen service France
 Ship returned by Beta 10. Date of arrival NOV 14 1917 Port of arrival C. O. E.
 Birthplace England Religion C. O. E.
 Name and address next of kin Mother Mrs A Pitt, same address.
 Notification of return to be sent to _____
 Cause of disability Conv. from fracture of internal malleolus rt. foot.
 Condition in detail which prevents the soldier from earning a full livelihood _____

- E. 1. Discharge, no pensionable disability.
- E. 2. Waiting Reclassification.
- E. 3. Discharge with claim for pension.

Degree of incapacity (Please state in fractions) Eng. Board None Canadian Board 5%
 Probable duration of incapacity One Month.
 Does it render him permanently unfit for Military Service? NO
 Would operation, Special treatment, or use of appliances etc., lessen incapacity? NO
 Destination to which transportation issued Vancouver.
 Members of Board _____

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Salesman
 Regular trade or profession _____
 Average earnings previous to enlistment \$ 60 week Any other income? _____
 Name and address of last employer Maynard, gates St. Victoria B.C.
 Rent per month _____ If purchasing property amount due and annual payment, \$ _____ \$ _____
 Taxes _____ If Homestead, when is patent due? _____
 If carrying life or accident insurance, annual premium _____
 If in receipt of sick benefits or other insurance—name of society _____ Amt. per mo. \$ _____
 If unable to follow previous occupation, name preference _____
 At what age soldier left school? _____ What grade, standard, &c., was he in? _____
 Has he taken any Technical or Continuation Classes, if so what? _____
 Whether given Vocational Training while in Hospital in England. If so, what subjects? _____
 References Last employers
 Witness J. McDonald I declare that the above statement is correct.
 Date QUEBEC NOV 16 1917 Signature P. Pitt

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$	Dr., \$	Amount paid at Depot H.Q., \$	L. P. C. leaving Depot, \$
Amount forwarded to H. Q. Unit, \$		Credit Clothing allowances, \$	
Transf'd to _____ Unit—Date _____	Transf'd Class 1—Date _____	Transf'd Class 3—Date _____	
PENSION—Class _____ Amount per year, \$ _____	Period granted for _____	Dating from _____	
First payment date _____			

- C. Service in Canada.
- D. Treatment.
- A. General Service.
- B. Service abroad, not general.

CONFIDENTIAL INFORMATION

Report No. 1

Category

No of M.H.C. File

No of Local File

No of R.G.

1

1. Discharge on compassionate grounds
2. Medical Discharge
3. Discharge on other grounds

Condition in detail which prevents the soldier from earning a full livelihood
Cause of disability
Position of return to be sent to
Name and address part of his
Place of residence
Date of arrival
Where enlisted
Date of arrival
Where sent service
Original Unit
Present Unit
Character
Rank
Age
Height
Complexion
Eyes
Hair
Port of arrival

INFORMATION TO BE FURNISHED BY SOLDIER

Members of Board
Duration to which transportation issued
Would operation, special treatment, or use of appliances and lessen incapacity?
Does it render him permanently unfit for Military Service?
Probable duration of incapacity
Degree of incapacity (Please state in fractions) (See Board)
Name
Age
Where employed
Wages
State of health

Whether given Vocational Training while in Hospital in England. If so, what subjects?
Has he taken any Technical or Continuation Classes, if so what?
At what age soldier left school? What grade, standard, etc., was he in?
If unable to follow previous occupation, name previous
If in receipt of sick benefits or other insurance - name of society
If carrying life or accident insurance, annual premium
Trade
Rent per month
If purchasing property, amount due and annual payment?
Name and address of last employer
Average earnings previous to enlistment
Regular mode of propulsion
Occupation in present
Date
Signature
Witness
I declare that the above statement is correct.

A. Name of soldier
B. Name of unit
C. Name of country
D. Discharge

PATIENTS SERIAL NUMBERS TO BE QUOTED ON ALL COMMUNICATIONS.

MEDICAL CASE SHEET.*

WOODCOCK 364
EPSOM.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1	150518	Sq.ldr.	Pitt	Percy
Year	Unit.		Age.	Service.
1917	Canadian Field Artillery 2 nd Bty 118 th Bty.		20	22 months
Station and Date.	Disease		Service in the Field.	
	Strained ankle Rt. 1061 X V		Slight. Severe. Dangerous.	
Religion.	C of E.			
Next of Kin.				

Condition of wounds on admission.

Much swelling thickening.

When such wounds were received.

1st June 17.

If in action, and where.

Waggon lines.

Station, and Hospitals, where treatment given.

Field Dressing Station.

If Antitetanus Serum administered, when.

No.

Treatment.

1 July

A.T.S. 500 units
Massage & gentle movements.

11 July
22 July

Pulupec Co. (G.S.)
A.T.S. 500 units
F. Magner.

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

Station
and Date.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

June 1/16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>18.</i>			
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20

Mother

PARTICULARS OF SEPARATION ALLOWANCE

No. *180518.*

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *Percy Pitt.*

Battalion *#3 Coy* *88" Battrn*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Mary Pitt.*

Address *320 Menzies St Victoria B.C.*

Change of Address

1

2

3

4

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

<i>Dec. 31-17</i>	<i>—</i>		<i>324</i>	<i>324</i>	<i>Ac Closed 30/11/17 Retd - Olympic 6/1/17 F.X. 28/11/17 \$18⁰⁰ overpayment for Nov. 1917 received by C.P.M. Pu P.M.L. 9-1-18 H. Q 649 P-9372 File No 14598 - P-3 P.S. 9-1-18</i>
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Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 40036-6-17-1772-38-1141
 L. L. 22320-M. & D. 7933.