

C. Coy.  
135 Batt.

135th O.S. Battalion, C.E.F.

ORIGINAL

67TH O.S. DEPOT BATTERY, C.F.A., C.E.F.  
ATTESTATION PAPER.

No. 802211

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *Charles Poore*
- 1a. What are your Christian names? *Charles*
- 1b. What is your present address? *Parkhill Ont*
- 2. In what Town, Township or Parish, and in what Country were you born? *Petrolia Ont*
- 3. What is the name of your next-of-kin? *Mrs T. J. Poore*
- 4. What is the address of your next-of-kin? *Beaumont Ont*
- 4a. What is the relationship of your next-of-kin? *Mother*
- 5. What is the date of your birth? *Dec 25. 1896*
- 6. What is your Trade or Calling? *Railway Clerk*
- 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, *Charles Poore*, 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 *Dec 8th* 1915 *C. A. Sangford* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Charles Poore*, 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 *Dec 8th* 1915 *C. A. Sangford* (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 *Parkhill* this *8th* day of *December* 1915  
*A. Macaroid* (Signature of Justice)

*J. P. Mulvey*

POORE

Description of Charles Poore 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 ..... 5 ft. 9 1/2 ins.

Chest measurement. { Girth when fully expanded ..... 35 1/2 ins.  
 Range of expansion ..... 3 1/2 ins.

Complexion ..... Medium

Eyes ..... Brown

Hair ..... Brown

- Religious denominations
- Church of England .....
  - Presbyterian ..... X
  - 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 Dec 8 1915

Place Parish Hall, St. ...

*[Signature]*  
 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.**

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

*[Signature]*  
 (Signature of Officer)  
135th Batt. C.E.F.

Date 11-12 1915

POORE, CHARLES ANDREW

802211

3 BTY C.F.A.

2933

DEMOB

*Deceased 19-1-53*

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

PR





Serial:

MS

~~B~~  
Y

Number..... 802211 ..... rank..... Gnr

Surname..... POORE .....

Christian Name..... Charles .....

Units..... C. F. A. .... theatre of War..... France

Date of Service..... 28-5-17 .....

Remarks.....

Latest Address..... Box 245, Leamington

.....

Roll No. Page 9155

Next of kin \_\_\_\_\_

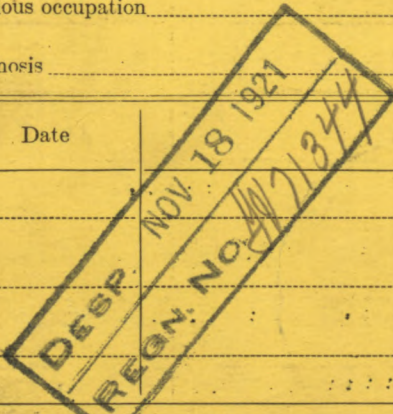
Address on leave \_\_\_\_\_

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
	

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

SURNAME.

Poore.

"H" 3 / CARD NO.

CHRISTIAN NAMES

Charles Andrew.

Sp. S Dis 24-4-19  
FOLL.

REGL. No.

802211

RANK

~~Pvt.~~ Gr.

0-120 of 30-4-19  
Demob # 300

UNIT

~~135<sup>th</sup>~~ 67<sup>th</sup> Bty (3rd. R.D.)

Br.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Poore, Mrs. T. J.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Leamington. Ont.

COUNTRY OF BIRTH

Canada. Petrolia, Ont. DATE Dec. 28<sup>th</sup> 1896.

PLACE OF ATTESTATION

Parkhill. Ont. DATE Dec. 8<sup>th</sup> 1915.

Trans. from 135<sup>th</sup> Bty to 67<sup>th</sup> Bty. auth.

M. D. No. 21. 9/9/16.

L. L. 6945. M. & D. 6994.

P/C. 21-4-19. 307 sig  
M. F. W. 22. 100M.-8-16. H. Q. 177-39-339.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Railway clerk.

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

19

YEARS

MONTHS

HEIGHT

5

FEET

9 $\frac{1}{2}$

INCHES

CHEST MEASUREMENT

35 $\frac{1}{2}$

INCHES

EXPANSION

3 $\frac{1}{2}$

INCHES

COMPLEXION

Medium.

EYES

Brown.

HAIR

Brown.

DISTINGUISHING MARKS

Not stated

MEDICAL EXAMINATION.

PLACE

Parkhill, Ont.

DATE

Dec. 8<sup>th</sup>, 1915.

Present Address. Parkhill, Ont.



Name **POORE, C.** <sup>HARLES.</sup> Rank **Gnr.** Reg. No. **802211**  
 Unit **2nd Bde CFA.**  
 Next of Kin **CANADA.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<b>1917.</b>						
<b>19-8</b>	<b>No. 22. G.H.D. Camiers.</b>	<b>Gassed Wd. Sev.</b>				<b>HA13229</b>
<b>21-8</b>	<i>Md. G.H.D. Eastbourne</i>	<i>do</i>	<i>1</i>	<i>2-26</i>	<i>1105</i>	<i>1105</i>
<b>11-9</b>	<b>Can. M.H. Eastbourne.</b>	<b>do</b>		<b>B. 88</b>		<b>1958</b>
<b>8-10</b>	<i>Discharged</i>	<i>do</i>		<i>B. 62</i>		<i>669</i>



ADMITTING CARD.Regt. No. *802211* A. & D. No. *T 3010*Rank *Ynr.*Name *Papre L. A.*Corps *L. F. A.* (*48th Batt*)Religion *Pres*Age *20*

M. H. Rec'd

M. H. Requested

M. H. Ret'd

Disease *Shell Gas*

Admitted

*10 SEP 1917*

Discharged

*8 - OCT 1917*Place in Hospital *15*

Transferred

Results

*20/12 5/12*

REMARKS:

MEDICAL HISTORY SHEET.

Requested		Reply	Date
From	Date		
1			
2			
3			
4			

*Military Hosp.*

Orig. Dup. Recd. from *Casey House* *10/9/1917*

Orig. Dup. Sent to *NR* *8/16/17*

Recd. from Repr. this Orig. Dup. *1/19*

Ward

*Orig. Recd. from Mathews*

8 - OCT 1917

Reg. No. 802211 Name Prose  
 Rank Pfc Corps 135 Bn Age 19 Service  
 Ledger No. 451 Serial No.

HOSPITALS	DATE	DIAGNOSIS	
Stationary Coy Camp Toronto	12-7-16	Otitis Media	
Dis Duty	29-7-16	}	
Mapuskasung M.D. 2	7-8-16		Otitis Media
Dis Duty	21-10-16	}	
Base Toronto	1-11-16		Past Oper Mastoid
Dis Duty	30-12-16		

**HOSPITALS****DATE****DIAGNOSIS**

M. F. W. 2553.

50M-6-19.

1772-39-1332.

NAME

Poore Charles, Andrew.

REGT'L NO.

802211

H. Q. FILE NO. 649.

RANK AND CORPS

Gn. Ind Bde. C. F. a. Form. 135<sup>th</sup> Bn.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

C.

NATURE OF CASUALTY

25-1  
M. 5967

29/8/17.

Adm. 22nd Gen. Hos. Carriers Aug 19<sup>th</sup> 1917  
gassed. *L*

M. 6056

14-9-17.

Gas Poisoning doing well. *W.S.M.*

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 24	No. 22 Gen. Danversham	19-8-17.	Gasped. w. sev.
B 26	Mil. Eastbourne <sup>iers</sup>	21-8-17	" " "
B 38 <sup>ex</sup>	Gen. Mil. Eastbourne	11-9-17	" " 11 Sept 10-17
B 62	Discharged	8-10-17	Gas.



No. 802211 RANK

Pte.  
(L/Corp.)

NAME

Poore, Charles.

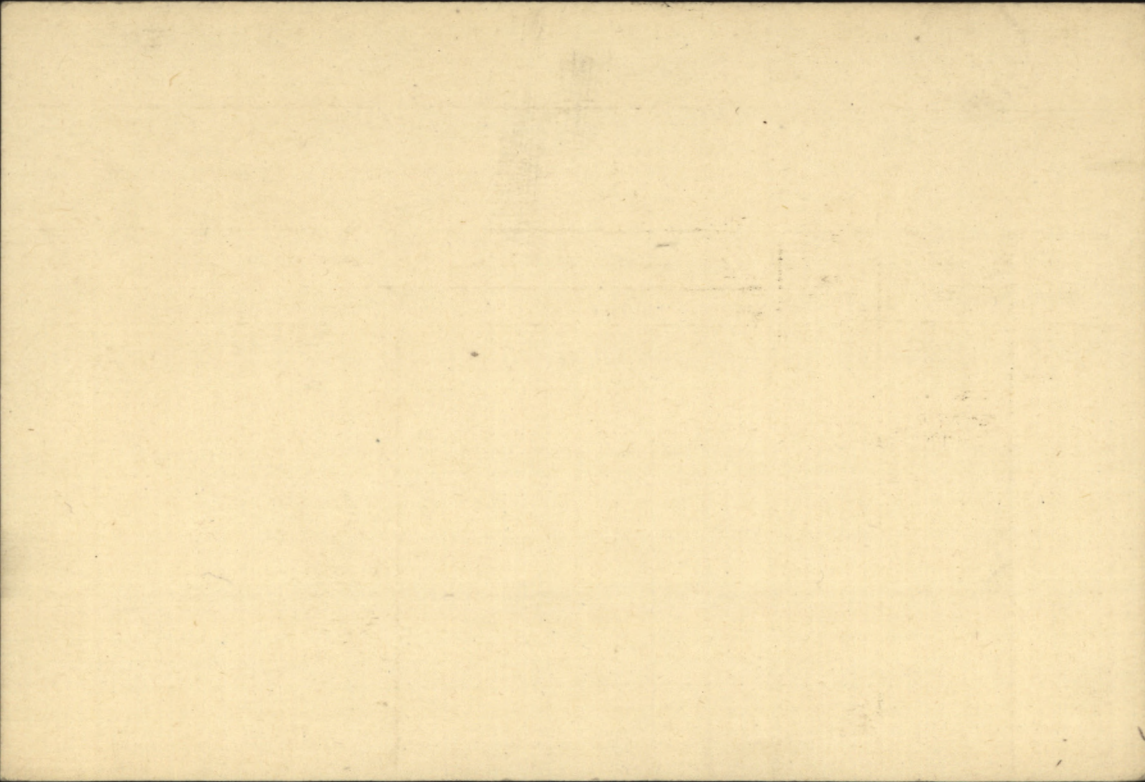
T. O. S. 8-12-15

UNIT 135<sup>th</sup> Battalion C. E. F.

(No. 18.10.12-15)

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Dec. 8	Dec 31.	✓		
1916	1916			
Jan.		✓		
Feb.		✓		
Mar.		✓		
April		✓		
May		✓		
June		✓		
July		✓		
Aug 1	Aug 14	n	Prom. L/c Corp'l from 1-5-16	D.O. 114/6 of 9-5-16
			Transf. d to Casualties M.D.1	D.O. 208/7 of 15-8-16
			on 14-8-16	



No. 802211.

RANK

Srv.

NAME

Poore, C.

A.

T. O. S. *trans. from Qualities.*

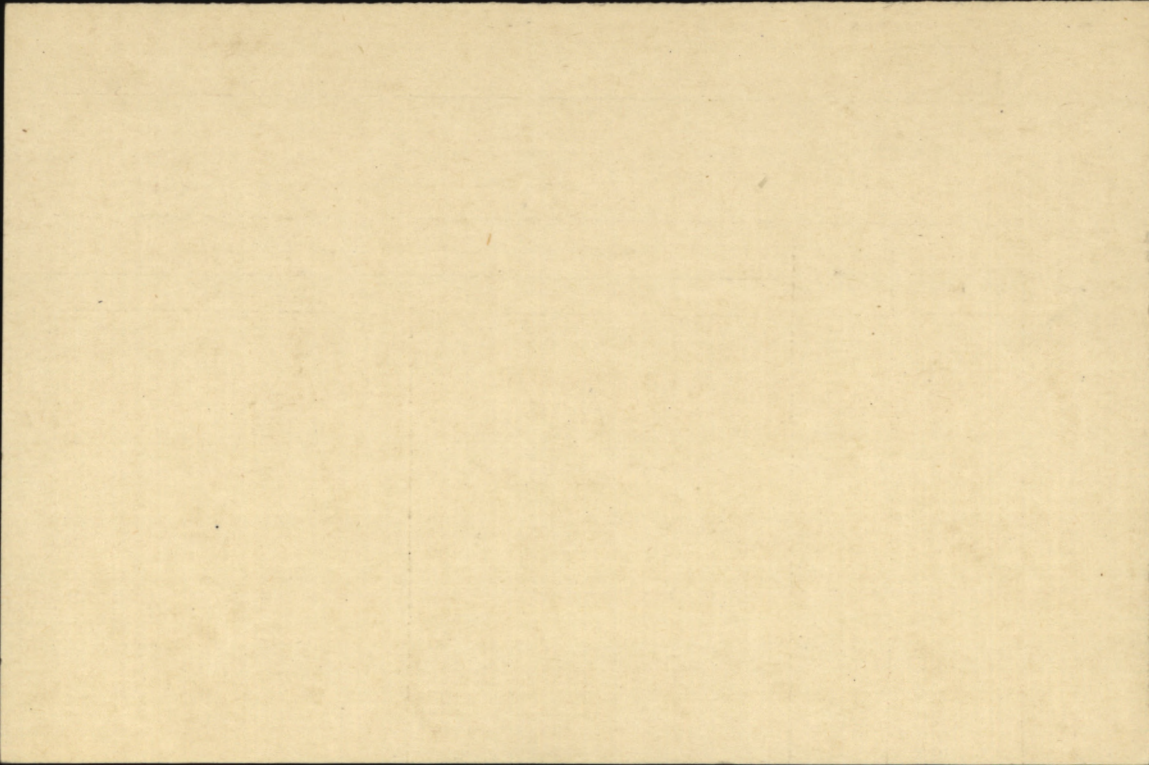
UNIT

6<sup>th</sup> Dep't. Battery C. S. A. C. E. F.

9-9-16 (D.O. 183 of 2-11-16).

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916.	1916.			
Sept. 9.	Nov. 30.	A.		
	Dec.	A.		
	1917.			
Jan.		A.		
Feb.		A.		
Mar.		A.	Trans. O/S. 22-3-17.	D.O. 81 of 23-3-17.



SURNAME

CHRISTIAN NAME OR NAMES

FORM D.M.S. 1300

REG. No.

Poore,

C.

802211.

RANK

UNIT

CO.

TROOP

BATTY

Gnr.

C.A.

(2 B.)

HOSPITAL

DATE OF ADMISSION

No. 22 Gen. Dannes, Semiers, 19-8-17

Mil Eastbourne

HOSP. 9-8-17

Can Mail Hosp. Eastbourne 11-9-17

HOSP

2.

HOSP.

3.

HOSP.

4.

DIAGNOSIS

Gassed "W." Sev. <sup>an</sup>  
~~W. "2"~~

1.

2.

3.

DISPOSITION

DATE

6.2.29-8-17 A 24 2  
31.8-17 B 26 0  
14-9-17 B 38 (2)  
12-10-17 B 62 L

dis 8-10-17

REMARKS

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

J. Rank Name POORE, Charles. Reg'l No. 802211.  
 Unit Dft 67th Batty. If in perm. Corps, }  
 What Unit? } Married or Single Single.  
 Place and Date of Enlistment Parkhill. 8th Dec. 1915. Place of Birth Petrolia. Ont.  
 Name and Address, Next-of-Kin Mrs. F. J Poore.  
 Leamington. Ont. Relationship Mother

Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

NIE. B. M.  
 File R.  
 Catalogue  
*Handwritten signature*

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
<b>ARRIVED IN ENGLAND 7 4 17 S. S. MISSANABIE</b>					
13-4-17.	Res Bde.	Taken on Strength	Shorncliffe.	8-4-17.	PTI <sup>DO</sup> # 103.
28-5-17.	do	S.O.S. on Proceeding of leave to 1 <sup>st</sup> D.A.C.	do	27-5-17.	do 148.
2-6-17.	1 <sup>st</sup> D.A.C.	Attached to the Column on arrival in Field.		28-5-17.	do 116.
27.6.17	2 <sup>nd</sup> Bde	Posted from 1 <sup>st</sup> Dac	"	28.5.17	Pa 99 + 1 <sup>st</sup> Dac Pt 124 27/6/17
29-8-17.	do do do	Adm # 22. General Hospital Danneberg Camiers.		19-8-17.	C.L.S. 24 "Gassed W" Ser."
2-9-17.	do do do	Invul "gassed" & Posted to Regt Depot Witley Gms. Field.		21-8-17 21-8-17.	PTI <sup>DO</sup> 134. + Regt Depot T.O.S. PTI <sup>DO</sup> 178. 2. 3-9-17.
31-8-17.	do do do	Trans. Military Hosp.	Eastbourne.	21-8-17.	C.L.S. 26 "do do do"
13-9-17.	do do do	Trans Canadian Military Hospital	do do do	11-9-17.	C.L.S. 38 "Wd. Gassed" Ser."
11-10-17	do	Discharged " "	do	8-10-17	CLB 67 do

A.F.B. 103 RECEIVED  
 JUN 1917

807211

Poore G.

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.				
12-10-17	Reg. Dept. <del>2nd</del> Command 2 <sup>nd</sup> C.C.D.	Em	Witley	8-7-17	PTIO 217 & PTIO 204 / 11-10-17 42 CCB
24-11-17	do Ceases on Comd & CCB	Dwr	do	22-11-17	PTIO 260 & PTIO 240 / 22-11-17 42 CCB
24-11-17	do SOS to Res Bde CFA	Dwr	do	23-11-17	PTIO 260 & Res Bde PTIO 260 / 23-11-17
2-4-18	Res Bde SOS of Sea	"	"	2-4-18	92 TCAP-46 8/4/18
30-6-18	<del>Res Bde</del> CFA <del>PTIO</del> SOS from Pool	"	Field	21/6/18	62 <del>PTIO</del> + <del>PTIO</del> / 5/18 + Pool Pt 71-29/5/18
14-8-18	1 <sup>st</sup> Bde	Awarded one	Em	8-17-17	— 82
26-3-19	Wing	Proceeded to England to Canada	Em	21-3-19	— 24
				14-4-19	49 H-125.
26-3-19	A Wing C.C.C.	TOS pending RTC	B. Shott	21-3-19	— 11
15-4-19	" " "	SOS on Proc. to Can.	" "	14-4-19	— 18

A.F.B. 33 CHECKED

Date.

APR 1918





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

M. F. W. 54.  
150M. 10-15.  
H.Q. 1772-39-92d.

# Casualty Form—Active Service.

Unit, Regiment or Corps *67th BATTERY FIELD ARTILLERY, C.E.F.*  
~~135th O.S. Battalion C.E.F.~~

Regimental No. 802211 Rank Private Name Charles Poore

Enlisted (a) Dec. 8/15 Terms of Service (a) and six months Service reckons from (a) Dec. 8/15

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) Mil:-Nil Civ:- Railway Clerk.

W. S. E.  
Class A

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents.
Date	From whom received				

<del>4</del>	<del>8/16</del>	<del>Transferred to Casualties M. D. I.</del>			
		<del>Woodward Capt app. 13<sup>th</sup> 1100 Am C. &amp; F. no record</del>			

Transferred to 67th O.S. Depot Battery, C.F.A., C.E.F.

<div style="border: 1px solid red; padding: 2px;">             CERTIFIED CORRECT. 19 JUN 1917 LONDON.           </div>		Embarked	Halifax	28/3/17	
		Disembarked	Fulford	7/4/17	
	13-4-17 28 MAY 1917	O.C. Res Bde C.F.A. Ob. Res Bde C.F.A.	T.O.S. Res Bde C.F.A. r. posted to 5 <sup>th</sup> BTRY. To 1st D.A.B.	Shorncliffe.	8-4-17 28 MAY 1917

*Robert H. Adjutant*  
Reserve Brigade, C.F.A.

(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.

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				
28-5-17	C.G.B. Dep.	Arr'd. Reinf. Att'd. 1st	C.D.A.C.	28-5-17	PT. 11 O. No. 115 d/2-6-17.
3-6-17	do	Left Base for Unit.	Field.	3-6-17	N.R.
9-6-17	Unit.	Arrived at Column.	do	6-6-17.	B. 213
8-6-17	A.H.Q.	Posted to 2nd Brigade.	do	28-5-17	9-98.PT, Q1. 124 d/27-6-17.
16.6.17	Unit	Joined Unit	"	12.6.17	PT 99 d/27.6.17 B213 288469
21-8-17	% 22 Gen. Hoop	Invalided (gassed) and posted to Gen. Artz. Reg. Dept - Showliffe	H/s "stad Antwerpen"	21/8/17	M. 3083/3791. PTC Ord- No - 134 d/2-9-1917.
3-9-17	Reg Dept	J.O.S. on posting from 2 <sup>nd</sup> Bde Gen Witley		21-8-17	Pt II Q 178 D. P. Cannon Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. Reported by B. Lewis for Colonel i/c Records, G. E. F. C.O.M.F.
11.10.17	2cc0	attached to 2cc0	Braunschott	8.10.17	Pt 2 00 # 204. ✓
2 2 NOV 1917	OC. 2nd GGD	Ceases to be attached to 2nd C. C. D. on return to Res. Bde	Braunschott Res. Depot	2 2 NOV 1917	Pt. 2 D. O. No. 240 As Raphael for OC. 2nd GGD.
12-10-17	OC. 2nd GGD	one com 2cc0	Bishott Witley	8-10-17	Pt II 100 217 ✓
24-11-17	do	SOS Res Bde C&A + cease from 2cc0	do	23-11-17	Pt II D026 ✓ J. Bagnall LIEUT. & ADJT. FOR O.G. CAN. ART REGIMENTAL DEPOT.

# CANADIAN EXPEDITIONARY FORCE

War Service Badge

Class "A" No. ....

## DISCHARGE CERTIFICATE

War Service Badge Class.....

No. *266705* COPY. .... Issued

THIS IS TO CERTIFY that No. *802211* (Rank) *Signaller*

Name (in full) *Poore, Charles Andrew* enlisted in  
the *135th Canadian Infantry Battalion*

CANADIAN EXPEDITIONARY FORCE at *Parkhill, Ont.* on the *8th*  
day of *December* 19*18*

HE served in *3rd Battery, Canadian Field Artillery* *France*

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

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

Age *22*  
Height *5' 9 1/2"*  
Complexion *Medium*  
Eyes *Brown*  
Hair *Brown*

Marks or Scars *Hona.*

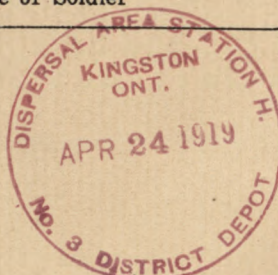
*Charles Andrew Poore*

Signature of Soldier

*W. Appleby*

for O. C. Dispersal Area Station H  
Issuing Officer

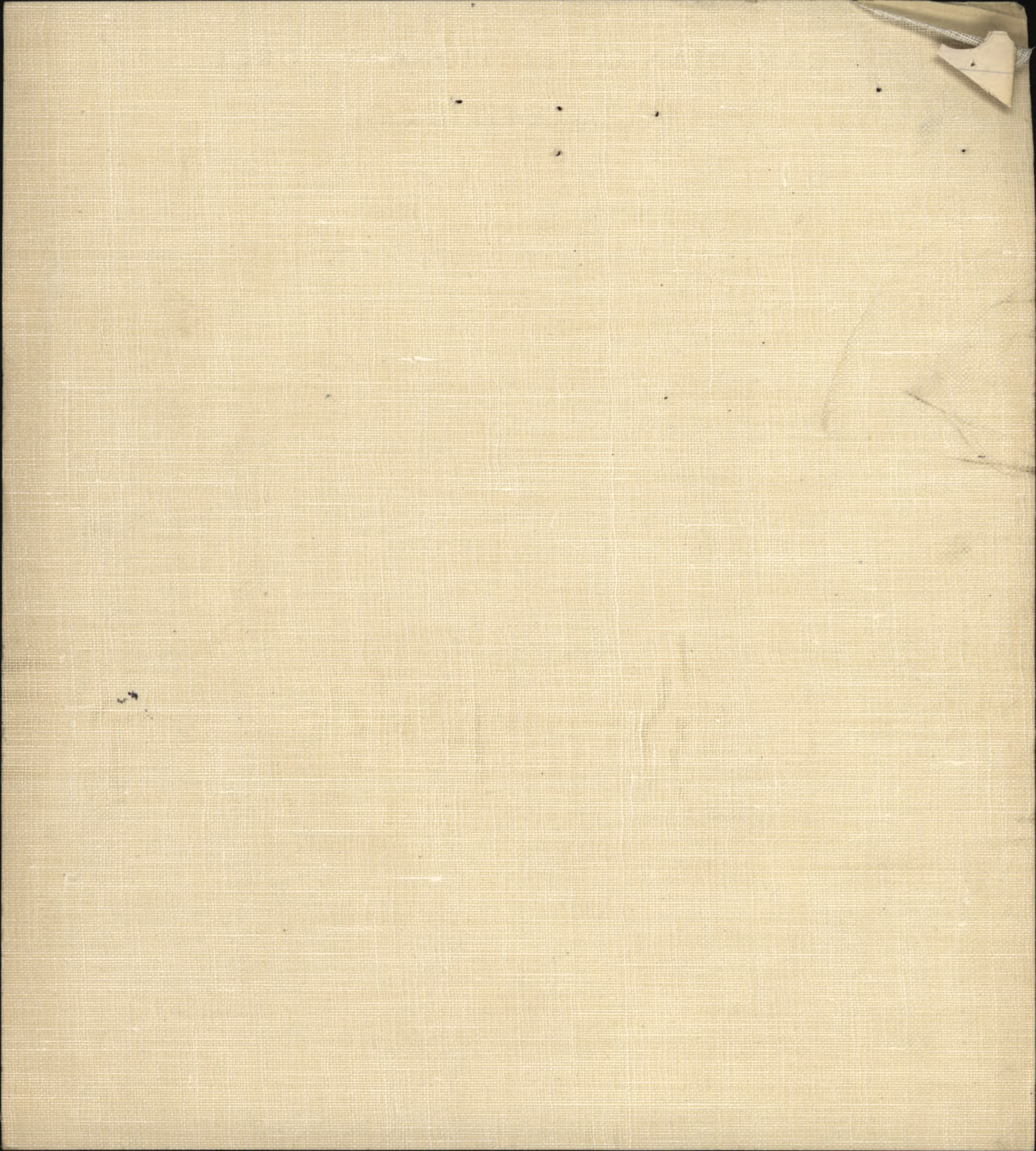
Date of Discharge



Rank

Date ..... 19 .....

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book <b>T 3010</b> Year	Regimental No.	Rank.	Surname.	Christian Name.
	Unit.		Age.	Service.
	<b>802211</b>	<b>Cor</b>	<b>Pass</b>	<b>U.A</b>
	<b>C.F.A</b>	<b>48th</b>	<b>20</b>	<b>20/12</b>

10 SEP 1917  
CANADIAN  
MILITARY  
HOSPITAL,  
EASTBOURNE

Station and Date.

Disease **Shell Gas**

Enlisted - Dec 7 - 1915.  
 England - Mar 1917 - Apr 1917  
 France - Apr 1917 - Aug 1917.  
 England - Aug - 1917  
 Hosp. since entering - 8 mo. Canada.  
 1 mo. England.

Family history - negative.

Previous Illnesses - Mustard. July 1916 - Feb 1917.  
 Has been very tedious - operated upon 3 times  
 in Toronto - Pain from concussion of fingers.

Present Complaint.

Gas with mustard gas Aug 18th and  
 Lens - admitted to hospital Aug 21st suffering  
 from burns & blisters on shoulders - arms  
 left thigh - & between thighs also face.  
 Came to England Aug 21<sup>st</sup> admitted  
 to De Waddell Court Hospital <sup>Eastbourne</sup> and then  
 to C.M.H. Eastbourne.

Patient now has recovered, except area size  
 of half ~~width~~ palm of hand which is granulating  
 satisfactorily.

Physical Examination should - granulating  
 area as noted - scars of health blisters in  
 various parts of the body.  
 Heart & Lungs normal.

11-9-17 - wounds healing satisfactorily.  
 20 9 17 - wound healed  
 3-10-17 - wound healed  
 8-10-17 - Patient quite well.  
 by order of Dr. R. H. Hudson

Mother  
Mrs J. J. Pass  
Reading

T 3010

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



**Casualty Form—Active Service.**

Rank Private Surname Jaire Christian Name Charles  
 Regiment or Corps Res Bde 67A C&F

Religion \_\_\_\_\_ Age on Enlistment \_\_\_\_\_ years \_\_\_\_\_ months.

Enlisted (a) 8/12/15 Terms of Service (a) DoFW Service reckons from (a) 8.12.15

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) ex Railway Clerk  
 or Corps Trade and Rate \_\_\_\_\_

W. S. P.  
CLASS A

Signature of Officer i/c Records.

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>23.11.17</u>	<u>O.C. Res. Bde 67A</u>	<u>T.O.S. from C.A.R.D.</u>	<u>Witley</u>	<u>23.11.17</u>	<u>BoP 11.6</u>
<u>17.11.17</u>	<u>O.C. 2nd. B. CRA.</u>	<u>S.O.S. to Res. Bde. C.F.A.</u>	<u>Witley</u>	<u>17.11.17</u>	<u>B.O. Pt. 2#1</u>
<u>18.11.17</u>	<u>O.C. Res. B. C.F.A.</u>	<u>T.O.S. from 2nd. Bde. CRA.</u>	<u>Witley</u>	<u>18.11.17</u>	<u>B.O. Pt. 2#1</u>
<u>APR 1918</u>	<u>checked by C.F.A.</u>	<u>PROCEEDED OSEAS TO</u>	<u>Witley</u>	<u>2- APR 1918</u>	<u>BoP 17.9</u>
			<u>A. J. Wolven</u>		<u>LIEUT. &amp; ASST. ADJUTANT, RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.</u>

CERTIFIED CORRECT.  
16 APR. 1918  
CAN. RECORDS, LONDON.

(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.

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				
1.4.18	B Y B D	Pris. sent to Ton. San. Camp Pool		3.4.18	NR/613. 46.0/18.4.18
4.4.18	do	left for CERC	Fulda	4.4.18	"(1125)
4.4.18	CERC	Pris. at CERC		4.4.18	"(354)
18.5.18	A.A.G.	Posted to 1st Brigade C.F.A.		21.5.18	CERC. - NR of 21.5.18/807 NR 749-Pt. II. O. 71 of 29/18
18.5.18	A.A.S.	T.O.S. 1st Bde C.F.A.	Fld.	21.5.18	Ho. Pt. II. O. 52 of 30/18
25.5.18	O.C. 1st Bde	joined unit	Fuld	21.5.18	13213
3.8.18	do	awarded 1 S.C. Badge	do	8.12.17	13213 Pt. II. O. 82 of 1918
	Int. Camp.	Proceeded to England			
<b>S.O.S. Proceeding to Canada 14-4-19. Part II orders 18</b>					
A Wing C.C.		S.O.S. O.M.F. O.C. ON PROCEEDING TO CANADA FOR DEMobilIZATION.		Fred B. Barrett In C.C. Conty 10	
<b>OLYMPIC SOUTHAMPTON 1554170</b>					
		<b>M P Sully</b>			
15.4.19	T. O. S.	Discharged	Kingson.	Pt. 2	Order 120
			for P. J. Hickey O. C. Dispersal Area Station		

OMIP 1919  
Pt. 2 O.No. 6/1919

LIEUT.  
L. COL.  
A. A. G

OLYMPIC SOUTHAMPTON

1554170

for P. J. Hickey  
O. C. Dispersal Area Station



**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No. 802211	Rank. Jm	Surname. Poole	Christian Name. E
Year 1917	Unit. c 7a 4850th 2 Bn 1 Div		Age. 20	Service. 20 m
Station and Date. de Walden Court Eastbourne.	Disease <i>Bla. Gained.</i>			
Aug 22.	<p><i>erythematous</i> Large erythematous patches with blisters on left buttock &amp; swabs similar places on forehead, chest &amp; arm. Had attack like influenza accompanied by <i>Pigmentation</i> <i>Pigmentation</i></p>			
Sept 9.	<i>found well.</i>			
	<i>W. J. Mearns</i>			
	<div style="border: 1px solid blue; border-radius: 50%; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em; font-family: cursive;">T 3570</span> </div>			

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



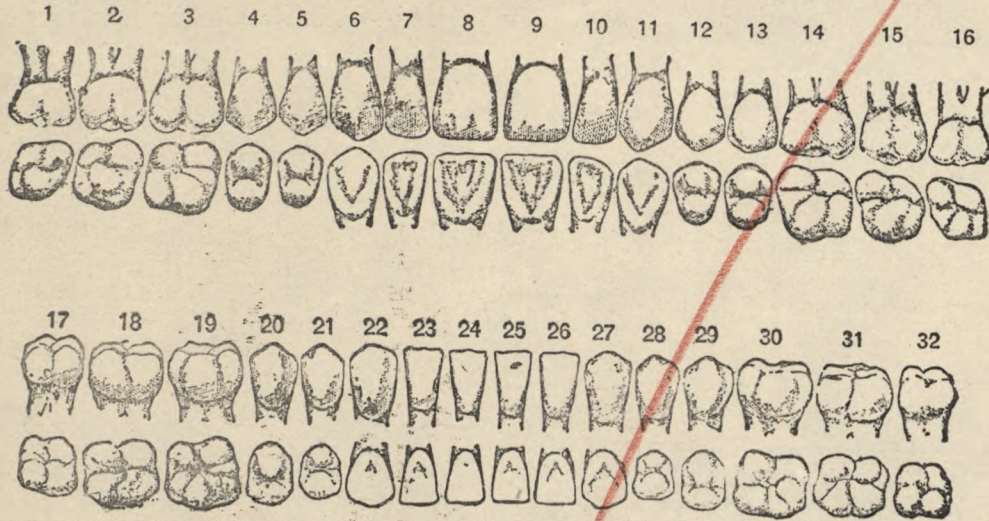
# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) POORE, C.A.  
REGIMENT 3rd Bty C.F.A. RANK Sgt. No. 802211  
Date of Examination in England 23/3/19 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
2. EXTRACTIONS 30.
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 yes
- (b) In England
- (c) In France

BRAMSHOTT CAMP  
HANTS.

Signature of Dental Officer [Signature]

11-2-58

POORE, C.A.

And

8 Mr. B. C. A.

11/3/58

H  
10

00.

**ORIGINAL**

**DUPLICATE**

**MEDICAL HISTORY SHEET.**

6 Coy  
135th Batt

Surname Poore Christian Name Charles

Examined on 8 day of Dec 1915  
at Parkhill Det

Approved by [Signature]

Birthplace { City or Town Pretoria  
County Lambton, Ont

Rank \_\_\_\_\_ M.O.

Apparent age 19

EXAMINED FOR RE-ENGAGEMENT 29 AUG 1917

Trade or occupation Railway Clerk

BOARDED 11/17 CATEGORY BT CANADIAN MILITARY HOSPITAL, EASTBOURNE. M.O.

Height 5 Feet 9 1/2 Inches

MAJOR, C.A.M.C. PRES. BOARD FOR M.O. HOSPITAL.

Weight 140 Lbs.

22/1/17 Ata 2nd Lt Lambton M.O.

Chest measurement { Minimum 32 inches. M.O.

{ Maximum expansion 35 1/2 inches. M.O.

Physical development good M.O.

Small-Pox Marks none M.O.

Vaccination Marks { Arm Right Left X  
Number one

VACCINATIONS

When Vaccinated last 3 yrs ago

10/3/16 good Ch. Borden M.O.

(a) Marks indicating congenital peculiarities or previous disease none M.O.

M.O.

(b) Slight defects but not sufficient to cause rejection nil M.O.

M.O.

ANTI-TYPHOID INOCULATIONS, ETC.

Date Result

23/3/16 good Ch. Borden M.O.

Date Result

3/4/16 " Ch. Borden M.O.

27/2/18 Subj. [Signature] M.O.

JAN 13 1917

Enlisted on 8 day of December 1915 at Parkhill

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>135 OS Bn</u>	<u>802211</u>	<u>Good.</u>	<u>8-12-15</u>
Transferred to.....	<u>67th</u> <u>RESERVE BRIGADE</u> <u>C.F.A.</u> <u>Res Bde. 67A</u>			<u>8 APR 1917</u> <u>23-11-17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott</u>	<u>8-11-19</u>	<u>mastoiditis</u>	<u>nasal discharge</u>

**CANADIAN**

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.

**CERTIFIED TRUE COPY OF ORIGINAL**

[Signature]

8022-11

Charles

Christian Name

Poore

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				
Camp Borden		12	7	16							
Base Hospital Toronto		12	7	16	27	7	16	18	Transferred to Base Hospital July 19/16 Improved.	C. B. Ballantyne	
Base Hospital		1	11	12	30	12	14	60	Post. Op. Mastoid Recovery	W. J. Connors Capt	
		21	8	17	10	9	17		Shell gas Doing well.	W. J. Connors	
		10	9	17	8	10	17	29	Recovered. Gassed (Mustard) Burns all healed. Heart & lungs normal. 2 1/2	Post Standman left	



CANADIAN MILITARY HOSPITAL, EASTBOURNE.



Poore

To: - Officer Commanding, . . . . .

The following is a special EAR report on the undermentioned. your M.O's attention should be called to it, and the case should now be paraded with this report in triplicate, the Medical History Sheet and the Casualty Form to

the ~~LONG~~ Board as there ~~IS~~ a disability of the EAR.

Name, Poore C.A. . . . . . Number 202211 . . . . . Rank Sgt.

Unit 3rd Batty C.F.A. Former Occupation Railway signaller

Original Disease or Injury Stiffness & Headache occasionally

Date of Origin June 1916 . . . . . Place of Origin Toronto

Cause First to subsequent to 3

Present Disability . . . . .

History of present condition Discharge from left ear about June 1916.

was then operated on Acute mastoiditis - Stiffness after discharging

Headache occasionally now - Hearing is normal

Did the disabling condition have origin before enlistment? No

If so, has it been aggravated by Service? . . . . .

Has the disability been caused or aggravated by Intemperance or Improper Conduct or unreasonable refusal to accept treatment? No

. . . . .

What is the probable duration (in months) of the disability? Uncertain

Can the former trade or occupation be resumed? Yes

NOSE,

EAR,

RT 20 + 6ft = + 20" normal normal  
VOICE; 6ft; WATCH; WEBER; TRINIE; SEIBACH; MEATUS; DRUMHEAD

LT 20 + 6ft = + 25" normal normal

Depressed scar behind left auricle - Mastoid op.  
Hearing normal No apparent disease of Ear

Category recommended A

Date 7/4/19

Loacker Graham Capt  
Major, C.A.M.C.,  
Officer i/c, Eye & Ear Dept.,  
Medical Board, C.C.C., Bramshott.

Faint, illegible text at the top of the page, possibly a header or title.

1872

~~Handwritten text, possibly a signature or name, with some scribbles.~~

Handwritten text, possibly a list or notes, including the word "List" and some numbers.

Handwritten text, possibly a date or reference number.

Handwritten text, possibly a list or notes, including the word "List" and some numbers.

Handwritten text, possibly a list or notes, including the word "List" and some numbers.

Handwritten text at the bottom of the page, possibly a signature or date.



(H. Poore)

Name H. Poore C.A.

Regimental No. 802211

Name and address of next-of-kin

Unit 135 Bn

Date of enlistment Dec 8/15

Place of " "

Married (yes or no) no

Date and place discharged Sept 8

Amount of pay assigned monthly \$

Reason for discharge a.s.m.s. Sept 7

To whom payable

Character on discharge Trans 67 Bty.

Job 2376 M. & D. 6892

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					
Aug 15	Sept 8	25	1	25	25	10	250	30	40	57	90	60	44	57	90	Sept P.L.



**ASSIGNED PAY.**  
MILITIA AND DEFENCE

M. F. W. 11.  
50m.—6-16.  
H. Q. 1772-39-S18.

**SEPARATION ALLOWANCE**

Name *Mrs Annie Moore*

Name of Soldier *Moore C. A.*

Address *Box 245  
Lanhampton  
ont*

Regtl. No. *802211*

Rank *Private*

Corps *69th Bty C & F*

Relation to Soldier

*Wife*  
wife, child or mother *\$2000*

To what Corps belonging

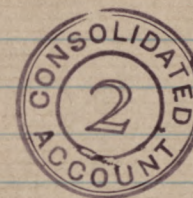
when called out

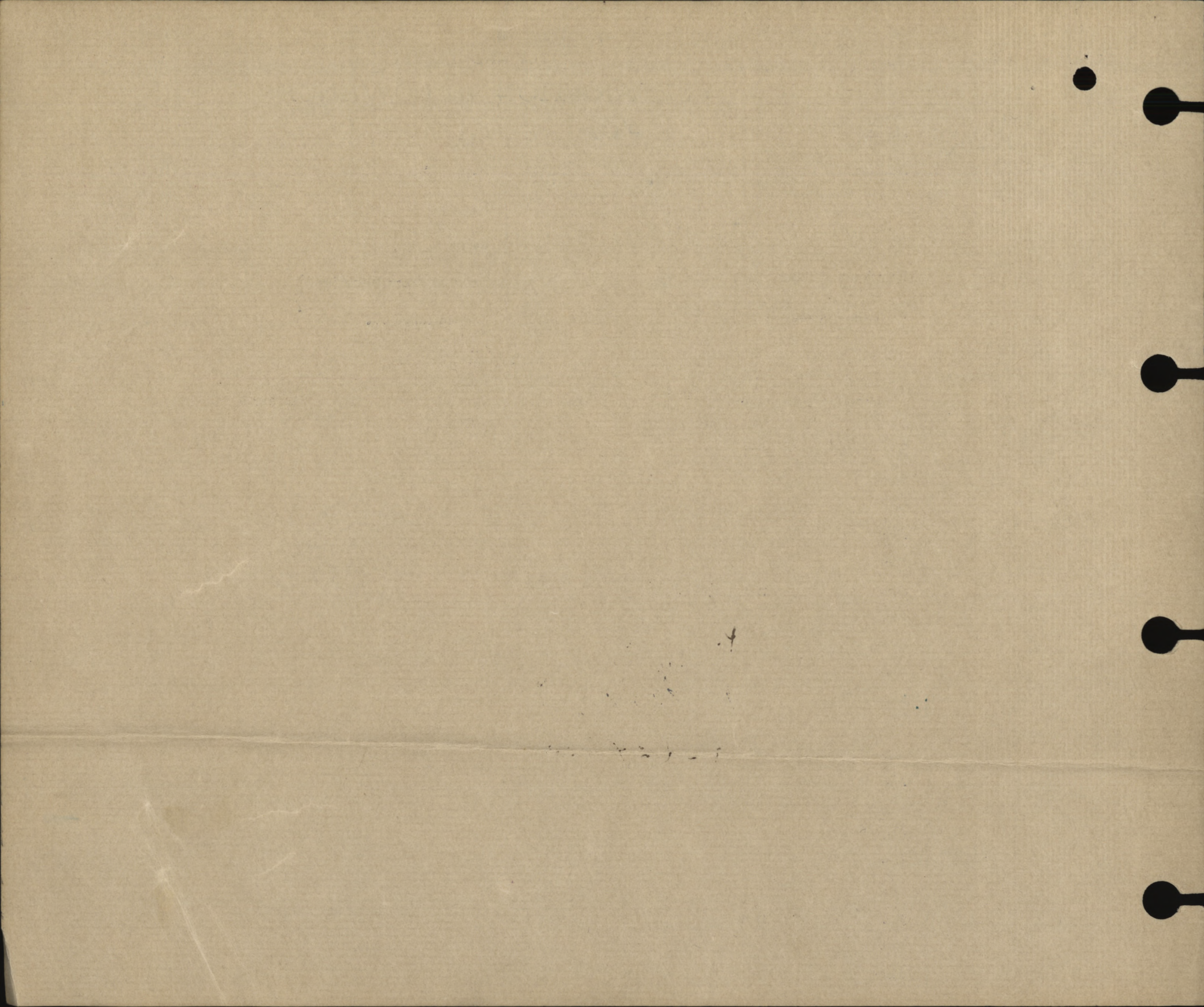
APR

1917

PAYMENTS

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





## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. *Mrs Annie Poore*  
(Assignee)Name of Soldier *Poore C A*

PAYMENTS.

I. L. Job 5470—Req. 6888.

*802211. Gr 67 Depot Btry*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20</i>
				<i>APR 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>012387</i>	<i>40</i>	<i>40.00</i>
June		<i>Q 17939</i>	<i>20</i>	<i>20.00</i>
July		<i>P. 24469</i>	<i>20</i>	<i>20</i>
Aug.		<i>F 35962</i>	<i>20</i>	
Sept.		<i>J 39354</i>	<i>20</i>	<i>ln</i>
Oct.		<i>B 45562</i>	<i>20</i>	
Nov.		<i>K 52124</i>	<i>20</i>	
Dec.		<i>V 58602</i>	<i>20</i>	
Jan.	1918			<i>180.00</i>
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.				

P. 559.  
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Single.  
Petrolia, Ont.  
Mrs. F. J. Poore.  
Leamington, Ont.  
Mether

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 802211.

RANK

Gov.

NAME

Poore Charles.

IF IN PERM. CORPS  
WHAT UNIT

UNIT

9167<sup>th</sup> Dep. Bty

TRANSFERRED TO

2 Bde C.A.

DATE 11-8-17

AUTHORITY

aka

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

Res Bde

DATE 1-11-17

AUTHORITY

Howell

PLACE OF ATTESTATION

Parkhill, Ont.

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

Dec. 8<sup>th</sup> 1915

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ 20<sup>00</sup>

DATE EFFECTIVE

April 1st 1917

PAYABLE TO

Mrs Annie Poore, Box 245 Leamington Ont

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	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.	1	2				3	4				1	2	3	4	CREDIT
								23 35		23 35																				
Apr. 30		33							33				109.										23 35							
May 31	1 <sup>00</sup> / <sub>100</sub>	34 10								34 10			46 10/100										22 44	38 28						
June 30		33								33			531 7/100										9 73	20	32 16	39 12				
July 31		34 10								34 10			743 29/100										20	20	53 22					
Aug 10		11								11													20	20	44 22		Trans 2 Bde C.A. 11-8-17			
Aug 24/31		23 10								23 10			380 24/100											20	8.04	59 28				
Sep 30		33								33			320 13/100											20	27 91	64 24		460 Eastbourne 20/100		
										33			583 5/8											20	24 91	64 24		4504		
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE																					
		201	30							23 35	22 44	65												120	160 28	64 24				

802211. Gmr. Poore Charles

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		1	2	3	4	1	2				3	4				CREDIT	DEBIT	
			\$	C.			\$	C.	\$	C.	NO.							DATE	NO.	DATE			NO.	DATE	NO.			DATE
Oct 7	Ral	Total	64	34																								
Oct 31	Gmr P		34	10																								
							a R 889 1 7/17 No. 10 slip hrs	2 43																				
			34	10				2 43				20																
Nov							a P																					
							a P 2648 C. 2 3/17	2 43																				
							a P 269 10 C. 2 3/17	48 67																				
Dec	R. Pay		33	10																								
			34	10			cl. Pay	59 40				20	52 04															
			67	10				51 10				40																
1918	Jan	R. Pay	34	10			cl. Pay					20																
							a P 31591 C. 2 27/17	4 87																				
							a R. 3731 R. 2 41/17	9 73																				
							" 3892 " 18/17	9 73																				
							" 4025 " 27/17	9 73																				
							ENR 1092 2 26/17	5 11																				
							" 1017 " 27/17	5 11																				
			34	10				44 28				20	30 80															
Feb	g P		30	80			a P					20	54 66															
							4556 B.R. 29 18	2 43					32 16															
							4327 " 15 18	9 73				20	50															
								12 16				41 40																
			30	80				12 16				20	61 90															
Mar	A.F. 17		7	30			4821 CRA 17 2	2 43					37 02															
	so 20 17		34	10			819 " 26 2	2 43					24 88															
	g P		41	40			a P						24 88															
							5818 CRA 2 3	9 73					24 88															
							5852 " 1 3	2 43					24 88															
			41	40				17 02					24 88															
								17 02					24 88															

REMARKS



ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: POORE, Charles			
EFFECTIVE DATE: 1-4-17		EFFECTIVE DATE: -		NUMBER: 802211			
AMOUNT: 20.00		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT			
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.		AUTHORITY			
Mrs. Annie Poore (Mother)				DATE EFFECTIVE			
Box 2451				RANK OR APPOINTMENT			
Leamington Ont				Gunner			
UNIT AND TRANSFERS							
ORIGINAL UNIT: 67th Bty							
DATE ACCOUNT FIRST OPENED: -							
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO			
		52	21/5/18 June	CRA 1 Bde C.F.A.			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
15/3/19	1938	Field 20 fco	3.73				
25/3/19	7708	AWing A 15	73.00				
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY		PAY	F.A.	P.F.A.	SUBS CE ALL CE		
		1	10				

PARTICULARS OF RENDERING NON-EFFECTIVE: *Disto. Am. 31/3/19 MR 5429 B. Poore to B. Poore MD 3 / PC Bal 1023 36 / Ad Bal 1280 09*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31.3.18	Bal. Fwd								24 88		
April	Ins. Pay.	33		AP.				20			
				AR 346. 9.B.7. 7.4.18	4 46						
				AR 99. 52ac. 17.4.18	3 57				29 85		
		33			8 03			20			
May	G.P.	3410		AP.				20			
				AR 145 5/5 15ac.	4 46						
				190 21/5 "	3 57				35 92		
		3410			8 03			20			
June	G.P.	33		AP.				20			
				AR 253 13/6 Bal	4 46						
				288 27/6 "	3 57				40 89		
		33			8 03			20			
July		3410		AP.				20			
				409 97 "	4 46						
				464 24/7 "	3 57				46 96		
		3410			8 03			20			
Aug	"	3410		AP.				20			
				510 23/8 "	7 14				53 92		
		3410			7 14			20			
Sept		33		AP.				20			
				583 87 "	3 57						
				618 18/9 "	3 57				59 78	Agreed	
		33			7 14			20			
		3410		AP.				20			
				AR 729. 26.10.18. ICFA	7 46				66 42		
		3410			7 46			20			

COMPILED BY *Palmer*  
CHECKED BY *Palmer*

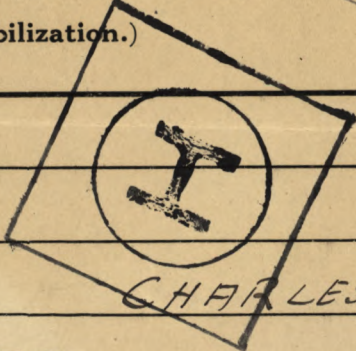
NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov	Emp P	33		cap				70	6642		
				ph 854. 6.11.18 1070.	373						
				" 906. 21.11.18 "	1306						
Dec	✓	3410		cap				70			
				" 1074. 7.12.18 "	1373						
Jan	✓	3410		cap				70	8710		
		10100			2057			60			
Feb	✓	3080		cap				70			
				AK 1233. 10.5.18 23.12.18	389	✓					
				1369 " 7.1.19	377	✓					
				1499 " 23.1.19	373	✓					
				1596 " 6.2.19	1306	✓					
				1431 " 14.2.19	343	✓					
Mar	✓	3410		cap				70			
				1849 " 28.2.19	343	✓			8009		
				4408 phott. 25/3/19	33				409		
				1938 16.3.19 15/3/19	343				336		
		61190			10861			110			

last on 14.4.19 Int 49 CRA

Disp Area H  
Occupational Group No. 3  
3/11/33

PROCEEDINGS ON DISCHARGE.  
(Demobilization.)



1. No. 802211

2. Rank. SIG

3. Name. POORE CHARLES ANDREW

4. Unit. 3rd BTY C.F.A.

5. Date of Discharge 24-4-19 Place KINGSTON Ont

6. Reason for Discharge DEMOB.

7. Authority. RD. 1A20

8. Proposed Residence after Discharge. LEAMINGTON ONT.

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. 39

*Received 19-1-33*

*[Signature]*  
Signature of Soldier.

10. CONFIRMATION.  
The discharge of the above named man is hereby confirmed.

Place.....

Date.....

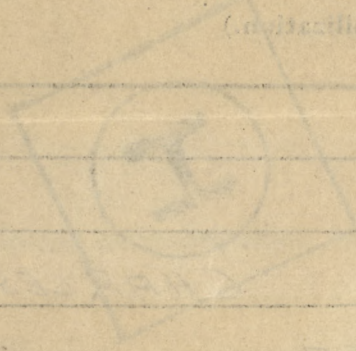
*[Red circular stamp: DISPERSAL AREA STATION H, KINGSTON ONT., APR 24 1919, NO. 3 DISTRICT DEPOT]*

*[Red rectangular stamp: Medical Documents Forwarded to S.C.R. or B.P.C. on Date MAY 6 1919]*

*[Signature]*  
Signature.....  
for O. C. Dispersal Area Station H  
(O. C. Discharging Unit.)

H  
3

SHORT FORM  
PROCEEDINGS ON DISCHARGE  
(Continuation)



1. No. 808211

2. Rank 210

3. Name ROOSE

4. Unit 1st Lt

5. Date of Discharge

6. Reason for Discharge

7. Authority

8. Special Instructions after Discharge

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the date indicated above and date I received my discharge Certificate

M. E. W.

Signature of Soldier

COMMISSIONER

The contents of the above certificate are hereby confirmed.

Date

Place

Signature

(U. S. Discharge Unit)

LIST OF DISCARDED DOCUMENTS

Medical Report	Medical Form W. 18
or Particular of Account	Medical Form W. 18
Field Contact Sheet	Medical Form W. 18 or A.F.B. 102
Identity Form	Medical Form W. 18 or A.F.B. 102
Post Pay Certificate	Medical Form W. 44
Certificates that missing documents are unobtainable	
Medical History Sheet	Medical Form B. 318 or A.F.B. 178
Proceedings of Medical Board	M.F.B. Form A. 17 or A.F.B. 178
Dental History Sheet	Medical Form W. 18
Medical Report	M.P. Form W. 18 or D.M.S. 187
Regional Contact Sheet	Medical Form W. 18
Company Contact Sheet	Medical Form W. 18

**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). *Duplicate*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2596).
15. Sundry Documents

Group..... *B*

Checked by No..... *D. H. H.*

Date..... *12-14-17*

Corps C.F.A 48th

CLINICAL CHART.  
(To be attached to Case Sheet.)

CANADIAN  
MILITARY  
HOSPITAL,  
EASTBOURNE

Army Form B. 181.

No. 802211

Rank and Name Sgt Payne D.S.G

Military Hospital

Disease Shell Gas

Date of admission 10 SEP 1917

Date of discharge 8 - OCT 1917

Result Recovery

Dates of Observation	Time																											
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
Days of Disease																												
Temperature Fahrenheit																												
107°																												
106°																												
105°																												
104°																												
103°																												
102°																												
101°																												
100°																												
99°																												
98°																												
97°																												
Pulse per Minute																												
Respirations per Minute																												
Motions per 24 hours																												

3300

Signature: Robert Henderson Caffo In charge of case.





10

THIS FORM WILL BE USED FOR ALL RANKS  
**MEDICAL HISTORY OF AN INVALID**

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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 Shawshott DATE 26-3-19

1. 1 (a) Unit 3<sup>RD</sup> Bty. CFA. (b) Regimental No. 802211 (c) Rank SIGR  
 (d) Surname POORE (e) Christian name CHARLES ANDREW  
 (f) Home address LEAMINGTON, ONT  
 (g) Next of Kin Mrs J. J. Poore (h) Relationship Mother  
 (i) Address of Next of Kin as above

2. Age last birthday 22 Date of birth 26 Dec 1896

3. Enlistment, or Appointment (if an Officer) (a) Place Park Hill (b) Date 26-3-17

4. Personal description: estimated Nmk.  
 (a) Height 5' 9 1/2" (b) Weight 140 EST (c) Complexion Dark  
(stripped)  
 (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Scar L. Eye

5. Former trade or occupation Railway Clerk.

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
	<u>2 years</u>	<u>1</u>

	PERIODS	
	From	To
Canada	<u>8 Dec 1915</u> <del>26-3-17</del>	<u>28-3-17</u>
England	<u>28-3-17</u>	<u>3-4-18</u>
France or other theatres of War	<u>3-4-18</u>	<u>20 Mar 1919.</u>

7. Original disease, or injury ACUTE MASTOIDITIS.

(a) Date of origin June 1916 (b) Place of origin Canada  
 (c) Cause UNKNOWN EXPOSURE probably

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.)

(GIDDINESS & OCCASIONAL Headache after exertion)  
SLIGHT WEAKNESS.

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.)

Soldier says that he suffers from Headache and giddiness at times especially after dancing or running.

Specialists report says hearing normal & no apparent disease of ear.

Specialists Report Capt Graham 7/4/19.

(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 Genito-Urinary System..... NO  
(If pulse rate is abnormal, B. P. will be taken.) (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).)

Tom M.H.S. / Corp. Gordon 12/7/16 To Base Hospital. - 27/2/16 O.H.S. Medicine  
Base Hosp Toronto. 1/11/16 - 30/12/16 Operation Mastoiditis  
Soldier stays in Base Hospital for 2/1/17 - 1/2/17 for Mastoiditis

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).)

SHELL Gas 21/8/17 - 10/9/17. Eastborne Hosp.  
Do 10/9/17 - 5/10/17. C. Mil. Hosp Eastborne. Recovery

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

Scar behind Left Ear

11.—(a) Did the disabling condition have its origin before enlistment? NO

(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.)

N.A.

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

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? 12 months.

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

Specialists Report attached

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

W. A. R. L. Capt. A. M. C.

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, Charles Andrew Pore, 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

Class Jones Signaller Rank.

Signature of invalid examined.

ASU

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.

498

19. Is the invalid 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.)

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.)

Boarded under sub para 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.

PLACE Braunschweig

C.P. [Signature] Capt President.

DATE 8-4-19

[Signature] Capt 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.

PLACE

DATE

APPROVED BY [Signature] Assistant Director of Medical Services.

APPROVED BY [Signature] Director-General of Medical Services.

DATE 7/4/19

DATE

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at Eastbourne 4th October 1917.

No. 802211 Rank Gnr Name Poore, C.A.

Local Unit ..... Overseas Unit 48th Btty CFA Age 20

Examination held at Canadian Military Hospital, Eastbourne.

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

Shell Gas.

### PRESENT CONDITION.

*Wounds healed - Chest in good condition.*

CANADIAN  
MILITARY HOSPITAL,  
5 - OCT 1917  
EASTBOURNE, SUSSEX.

### BOARD RECOMMENDS:-

1. Fit for Duty Command Depot DT
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

*[Signature]* Major CAMC  
President.

Members

*[Signature]* Capt. CAMC  
*[Signature]* Capt. CAMC

APPROVED

5 - OCT 1917

Dated ..... 1917. *[Signature]* Capt. CAMC

PROCEEDINGS OF A MEDICAL BOARD.

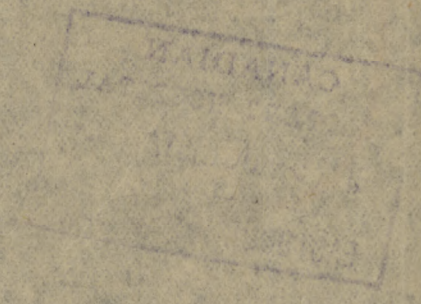
Form 112  
1917

Called at \_\_\_\_\_ 1917

Name \_\_\_\_\_ Rank \_\_\_\_\_  
Local Unit \_\_\_\_\_ Overseas Unit \_\_\_\_\_  
Age \_\_\_\_\_  
Examination held at \_\_\_\_\_

DISABILITY  
Overseas-Local

PRESNT CONDITION



BOARD RECOMMENDS:

1. Fit for Duty
2. Fit for duty after \_\_\_\_\_ weeks' physical rest
3. Fit for Temporary Base Duty \_\_\_\_\_ weeks
4. Fit for Permanent Base Duty
5. Discharge

Signature

President

Members

APPROVED

Date \_\_\_\_\_ 1917  
For A.D.M.S.

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

M. OR S. \_\_\_\_\_ REGT. No. *802211* RANK *Sig.* NAME (IN FULL) *POORE, Charles Andrew*

NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ ORIGINAL UNIT C.E.F. *135<sup>th</sup> Bu.* IF IN P.F. WHAT UNIT? \_\_\_\_\_ (BLOCK LETTERS SURNAME FIRST)

ADDRESS \_\_\_\_\_ PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

DATE OF ATTESTATION *Dec 8<sup>th</sup> 1915* TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY *2.36* DATE EFFECTIVE *1-4-17*

IS SEPARATION ALLOWANCE PAID? *NO.* DATE EFFECTIVE \_\_\_\_\_

TO WHOM PAID \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PAYABLE TO *Mrs Anne Poore, mother* ANY CHANGE IN ASSIGNEE OR ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ *Box 245- Leamington Ontario.* ADDRESS *Box 246- Leamington, Ont.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_

DISCHARGED *Kingston 24-4-19* PLACE \_\_\_\_\_ DATE \_\_\_\_\_ REASON *Demot.* AUTHORITY \_\_\_\_\_ IF ENTITLED TO POST DISCHARGE PAY \_\_\_\_\_

*P-1393*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE			
	NO. OF DAYS	RATE	AMOUNT		\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				\$	C.	\$	C.	DEBIT	CREDIT
			\$	C.																	
<i>April 29</i>	<i>14</i>	<i>31.90</i>	<i>38.00</i>	<i>2.36</i>	<i>2.36</i>				<i>487</i>	<i>500</i>	<i>110.39</i>	<i>20.00</i>			<i>550</i>	<i>140.26</i>		<i>5.36</i>			
			<i>70.00</i>												<i>550</i>	<i>550</i>	<i>5.50</i>				
				<i>WS4. SA.</i>					<i>War Service Gratuity</i>				<i>WS4. SA.</i>								
				<i>183 days at minimum</i>									<i>70.00</i>			<i>70</i>	<i>350</i>				
													<i>64.50</i>		<i>530</i>	<i>140</i>	<i>280</i>				
													<i>70</i>			<i>210</i>	<i>210</i>				
													<i>70</i>			<i>280</i>	<i>140</i>				
													<i>70</i>			<i>350</i>	<i>70</i>				
													<i>70</i>			<i>420</i>	<i>0</i>				

*448*

Returned "Olympic"  
Bal per Exp L. P. C.,  
Clothing Allow. and 1st Payment W. S. G.  
Pay to Estimate date of discharge.  
Advances in England.  
Boat Money, Train Money.  
Overpaid 5 days on discharge.

*1st Pay WS4. as above*  
*935.020* **MAY 23 1919**

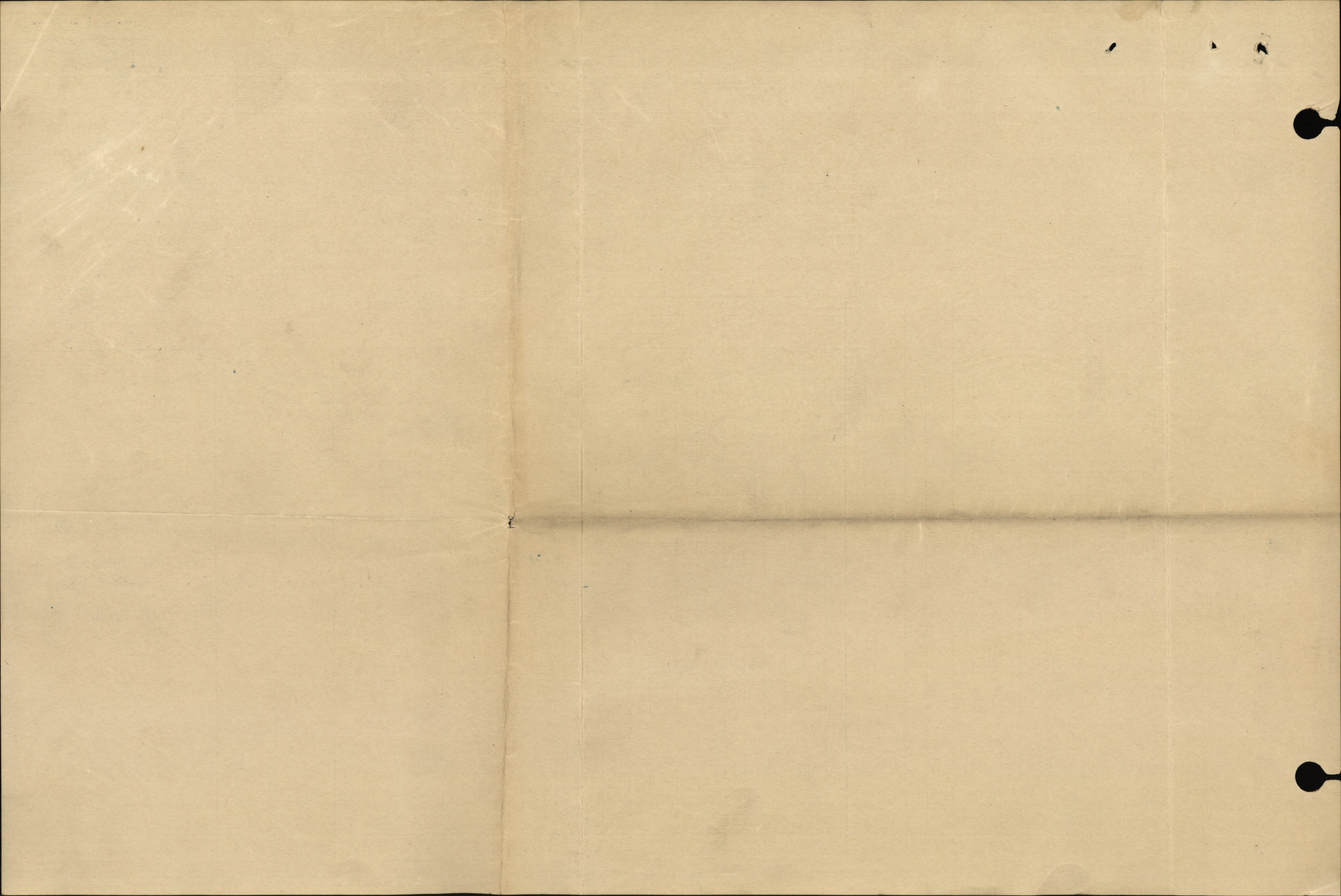
*201 Bal.*  
*9934.053* **JUN 19 1919**

*9947.441* **JUL 23 1919**

*91296108* **AUG 21 1919**

*91314625* **SEP 22 1919**

*OK 0131.*





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*apr 1st 17*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

6141

**P**

RATE OF ASSIGNMENT

<i>20</i>			
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## PARTICULARS OF SEPARATION ALLOWANCE

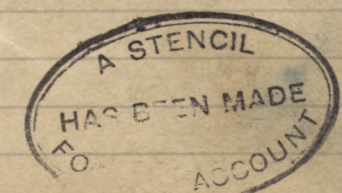
No. *802211*  
 Rank *Ser* Promoted Reverted Discharge  
 Soldier's Name *C. A. Poore*  
 Battalion *67 Batty C. E. F*  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name *Mrs Annie Poore*  
 Address *Box 245 Leamington Ont.*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31</i>			<i>180</i>	<i>180</i>	<i>14682-6-7</i>
<i>Jan 1st</i>	<i>Z 66379</i>		<i>20</i>	<i>20</i>	<i>A/c Closed 30-4-19</i>
<i>Feb.</i>	<i>a 66554</i>		<i>20</i>	<i>20</i>	<i>Ret'd per. Olympic</i>
<i>Mar.</i>	<i>Q 92897</i>		<i>20</i>	<i>20</i>	<i>Date 21 4/19 F.X. 28 4/19</i>
<i>April</i>	<i>Q 9603</i>		<i>20</i>	<i>20</i>	<i>Clerk. Kay</i>
<i>May</i>	<i>U 17569</i>		<i>20</i>	<i>20</i>	<i>m. D. # 3</i>
<i>June</i>	<i>Q 22691</i>		<i>20</i>	<i>20</i>	<i>m. D. # 38701 Destroy, send.</i>
<i>July</i>	<i>Y 32484</i>		<i>20</i>	<i>20</i>	<i>29 4/19 RW</i>
<i>Aug.</i>	<i>Q 39391</i>		<i>20</i>	<i>20</i>	
<i>Sept.</i>	<i>Q 40953</i>		<i>20</i>	<i>20</i>	
<i>Oct.</i>	<i>Q 47723</i>		<i>20</i>	<i>20</i>	
<i>Nov</i>	<i>Z 57484</i>		<i>20</i>	<i>20</i>	
<i>Dec</i>	<i>Q 66279</i>		<i>20</i>	<i>20</i>	
<i>Jan</i>	<i>a 74857</i>		<i>20</i>	<i>20</i>	
<i>Feb</i>	<i>Q 81617</i>		<i>20</i>	<i>20</i>	
<i>Mar</i>	<i>a 87089</i>		<i>20</i>	<i>20</i>	
<i>ap.</i>	<i>a 4189</i>		<i>20</i>	<i>20</i>	
			<i>500</i>	<i>500</i>	

M. F. W. 128  
 400M. -6-17-1772-89-141  
 L. L. 23320-M. & D. 7583.



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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*2040*

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

*204*

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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*204*