S.O.S. on Discharge & Demobilization R.O. 1349 dated 18.11.18 Pt II D.O. 148 dated 7.7.19 12th Detachment C.M.P.C. Major

Original

ATTESTATION PAPER.

No. 551378

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Raymond
1a. What are your Christian names? — Philippe P.R.
1b. What is your present address? — 553 Notre Dame West Montreal P.Q.
2. In what Town, Township or Parish, and in what Country were you born? — Anticosti Quebec
3. What is the name of your next-of kin? — Ellen Raymond
4. What is the address of your next-of-kin? — 393½ Wellington st Montreal P.Q.
4a. What is the relationship of your next-of-kin? — Wife
5. What is the date of your birth? — July 13th 1879
6. What is your Trade or Calling? — Merchant
7. Are you married? — yes
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 Militia? — 12 Months 60th Rx
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? — yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? — No
14. If so, what was the nature of the disability? — nil
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? — No
16. If so, what was the reason? — nil

P.R.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Philip Raymond, 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.

Philip Raymond (Signature of Recruit)

Date Dec 9 191 7. C.D. Phillips (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Philip Raymond, 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.

Philip Raymond (Signature of Recruit)

Date Dec 9 191 7. C.D. Phillips (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 Regina this 9th day of December 191 7.

[illegible] J.P. (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

P R

Description of Philippe Raymond on Enlistment.

Apparent Age 39 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8½ ins.

Chest measurement: Girth when fully expanded 39½ ins.
Range of expansion 3 ins.

Complexion Dark
Eyes Blue
Hair Black

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

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date December 9th 1917 John J Whyte, Capt
Place Regina Sask
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:—

Examined according to provisions of Military Service act and Categorized B2
Feb. 1/18
Chas E Cox Capt
John J Whyte, Capt
Med. Officer

CERTIFICATE OF OFFICER COMMANDING UNIT.

Philip Raymond 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.

T. J. Bennie Capt (Signature of Officer)

Date December 9th 1917

A. 60

ATTESTATION PAPER.

No. A57138
Folio

"....." ..... of .....

QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name? Phillip H. Raymond
2. In what Township or Parish, and in or near what Town and in what County or Country were you born? In or near the Town of Antigonish Isl in the County of ..... in .....
3. *What is the name of your next of kin? Ellen Steward Raymond
4. *What is the address of your next of kin? 573, 9th ave Rosedhount
5. What is the date of your birth? July 13th 78
6. What is your Trade or Calling? Merchant
7. Are you an apprentice? no
8. Are you married? yes
9. Are you willing to be vaccinated or re-vaccinated? yes
10. Do you now belong to the Active Militia? no
11. Have you ever served in His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police?†† no

†† If so, state particulars of former Service, and produce Certificate of Discharge, or transfer to Army Reserve.

12. Do you understand that enlistment into the Permanent Force does not involve your discharge from the Army Reserve, but that if required for duty as an Army Reservist you will be discharged from the Permanent Force? yes
13. Have you ever been rejected as unfit for His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? no
14. Do you understand the nature and terms of your engagement? yes
15. Are you willing to be attested to serve in the Canadian Expeditionary ..... or for General Service for the term of ..... yes

(Signature of Man) Philip H. Raymond
(Witness) W. R. Cartele

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Phillip H. Raymond, do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and that I am willing to be attested for the term of ....., provided His Majesty should so long require my services, or until legally discharged.

Philip H. Raymond { Signature of Man. } W. R. Cartele { Signature of Witness. }

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Phillip H. Raymond, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness my hand.

(Signature of Man) Philip H. Raymond
(Witness present) W. R. Cartele

The above questions were asked of the said Phillip H Raymond and answered by him in my presence, as herein recorded; and the said Phillip H Raymond made the above declaration and Oath before me at Montreal this 5th day of June One Thousand Nine Hundred Fifteen at ..... o'clock ..... M.

†Signature of Commanding Officer of Squadron, Battery or Company, or Justice of the Peace. { [signature] }

* To be verified in the month of January in *each year*.
† But only at the Headquarters of the Corps for Permanent Units, and in cases where the Commanding Officer has taken the same oath before a Justice of the Peace. (*See* K. R. & O. for the C. M., and the Militia Act.)

Mil. Form B. 235. [OVER

15m.—3-15.
H.Q. 1772-39-87.

Description of Philip Raymond on Enlistment.

Apparent Age 36 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 7¼ ins.

Weight 145 lbs.

Chest measurement:
- Girth when fully expanded 37¼ ins.
- Range of expansion 3 ins.

Complexion Dark

Eyes Blue

Hair Dark Brown

Religious denomination:
- Church of England
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic ✓
- Jewish

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the approving Officer.)

Tattoo on right forearm shield.

2 Vaccinations on left arm

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him* fit for the Permanent Force.

Date June 8th 1915 H. L. Davey Major

Place Montreal.

* Insert here "fit" or "unfit."

Medical Officer.

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

CERTIFICATE OF OFFICER COMMANDING OR ADMINISTERING THE CORPS.

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 of Officer.

Date

Statement of the Services of No. ..... Name Philip Raymond

Corps.	Squadron, Battery or Company, etc.	PROMOTIONS, REDUCTIONS, CASUALTIES. &c.	RANK.	DATE.	Service towards Deferred Pay.		Service towards completion of engagement.		Signature of Officers certifying correctness of Entries.
					Years.	Days.	Years.	Days.	
		Services towards engagement reckons from..... Joined at							
		Total Service as above.....							

[OVER]

MILITARY HISTORY SHEET.

1. Service at Home and Abroad (including former service of re-enlisted men, when allowed to reckon toward Deferred Pay or Pension).

COUNTRY.	FROM	TO	YEARS.	DAYS.	N.B.—The country only to be shown—it is not necessary to show separately the services in the different stations of the same country.

		Initials of Officer
2. Passed classes of Instruction		
3. Campaigns		
4. Wounded.....		
5. Effects of wounds		
6. Special instances of gallant conduct.....		
7. Medals, Decorations and Annuities.....		

	(a) Christian and surname of woman to whom married and whether spinster or widow; (b) Place and date of marriage; (c) Name of officiating Minister or Registrar, and (d) Name of two Witnesses.				Date of being placed on Married Roll.	Initials of Officers.
	(a)	(b)	(c)	(d)		
9. Particulars as to Marriage.....						

	Christian Names.	Date and Place of Birth.		Date and Place of Baptism, and Name of Officiating Minister.		
10. Particulars as to Children...						

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

23/7/19
am D

REGIMENTAL DOCUMENTS

NAME Raymond Philippe W. REGT. NO. (a) 55/1378 (b) 407138 UNIT (a) #12 Detach CMPC (b) 60th Bn H.Q. FILE NO.

2

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1st Enl. / 2nd Enl.					
3 ATTESTATION PAPER (M.F.W. 23, 133, or 51) 1					DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				(2)	Demob
1 MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				(1)	
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)				03662	
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					30-1-18
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					17-1-18
More - 1 Pay Card 1 - M.F.W. 22					4-1-18
					1

12

W 2889
100M-11-18
17/2 59-1277

No. A.57138
457138

RANK Pte.

NAME Raymond P. H.

T. O. S. 8-6-15.
DO 8-8-6-15.

UNIT 60th. Battalion

M. D. Val

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 June 8	1915 June 30	"		
July		"		
Aug.		"		
Sept.		"		
Oct.		"	Forfeits 6 days pay	DO 112 7.10-15.
Nov 1.	Nov 5	"	Prom. Cpl. 1-10-15	DO 131 7 10-15
			Trans. to Comp Bn. 5-11-15	DO 144 7 11-15.

NAME Raymond, Phillip H.

RANK & No. Pte 457138

CORPS 60th Batt.

ENLISTMENT, PLACE Montreal DATE June 7th 1915 M.

FORMER CORPS Nil

COUNTRY OF BIRTH U. S. A.

NEXT OF KIN Raymond, Ellen Steward

ADDRESS OF NEXT OF KIN 503 - 9th Ave.
Rosemount Montreal, P. Q.

DISCHARGE, PLACE DATE

Sailed from Montreal Per S. S. "Scandinavian" 6-11-15 356/22

L. L. 85093—M. & D. 5952.

M. F. W. 22.—50m.—9-15.
H. Q. 1772—39—839.

REMARKS:

551378 Raymond, Philippe

pOS D.O. 188 f 7.7.18 bm. P.C. 12th Det.

Ret 105 M.P.

CARD NO. 4

SURNAME. Raymond 649-R-10338.

CHRISTIAN NAMES Philippe

REGL. No. 551378 RANK Pte

UNIT Sask Regt 1st Dpo Bn

FORMER CORPS 60th Bn

12

Sob Demob 7-7-19
Do. 182 Fr 188 7-7-19.
C.M.P.C.

ROLL

NEXT OF KIN.

NAMES IN FULL Raymond, Mrs Ellin

RELATIONSHIP TO SOLDIER Wife

ADDRESS 393 Wellington St, Montreal, P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Anticosti Isle, P.Q. DATE July 3rd 1879

PLACE OF ATTESTATION Regina, Sask. DATE Dec. 9th 1917

L. L. 26989 M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

M. F. W. 71—500M.—6 18.
1772—39—961.

Raymond, Philippe

NAME

REGIMENTAL NO. 551378 RANK L/Cpl.

ENLISTED AT Regina, Sask. PROMOTIONS, &c., AND DATE

DATE 1-2-18

IF SERVED PREVIOUSLY, STATE UNIT, &c. C.E.F. 13 months 60th Bn.

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN Ellin Raymond RELATIONSHIP Wife

ADDRESS OF 3 93 Wellington St., Montreal.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	NO.	DATE	
T.O.S. C.M.P.C. from 1st D.B.S.R.	158	7-6-18	Eff. 5-6-18
On.Com.C.M.P.C. Train. School, Ottawa. 21-8-18	243	31-8-18	R.O.201 26-8-18
Off Com.Ott.17-9-18	265	21-9-18	R.O.224 21-9-18
Ad.Hosp. 22-9-18	268	24-9-18	
Rel.fr.Hosp. 27-9-18	275	1-10-18	
Prom.Cpl.1-12-18	336	2-12-18	
Rev.to Ranks, 3-12-18	338	4-12-18	
App.L/Cpl. 4-12-18	338	4-12-18	
G'd Lve.24-12-18 to 28-12-18	357	23-12-18	
SOS.on Demob.7-7-19	188	7-7-19.	

LEDGER NO. ..... SERIAL NO. A40631

REG. NUMBER 551378 NAME Raymond S 26

RANK L/Cpl CORPS C. M. P. C.

AGE 40 SERVICE 6/12

NAME OF HOSPITAL Grey Nuns PLACE Regina

DATE OF ADMISSION 21-9-18

DISEASE Varicocele of Cord

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO Ord. Given 27-9-18 to duty IN CATEGORY

M. F. W. 2553.
50m —6-18.
1772-39-1332.

P. T. O.

REMARKS:

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 60 Bn

Regimental No. 457138 Rank Pte Name Raymond P A

Enlisted (a) 7-6-15 Terms of Service (a) Dofwar Service reckons from (a)

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)

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				
Nov. 1915	60 Bn	SOS to Comp Bn (active militia)	Montreal	5.11.15	pt II 144

Clydes Scots

for DOAR

(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				

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps: First Sept Depot R.C.E.

Regimental No. 551378 Rank Pte Name Raymond Philippe

Enlisted (a) Dec 9/17 Terms of Service (a) C.E.F. Service reckons from (a) Dec 9/17

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) Theatre 13 Batt Rm Clerk Merchant

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				
6/6/18.	1st D. B. S.	Transferred to Canadian Military Police Corps.		6/6/18.	B. O. 157 Pt 2 Para 1352
					Officer i/c Records
7. 7. 19	12th Detach C. M. P. C.	S. O. S. on discharge Demobilization R. O. 1328 dated 18. 11. 18	Regina	7. 7. 19	Pt II D. O. 188 dated 7. 7. 19

a. c. Pennoyer Major
O.C. 12 Det. C.M.P.C.

(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				

Cat C

CASE HISTORY SHEET.

Grey Nuns Hospital. Regina Sask. Station.

No. 551378 Rank L/Cpl Name Raymond P. Age ~~39~~ 40

Unit C.M.P.C. Completed years of service Where and how long } Canada 2 yrs.

Date of admission Sept 21/18 Date of discharge

Diagnosis Varicocele of Testicle Varicocele of Cord Place of origin Generative

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Temp & Pulse normal

Complains of pain extending from rt testicle to upper thigh region — lat. inguinal ring enlarged but no hernia can be appreciated on repeated examinations — scrotum pendulous.
no definite varicocele —
Cause of pain — probably due to traction of testicle

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Nil.

TREATMENT

(Especially any specific or special form.)

Ice Cap applied to affected part.
Rubbed with alcohol
suspensory adorsed

CONDITION ON DISCHARGE,

(and disposal made of case.) other systems normal

Date

Medical Officer i/c case. Capt

M. F. B. 313a.
50M.—3-18.
1772—39-439.

A40631
C

551378

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Raymond Christian name Philippe
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any)

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the ____ day of Regina, Sask. 1917, by the undersigned medical board sitting at Regina, Sask.

5. Age as stated 39 Years 7 Months.
6. Apparent age 39 Years 7 Months
7. Height ____ Feet ____ Inches.
8. Weight ____ Pounds.
9. Chest measurement { Minimum 36 Ins. / Maximum 39 Ins.
10. Complexion Dark { Eyes Blue / Hair Black
11. Physical development ____ { Good / Fair / Poor
12. Smallpox marks Nil.
13. Number of vaccination marks { Right arm ____ / Left arm One
14. When vaccinated last 1916
15. Distinctive marks and marks indicating congenital peculiarities or previous disease
16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis
(Strike out disease admitted or suspected.)

We find no evidence of past { Rheumatism / Tuberculosis / Syphilis

Cert. true copy
Denis Lemieux Capt

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [ ]

17.
(a) Vision R. ____ L. ____
(b) Hearing. R. ____ L. ____

President.

Member. Member.

Signature of Man Philippe Raymond

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
30/1/18	+	M.O.	30/1/18	+	M.O.
		Denis Lemieux M.O.	6/2/18	+	Denis Lemieux M.O.
		M.O.	13/2/18	+	M.O.

Joined 9th day of Dec 1917 at Regina.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Bn. Sask. Regt.	55-1378		9/12/17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Regina Sask	4/7/19	129	John J. White, Capt. C.A.M.C.

N. B.—This sheet is 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.

M. F. B. 313.
300M.—10-17.
1772-39-439.

Surname Raymond Christian Name Philippe

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
Guymur		21	8	18				Neuralgia of Testicle		suspensory adverse	[illegible]

COPY.

CASE HISTORY SHEET.

Grey Nuns. Hospital. Regina, Sask. Station.

No. 551378. Rank L/C Name Raymond. P. Age 40.

Unit C.M.P.C. Completed years of service (Where and how long) Canada, 2 years.

Date of admission 21/9/18. Date of discharge

Diagnosis Neuralgia of Testicles. Place of origin Regina Sask

CONDITION ON ADMISSION AND PROGRESS OF CASE

Temp. and Pulse, normal.

Complains of pain extending from rt testicle to rt iliac region - ext. inguinal ring enlarged, but no hernia can be appreciated on repeated examinations - scrotum pendulous - no definite varicocele. Cause of pain - probably due to traction of testicle.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Nil.

TREATMENT

(Especially any specific or special form.) Ice cap applied to affected parts. Rubbed with alcohol. Suspensory advised.

CONDITION ON DISCHARGE,

(and disposal made of case.) Other systems normal.

Date 26/9/18. (Signed). E.B.Alport. Capt.
Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 551378 (Rank) Lance Corporal

Name (in full) Phil Raymond enlisted in

the 1st Depot Battalion Sask Regt

CANADIAN EXPEDITIONARY FORCE at Regina on the 9th

day of December 1917

HE served in Canada

and is now discharged from the service by reason of Demobilization

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

Age 41 Years

Height 5 Feet 8½ inches

Complexion Dark

Eyes Blue

Hair Black

Marks or Scars

P. Raymond Jeegl
Signature of Soldier

A. C. Pamphlin major
Issuing Officer

Major
Rank

Date of Discharge July 7th 1919

assistant ~~Provost~~ marshal M. D12
Appointment

Signed at Regina Sask this Seventh day of July 1919

in Military District No. 12

File Reference No. A. P. M. M. D. 12. R. 70

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

551378

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Raymond Christian name Philippe

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any)

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the day of Regina, Sask. 1917, by the undersigned medical board sitting at Regina, Sask.

5. Age as stated 39 Years 7 Months. 6. Apparent age 39 Years 7 Months

7. Height Feet Inches. 8. Weight Pounds.

9. Chest measurement { Minimum 36 Ins. / Maximum 39 Ins. } 10. Complexion Dark { Eyes Blue / Hair Black }

11. Physical development { Good / Fair / Poor } 12. Smallpox marks Nil.

13. Number of vaccination marks { Right arm / Left arm One } 14. When vaccinated last 1916

15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis } Cert true Copy Dens Lemieux Capt

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [ ]

17.
(a) Vision R. L.
(b) Hearing. R. L.

President.

Member. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
30/1/18	+	M.O.	30/1/18	+	M.O.
		Dens Lemieux M.O.	6/2/18	+	Dens Lemieux M.O.
		M.O.	13/2/18	+	M.O.

Joined 9th day of Dec 1917 at Regina

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Batt. Sask. Regt.	551378		9/12/17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N. B.—This sheet is 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.

Signature of Man Ph. Raymond

M. F. B. 313.
300M.—10-17.
1772-39-439.

Surname Raymond Christian Name Philippe

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

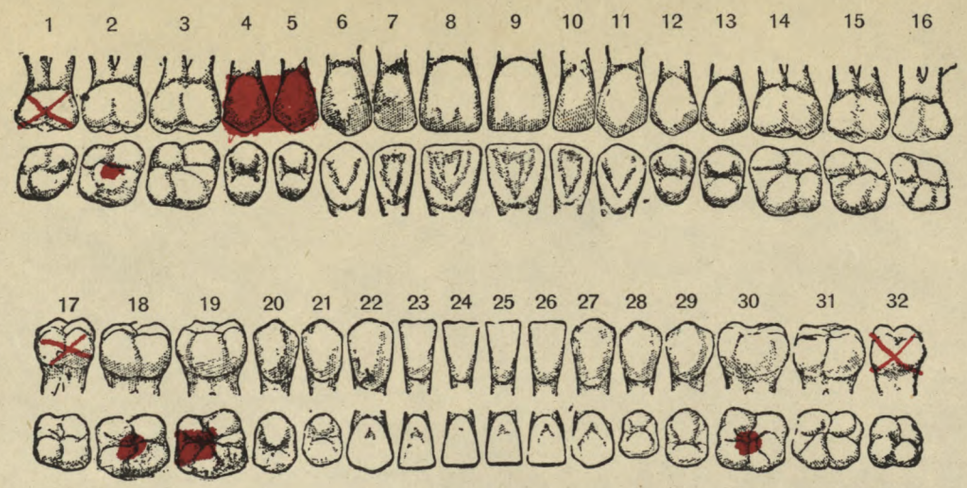
District 12

No. 551378

Name of Soldier Raymond

Rank L. Cpl.

Regiment G. M. B.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	Operator	Military District	Remarks
Condition on first Examination	1918	4 / 2.18.									3 / 1.17. 32.								1 / 4-5	Capt Roberson	12	Cas 2/15.16.
	19	19.30.																				

M.F.B. 465.
150M—6-18.
772-39-950.

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

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 553178 Rank Cpl. Surname RAYMOND
(Given name in full) Phil
Unit or Corps 12th C.M.P.C. Birthplace Ottawa Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 135 lbs. Height 5 ft. 8½ in. Colour of Eyes Blue

Nutrition normal

Pulse 76 regular

Condition of arteries normal

Vision Rt 20/20 Left 20/20

Hearing (conversational voice) Rt. 21 ft.

Left. 4 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

nil

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Regina, Sask (Canada)

Date 4/7/19 Signed John McWhyte, Capt M.O. Regina

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature P. Raymond Teagle

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins: First Pack Depot Battalion C.E.F.

(2) Regimental Number: 551378

(3) Full Name of Soldier: Philippe Raymond

(4) Place of Birth: Anticastine Quebec

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife: Ellin Raymond

(b) Present Postal Address: 393 Wellington street Montreal P.Q.

(7) Are you a widower? No

(8) Have you any children? one Girl

If so, give number of boys and girls: Madeline Raymond 5 years

Also their names and ages:

M. F. W. 67.

5 M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? yes

If so, state name and address Philippe Raymond 149 Shudie St. Hull P.Q.

(10) Is your Mother alive? yes

If so, state name and address Moriol Raymond 149 Shudie St. Hull P.Q.

(11) If your Mother is a widow No

Are you her sole support, or not? No

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

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

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

yes

15) Are you insured? No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date Dec 9/17

N. J. Finnie Lieut
Officer Commanding
First Pack Depot P.M.L.C.F.

L. L. JOB. 85506 M. & D. 5997.

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39 819.

123

2nd Contingent

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs. Helen S. Raymond Private

Address 513, 9th Ave. Rosemount. Montreal.

Rate 15-00

NOV 1 - 1915

By Whom Assigned Raymond, Phillip H.

Regtl. No. 457138.

Rank Pte.

Corps 60th Batty. A. Comp

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.	Cancelled	44684	15	Acct Closed
Dec.				Transferred to Composite Battn.
Jan.	1916			P. M. 4 Division 19/1/5
Feb.				
March				

8-6-15

283

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs. Helen S. Raymond,

Address ~~513 9th Ave.,~~
~~160 Aqueduct St. Rosemount,~~
~~393 Wellington St. Montreal, Que.~~
Point St. Charles.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Raymond Phillip H.

Regtl. No. 457138

Rank Pte.

Corps 60th Batt. H Co.

To what Corps belonging when called out }

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June		E11998	15	15
July		G13117	20	20
Aug.		E15452	20	20
Sept.		J10160	20	20
Oct.		O6649	20	20
Nov.				20
Dec.		K16258	4	
Jan.	1916			
Feb.				
March				

Transferred to Composite Regt. (Home Guard) 6/11/15 (PMC 8/11/15)

~~4 [illegible]~~

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. 551378

Rank Lance Corporal

Surname Raymond

Christian name Phil

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 12th Detachment C. M. P. C

Date of discharge July 7th 1919

Place of discharge Regina

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 41 years 5 months.

Height 5 feet 8½ inches.

Complexion Dark

Eyes Blue

Hair Black

Trade

Intended place of residence (To be given as fully as practicable.) G. P. O. Montreal P. Q.

Descriptive marks

2. The above-named man is discharged in consequence of

Demobilization

Authority for discharge H. O. 1328 Dated 18-11-18

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 handwriting 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.

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

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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) Regina Sask

(Date) July 7th 1919

Assistant Provost Marshal M. D. 12
Commanding 12 Detachment C. M. P. C.

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, and that I have received my permanent discharge certificate.

(Place) Regina Sask Phil Raymond Legal *(Signature of Soldier.)*

(Date) July 8th 1919 *(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).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Regina Sask

(Signature) A. C. Pamphlin Major

(Date) July 7th 1919

Assistant Provost Marshal M. D. 12.

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.)

I have no reservations to make

Phil Rogers, corpl

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

R-676

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 551377 RANK L/Cpl NAME (IN FULL) RAYMOND, PHILIP (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE 1-1-19

TO WHOM PAID Mrs E Raymond — RELATIONSHIP Wife

ADDRESS Room 1. Nash Block, over Kelly's Drug Store. ~~124 Lorne St~~ Hamilton St. Regina

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 1 Sask Dep Bn — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION Regina — TRANSFERRED TO 12 Dist CMPC — DATE 5/6/18 — AUTHORITY DO 131

DATE OF ATTESTATION 9/12/17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1/1/19

PAYABLE TO Mrs E Raymond — RELATIONSHIP Wife

ADDRESS ~~124 Lorne St~~ Regina — Room 1. Nash Block, over Kelly's Drug Store, Hamilton St. Regina

ANY CHANGE IN ASSIGNEE OR ADDRESS: 124 Delormier Ave. Montreal.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Regina — DATE 7-7-19 — REASON Demob. — AUTHORITY DD. 188 — IF ENTITLED TO POST DISCHARGE PAY Yes.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 1-1-19					–	25	~~25~~		–	25																											
									96	65																											
Jan 1919	31	2.15	66	65	30	00			~~96~~	90	5	13/1/19	7	25/1/19	9	31/1/19	20	00			31	90	45	00							96	90					
Feb	28	2.15	60	20	30	00			90	20	3	14			8	28	20	00			25	20	7/24 v 45	00 (382 51)							90	20					
March 1919	31	2.15	66	65	30	00			96	65	1	14			5	28	20	00			31	65	3/25 45	00 (150)							96	65					
April	30	2.15	64	50	30	00			94	50	3	14			7	29	20	00			29	00	5-24 45	00 (538)							94	50					
May	31	2.15	66	65	30	00			96	65	2	14			6	29	20	00			31	65	5 45	00 (22)							96	65					
June	30	2.15	64	50	30	00			94	50	9	13/6			12	27/6	20	00			29	50	" 23/6 45	00							94	50					leave Res 6-6-19 to 9-6-19 D.D. 156
July	7	2.15	15	05	100 00 / 32 00				157	05					14	5/7					120	05	17 5/7 37	00							157	05					7 days 35 bis bbl allm. 100 W.G.
			404	20	322	25			726	45							125	00			294	45	304	00							726	75					
																																					J. Mitchell CAPTAIN For ASST. DIRECTOR OF PAY & SERVICES MILITARY DISTRICT No. 12
																																					WAR SERVICE GRATUITY M.D. 12
					85	5a																					85	5a									
	31				70 00	30 00			100	00																	70 00	30 00			100	00					Last Payment as above 5a credits

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	