

L. Coy

2 M. D. 1st Depot Battalion 1st Central Ontario Regiment

M.S.A.

Regtl. No. 3032688

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname..... S U T H E R L A N D
 2. Christian name..... Robert
 3. Present address..... 89 Brunswick Ave. Toronto, Ont.
 4. Military Service Act letter and number..... 85080 854060
 5. Date of birth..... Jan. 9, 1886
 6. Place of birth..... Toronto, Ont. Canada
(town, township or county and country)
 7. Married, widower or single..... Single
 8. Religion..... Presbyterian
 9. Trade or calling..... Printer
 10. Name of next-of-kin..... John W. Sutherland
 11. Relationship of next-of-kin..... Father
 12. Address of next-of-kin..... 89 Brunswick Ave. Toronto, Ont.
 13. Whether at present a member of the Active Militia..... No
 14. Particulars of previous military or naval service, if any..... Nil
 15. Medical Examination under Military Service Act:—
 (a) Place..... Toronto, Ont. (b) Date..... November 2, 1917 (c) Category..... A2

DECLARATION OF RECRUIT

I, Robert Sutherland, do solemnly declare that the above particulars refer to me, and are true.

Robert Sutherland

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 32	yrs.....	mths.....	} Distinctive marks, and marks indicating congenital peculiarities or previous disease. Nil
Height..... 5	ft..... 7 1-4	ins.....	
Chest measurement } fully expanded..... 35	ins.....		
	range of expansion..... 4 1-2	ins.....	
Complexion.....	Dark		
Eyes.....	Brown		
Hair.....	Brown		

John W. Sutherland

O. C. 1st Depot Btln.
 1st Central Ontario Regt.

Place..... Toronto, Ont. Date..... Jan. 9, 1918

C

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

EUGENE D.

Robert

42 - 1000 Ave. ...

1900

1900

Canada

Radio

...

...

John W. ...

...

...

...

...

...

...

DECLARATION OF RECRUIT

DESCRIPTION ON CALLING UP

Height	Weight	Complexion	Hair	Build	Age	Education	Occupation	Previous military service	Other
5-10	140	Fair	Black	Medium	21	High School	None	No	None

Signature of Recruit

Place, Date, and other administrative markings at the bottom of the page.

REGIMENTAL DOCUMENTS

NAME **SUTHERLAND ROBERT** REGT. NO. **3032688** UNIT **1ST C.O.R.** ST. DEPOT. H. Q. FILE NO.

S	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
						DEATH
	ATTESTATION PAPER (M.F.W. 23, 133; or 51)					
2	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)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	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)					DEMOB.
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)			49995		30-14
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					17-14
1	A.F.W. 3997					9-15
1	Misc					
1	I.S.C.					
1	M.F.W. 192					1
1	DMS. 1375					
1	CADC 509A					
1	P.T.G. 20M.					
1	Placed in file 67					
1	R 122					





M.S.A.

CARD NO.

2

~~1.0.6.12.10-25-110-9~~

FOLL.

~~auth. W. D. 22-22-119~~

SURNAME. Sutherland

CHRISTIAN NAMES Robert

REGL. NO. 2032688

RANK Pte.

UNIT ~~1st Cen. Ont. Regt. 1st Depo. Can.~~ # 2. D. D.

G.O.S. 9-118.

Com

D.O. 10-10-118.

FORMER CORPS ml.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Sutherland, John W.

RELATIONSHIP TO SOLDIER Father

ADDRESS 89 Brunswick Ave. Toronto, Ont.

COUNTRY OF BIRTH Canada Toronto, Ont.

DATE Jan. 9th 1886

PLACE OF ATTESTATION Toronto, Ont.

DATE Jan. 9th 1918.

O/S. 25-3-18 $\frac{1125}{11}$

W/C. 30-12-18. $\frac{248}{35}$

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

azE.

Number 3032688 Rank Pte

Surname SUTHERLAND

Christian Name Robert

Units 19th Bn Cany Theatre of War France

Date of Service 13-8-18

Remarks

Latest Address 89 Brunswick ave.
Toronto, Ont

Roll No. B. Page 13424

200m-2-21.M.

DESP. JUN 15 1922

REGN. NO. H/39421

Remedial Treatment Gymnasium,
Canadian Hospitals and
84 Command Depots.

LEAVE THIS
BLANK.

Place: *Edmonton*

Regt. No. *203268* Rank *Plt* Name *L. P. Lutherland*

Unit *19th Can* Age *32* (Adm. *26.9.18*)

Division *B* Hut *23* Date of (Disch. *5/10/18*)

DISABILITY.

Date.

26 Aug
1918

CLASS.

MACHINES.

10.00
Hours of
Attendance,
a.m. *9 30*
p.m. *3 00*

REMARKS.

constipation -
weakness -

LEAVE THIS
BLANK.

Here is Treatment
by Hospitals and
Command Depots.

Place

PROGRESS, Notes, 1/10/18 C.O.

9-10-18 - Improving
to Gen class

15/10/18 - P.T. 2

DISPOSITION.

P.T. 2

Samuel Siff
Officer i/e Gymnasium.

Capt.

Name *Robert* SUTHERLAND, Rank*Plt*

Reg. No. 3032688

Unit *19th Cav*Next of Kin *CANADA*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-8-18	16 G.H. Le Treport	<i>N.Y.D.</i>	<i>N. Gas Shell 7 1/2 lbs.</i>	<i>309</i>	<i>8500</i>	3702-3
17-9	Haylingwell War. Cemetery	Gas shell.	<i>8 1/2 lbs.</i>	<i>325</i>		26846
25-9	Mil. Con. Epsom.	do.		<i>330</i>		27295
25-10-18	Will proceed on	7-11-18/6	1st Coy. M.L.A.			<i>Plt</i>
28-10-18	Discharged		do.	<i>3366</i>		9227

NAME

Sutherland Robert

REG'T'L. NO. 3032688

H. Q. FILE NO 649

RANK AND CORPS

Plt. 19th. Bn. Gorn. 1st. Gen. Out. Hq.

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

1st. Hq.

N. of W.

John W. Sutherland Father

89 Brunswick Ave. Toronto - Ont.

Q. 5-00

4-9-18

Adm. 16 Gen. H. Le Trepost Aug. 28th

98-4

118. Sh. Gas.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 309-4 [#]	16 Gen. Le Troport	27-8-18	Wd. Gas shell N.Y.D.
B 325-1	Graylingwell War Chichester	19-9-18	" "
B 330-3	7th Mil Cond. Wd. cote Rk. Epsom	25-9-18	" "
B 366-3	Misc.	28-10-18	" " "

*Name **L SUTHERLAND, Robert** Rank **Pte.** Regtl. No. **3032688**
 Original unit **3rd Res. W. or S.** Present unit **3rd Res. W. or S.** Age **32** Religion **Pres.** Fyle Depot.....
 Port, ship, and date of arrival **Carmania, Halifax 30-12-18** Ref. H.Q.....
 Next of kin **Father, John W. Sutherland, 89 Brunswick Ave., Toronto**
 Address on leave **Same.**
 Address on discharge **Same.**
 Transportation issued Yes No Date..... Character on discharge.....
 Previous occupation **Printer** Date and place of enlistment **Toronto 9-1-18**
 Diagnosis **Demobilization.** Date of Medical Boards **Jan. 21th. 1919.**

Date.	Remarks	Pt. 2 Order No.
T.O.S.		
22-12-18	Posted to Cas. Co. Ex. Camp 30-12-18	
	Leave & Subs. from 4-1-19 to 20-1-19	7
25-1-19	SOS DISCHARGED "DEMOBILIZATION" 91 das. PDP&C.A.	22

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

(over)

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Sutherland. R.

3032688.

RANK

UNIT

Co.

TROOP

BATTY.

Pt

1. Co. 19.

HOSPITAL

DATE OF ADMISSION

16. G. Le Loeport.

28.8.18.

1. Graylingwell War

HOSP. 17-9-18

2. Woodcote St Epsom

HOSP. 25.9-18

3. HOSP.

4. HOSP.

DIAGNOSIS

W. Gas Shell, ~~typ~~ R.

- 1.
- 2.
- 3.

DISPOSITION

DATE

CL 3.9.18. A 309. 4.
 21-9-18 B 325
 27-2-18 B 330 ③
 8-11-18 B/366-3

REMARKS

Dis: - 28-10-18

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

TLH Rank **SUTHERLAND, Robert** Reg'l No. **3082688**
9th Dft 1st Bn 1st Gen Ont Unit **Ont** If in perm. Corps, }
 What Unit? }
 Married or Single **Single**
 Place and Date of Enlistment **Toronto, Jan. 9th. 1918** Place of Birth **Toronto, Ont. Canada**
 Name and Address, Next-of-Kin **John W. Sutherland,**
89 Brunswick Ave. Toronto, Ont. Relationship **Father**

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

N/E. R.B. No 17206
 File R. **CAN. OR**
 Category

Discharge, Date and Place Reason Character Ceases

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.				
		Arrived in England		3-4-18	S/S MISSANABIC
5 4 18	3 Res	S.O.S. from Canada	Pte Wilby	4 4 18	095 19th Btu DO
12.8.18	✓	S.O.S. to 19th Btu	"	12.8.18	- 224. 889268.18
3.9.18	1COR/19	Wounded	"	28.8.18	ca. 309
25.9.18	1COR.	S.O.S. from 19th Btu	"	14.9.18	- 266. 101928.9.18
31.10.18	✓	On comm. 1COR	"	29.10.18	- 302 320918.11.18
16.11.18	3 rd Res	Ceases com. T.O.S.	"	14.11.18	- 320 1COR
16.1.19	✓	SOS to C.F.F. Com	✓	21.12.18	DO 16

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

Casualty Form—Active Service.

Unit, Regiment or Corps. *9th Bn.* 1st Bn 1st C.O.R.Regimental No. 3032688 Rank Pte. Name SUTHERLAND, Robert

C. E. F.

Enlisted (a) 9-1-18 Terms of Service (a) D of W 6 Mos. Service reckons from (a) 9-1-18

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) Printer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Embarked Canada

Arrived England

25-3-18.

3-4-18.

4-4-18. PT. 11. D. O. 95. ✓

3rd. P.O.S. from Canada.

Witley.

s. BN.

O.C. for

Res. Bn C.F.F.

Transferred to

19th

Bn

Witley

12-8-18

Pt II Bo O

224

Lt. Col. *A. B. Harris*
O.M. 2nd RESERVE BN. C.E.F.

Lt. Col.

13 AOU 18

C. I. B. D.

Arrived & T. O. S. 19th Bn.

13 AOU 18

Part II Ord. 83 26 AOU 18

15 AOU 18

C.I.B.D.

Left for Unit

Field

15 AOU 18

25 AOU 18

19th Bn.

Arrived

Field

17 AOU 18

27 AOU 18

8 CFA

Shell Gas Wa Adm & Trans CCS

27 AOU 18

28118

28-8-18

16 Gen

Adm 16 Gen

28-8-18

H3412

31-8-18

42 CCS

Adm & Trans 23 AT

27-8-18

H6265

(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.]

CERTIFIED CORRECT.

12-8-18
17 AUG 1918

CAN. RECORDS, LONDON.

Quality Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
15.9.18	16 Gen	Shell Gas N	France	Eng	15.9.18 K 192
16.9.18	"AT Grantully Cle"	INVALIDED (Wounded) TO ENGLAND AND POSTED TO 1 ST CENTRAL ONTARIO REGIMENTAL DEPOT., WITLEY.		ENGLAND	16.9.18 W 3083/6039 Pt. II ord 101 of 28.9.18 Whogan Major for Lt.-Col., A.A.G. Canadian Section. G. H. O. 3rd Echelon B.E.F.
25.9.18	1CORD	T.O.S. from 19 th Bn	Silly		17.9.18 - 266 D. H. S. LIUT: FOR LT: COL: I/C, RECORDS, C.P.M.F.
15-11-18		Ceases to be attached on proceeding to Sid R. B.		D.O.No. 316	5/15/18 Adjutant, Canadian Command Depot,
16/11/18	OC 3 rd Res.	T.O.S. from 1 st Bn	Witley		15/7/18 10-0-320
10/12/18	OC 3 rd Res	on Command	Witley		10/12/18 AT II 50344 Lt. Col O.C. 3 rd RESERVE BN. C.E.F.
21-12-18		Ceases to be att. on transfer to			J.S. Cronk Capt for Dec 21 1918

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.....

Regimental No. 3032688 Rank..... Name Sutherland R.
C. E. F.

Enlisted (a)..... Terms of Service (a)..... 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				
DEC 22 1918	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 7
		Dis. No. 2. D.D. Jan. 25th. 1919 Pt. 11 #21			Lieut. For O. C. No. 2 District Dep.

[Signature]
O. C. Discharge Sections,
No. 2 District Depot

(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, Shoehing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Casualty Form Active Service

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				

ORIGINAL.

MILITARY SERVICE ACT, 1917.

M.S.A. 5229

MEDICAL HISTORY SHEET.

6

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 Sutherland Christian name Robert

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 854060

3. Consecutive number on schedule of men reporting for service (if he appears on it) 21 SEP 1918

4. Address (including street and number, if any) 89 Brunswick Ave Toronto Ont

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 2 day of Nov 1917, by the undersigned medical board sitting at Toronto Ont

5. Age as stated 31 Years 10 Months. 6. Apparent age 31 Years 10 Months

7. Height 5 Feet 7 1/2 Inches. 8. Weight 135 Pounds.

9. Chest measurement { Minimum 31 1/2 Ins. Maximum 35 Ins. 10. Complexion Dark { Eyes BROWN Hair BROWN

11. Physical development Fair { Good Fair Poor 12. Smallpox marks nil

13. Number of vaccination marks { Right arm nil Left arm 1 14. When vaccinated last Childhood

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

16. Slight defects but not sufficient to cause rejection nil

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

Eyesight RD 20 LD 20 Hearing R Normal L Normal Nose Normal Throat Normal

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

W. J. [Signature] President.

[Signature] Member. [Signature] Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
15/1/18	Good	Shoulder M.O.	10/1/18		M.O.
		apt M.O.	15/1/18		M.O.
		M.O.	2/1/18		M.O.

Joined 9th day of Jan. 1918 at Toronto, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Bn</u>	<u>8032688</u>		
Transferred to.....	<u>1st C.O.R.</u>			<u>4-4-18</u>
	<u>2nd [Signature]</u>			<u>12-8-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Exhibition Camp [Signature]</u>	<u>21/1/19</u>	<u>nil</u>	<u>A² [Signature]</u>

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 Robt Sutherland

DUPLICATE MEDICAL BOARD

CANADIAN

Surname Christian Name

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				
GRAYLINGWELL WA. HOSPITAL, CHICHESTER.		14	9	18	24	9	18	Gas cheer	8	Convalescent	(Signed) J. L. Graham C.M.P.
M. E. Epsom		25	9	18	28	OCT	1918	Gas shell poisoning	34	no frequency of misturbation, condition good	W. E. Miller C.M.P.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M. D. 2
No. 53

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

Regimental No. 3032688 Rank Pfc Name Sutherland R
 Corps # 228 who was* Disc
 On 25 1919, to 1 1919
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1 1919
 to 25 1919, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....	23	80	Balance Cr. from prev. month.....		
Advances by Cheques } No.			Reg'l. Pay..... 25 days at \$ 1 c.	25	00
Assigned Pay and Sep'n Allee. No.			Field Allow..... 25 days at \$ c. 10	2	50
Other charges.....			Separation Allowance* (Monthly).....		
Payment on transfer or discharge No. <u>8322</u>	52	30	Other Allowances*..... 660	35	00
Bal. Cr. (to be paid by the new unit).....			Other Credits*..... Sub.	13	60
Total	76	10	Total	76	10

*Give particulars.

A monthly stoppage of \$ 20.00 (†) has (‡) been paid on account of Assigned Pay for the month of Dec 1919 (to) Assignee Miss Jessie Sutherland
 and Sep'n Allee. for month of 1919 (Address) 89 Brunswick Ave Toronto

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

On Transfer of an Officer.

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

REMARKS:—

- State (1) date of enlistment.....
- (2) if married and if a Separation Allowance Card has been submitted..... No
- (3) cause of discharge..... authority Do 22
- (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 23 1 1919
 Place Toronto

[Signature]
CAPT. PAYMASTER, No. 2 DISTRICT DEPOT

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster, triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all ranks (Vide Articles 125, 180 and 181 Financial Regulations, 1916)

Name: _____

Rank: _____

The following is a statement of the amount of the above named from _____

Particulars	Debit	Credit	Balance
Pay for time served			
Pay for rank and grade			
Pay for allowances			
Pay for gratuity			
Pay for other allowances			
Pay for other benefits			
Total			

(1) Part paid out of account of Assured
 (2) Part paid out of account of _____
 (3) Part paid out of account of _____

On Transfer of an Officer

On transfer of _____ has been paid by _____

(1) _____
 (2) _____
 (3) _____
 (4) _____

I have carefully examined this statement of account and find it to be correct and true to the best of my knowledge and belief.

 Date: _____

 Signature

A⁷

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. 3032688 Rank PLI Surname SUTHERLAND
(Given name in full) Robert
Unit or Corps No 202 Birthplace Tauris

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

1. GENERAL DESCRIPTION:

Physique Good Weight 145 lbs. Height 5 ft. 7 1/2 in. Colour of Eyes Brown
Nutrition Good
Pulse 72
Condition of arteries Good
Vision Rt. 20 Left 20
Hearing (conversational voice) Rt. 21 ft.
Left 21 ft.

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

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 ^{Small} Cardio-Vascular System No
Special Senses No Integumentary System No Respiratory System Yes
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.

Pneumonia: 1916. Now OK.
Gas shell poisoning: 27.8.18 to 28.10.18 2 report. Chester & Epsom. No disability.
No hernia, no hemorrhoids, no varicocels, no varicose veins.

APPROVED
JAN 21 1919
[Signature] CAPT.
FOR A. D. M. S. M. D. 2

(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 *Exhibition, Canada, Toronto*
Date *21/1/19* Signed *John G. ...* 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 *R. Sutherland*

(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]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3032688 (Rank) Pte.

Name (in full) SUTHERLAND Robert enlisted in the

1st. Depot Bn. 1st. C.O.R.
CANADIAN EXPEDITIONARY FORCE at Toronto. Ont. on the 9th.
day of January 1918

HE served in England and France
and is now discharged from the service by reason of Demobilization

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

Age 33
Height 5'7"
Complexion Dark
Eyes Brown
Hair Brown

Marks or Scars
Vacc. scars on left arm.
Wounded Jessed 27-8-18

R. Sutherland
Signature of Soldier

[Signature]
Issuing Officer, Discharge Sections,
No. 2 District Depot
Rank

Date of Discharge Jan. 25th. 1919

Appointment

Signed at Toronto. Ont. this 25th. day of January 1919

in Military District No. No. 2

File Reference No. JAN 25 1919
DISTRICT DEPOT

JB.

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.

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

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

Name of Officer

Rank

Appointment

On demobilization the particulars of this certificate will not be completed.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte Name R Surname Sutherland
 Unit or Corps 19th Bn (If a soldier) Regt. No. 3032688
 Born at London on, date Jan 7 1886
 Signature (for identification) Robt E Sutherland

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 145 lbs. no
 Height 5-7 ins.

2. NUTRITION AND DIATHESIS?

good.

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM?

no

4. RESPIRATORY SYSTEM.

no

5. HEART?

Abnormal Sounds? no
 Abnormal Size? no
 Pulse Rate? 92 Intermittence or irregularity? no

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM?

good.

8. GENITO-URINARY SYSTEM?

Urinalysis—s.g.? 1.020 Reaction? acid Albumen? no Sugar? no

9. SKIN, MIDDLE EAR, EYE
or any other part?

no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

11. Opinion as to the health and physical condition of the one examined?

good.

Examined at Kenilworth Park Signed A. J. [Signature] M.O.
 Date 12-12-18 Signed [Signature] M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the Service

of an Officer in the General Service of a Soldier in the Army

of the Army of the United States

of the Army of the United States

of the Army of the United States

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of the Army of the United States

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) SUTHERLAND R
REGIMENT 19 Bn RANK Plt No. 3032688

Date of Examination in England 11/12/18 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 3

2. EXTRACTIONS

3. CROWNS

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France

Kimmel Park.
2. holes.

Signature of Dental Officer

W. K. Hurd
Capt. C.A.D.C.

CH. 10
10
303268

SOUTHERN

10

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

M.T.B. 465.
200M-6-18.
1172-59-960.

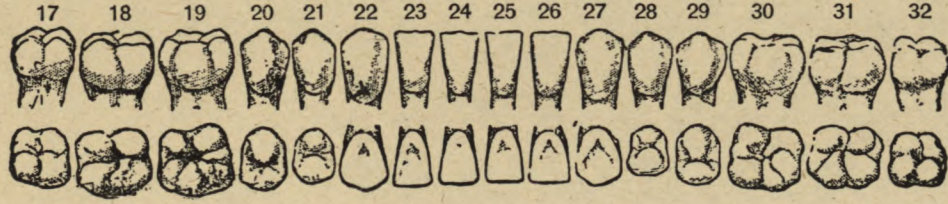
NAME OF SOLDIER

Sutherland, Robert

REGIMENT

RANK *Pvt*

No. 323208



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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
<p>DISCHARGE EXAM.) CASUALTY Co. # 2 D.D. } Certificate issued for Date <u>JAN 21 1919</u></p> <p style="font-size: 2em; text-align: center;"><i>Filling</i></p> <p style="text-align: right; font-size: 1.5em;"><i>A. Sample</i></p>																						

DUPLICATE

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.....1st. Depot Bn., 1st. C.O. Reg't.,

(2) Regimental Number.....3032688,

(3) Full Name of Soldier.....Pte. Sutherland Robert.

(4) Place of Birth.....Toronto, Ontario.

(5) Are you married, or not?.....No.

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?.....No.

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

500M.-9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes. John Sutherland.
If so, state name and address 89 Brunswick Ave., Toronto, Ontario.

(10) Is your Mother alive? No.
If so, state name and address.....

(11) If your Mother is a widow.....
Are you her sole support, or not?.....

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

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

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

(15) Are you insured? No.
If so, in what Company?.....
Have you made arrangements for payment of your Insurance premium.....
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date.....
JAN 23 1918

John Sutherland
Officer Commanding. Lt.-Col.
O. C. 1st Depot Bn., 1st C. O. R.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: SUTHERLAND Robert			
EFFECTIVE DATE: 1-4-18		EFFECTIVE DATE: 1/1/19		NUMBER: 3032688			
AMOUNT: 20%		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			
Miss Jessie Sutherland N/R 89 Brunswick Ave Toronto Ont				6266			
Sister				DATE EFFECTIVE			
Stopped 4/1/19.				RANK OR APPOINTMENT			
				Pt			
UNIT AND TRANSFERS							
ORIGINAL UNIT - #9 Dpt 1-1 60 B							
DATE ACCOUNT FIRST OPENED: 1-4-18							
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S/D	UNIT TRANSFERRED TO			
6266		1/9/18		3 Res Bn 19 Bn			
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
20/1/18	2795	3rd Can Res Bn.	487				
5/7/18	2976	do.	1460				
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY		PAY	F.A.	P.F.A.	SUBS CE	ALL CE	
6266		1-	10				

PARTICULARS OF RENDERING NON-EFFECTIVE: - Dis to Can. Incl. C.W. 9-2-21 1st CORD 3rd Res Bn. 7/12/18

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31 3/18	Bal from Canada								29 15		
April	Ptes Pay	33-		AR 242 1/4 3rd Res Can A.P.	243			20-			
				AR 389 3/4 "	487						
May	Ptes Pay	34 10		AR 569 14/5/18 "	487			20-	34 85		
				Can A.P.				20-			
				AR 642 25/5/18	2920						
June	Ptes Pay	34 10		Can A.P.	34 07			20	11 88		
				AR 809 7/6/18 3 Res	243			20			
				AR 102 25/6/18 "	487						
July	Ptes Pay	34 10		Can A.P.	730			20-	20 58		
				AR 176 17/7/18 3 Res	487			20-			
				AR 18 26/7/18 "	1460						
Aug	" "	34 10		Can A.P.	1947			20-	15 21		
				3 days F.P. #2 Absent from Manoeuvre		330					
				6/8/18 DO 220 7/9/18	243						
				P.R. 1559 14/8 3 Res	357						
				AR 918 18/8 19 Bn	600	330		20	20 01		
Sept	P.P.	33-		Can A.P.				20			
				BR 5966 25/9 6th Epsom	487				28 14		
					487			20	28 14		
Oct	P.P.	34 10		Can A.P.				20	42 24		
				AR 8304 28/10 Epsom	4380				1 56		
					4380			20			

F3(8)

MONTH	NUMBER	RANK	NAME	PARTICULARS		DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
				CR. 1.	CR. 2.							
										1 56		
Nov				33 00						64 34		
						4 87				68 90		
				7 30					20			
						4 87						
						14 60						
Dec				34 10					20	8 50		
				7 40		24 34			40			

[Handwritten signature]

LP

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization)

JB.

1. No. 3032688		
2 Rank. Pte.		
3. Name. SUTHERLAND Robert		
4. Unit. Lst. Depot Bn. 1st C.O.R. (2.DD.)		
5 Date of Discharge	Jan.25th.1919	Place TORONTO, ONT.
6 Reason for Discharge..... ON GENERAL DEMOBILIZATION		
7. Authority. D.O. D.D. #2. Pt.11 #21		
8. Proposed Residence after Discharge..... 89 Brunswick Ave. Toronto. 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.? Robert Sutherland Signature of Soldier.		
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... TORONTO, ONT. Date..... Jan.25th.1919 Signature..... (O. C. Discharging Unit.)		

O. C. Discharge Station
No. 2 District Depot

PROCEEDINGS ON DISCHARGE

De-mobilization

101

1. Name of Soldier	
2. Rank	
3. Name of Regiment	
4. Number of Days of Service	
5. Date of Discharge	
6. Reason for Discharge	
7. Name of Discharge Officer	
8. Signature of Soldier	
9. Signature of Discharge Officer	
10. Confirmation	
11. Name	
12. Rank	
13. Signature	

LIST OF DISCHARGE DOCUMENTS

Medical Form W-22	Attestation Paper, Tennessee
Medical Form W-102	or Particulars of Record
Medical Form W-103 or A.F.H. 103	Field Contact Sheet
Medical Form W-104 or A.F.H. 104	Chemistry Form
Medical Form W-44	Last Day Certificate
	Certificate that missing documents are submitted
Medical Form W-105 or A.F.H. 105	Medical History Sheet
M.S. 11, 22, 33, 44, 55, 66, 77, 88, 99	Proceedings of Medical Board
Medical Form W-40	Dental History Sheet
M.S. 10, 20, 30, 40, 50, 60, 70, 80, 90	Medical Report
Medical Form W-30	Neurological Contact Sheet
Medical Form W-20	Company Contact Sheet

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

Date of Enlistment 9-1-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

apr. 1/18

OVERSEAS CONTINGENTS

S

13879

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
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6-4-18-23

PARTICULARS OF SEPARATION ALLOWANCE

No. 3032688
 Rank PTE Promoted Reverted Discharge
 Soldier's Name Robert Sutherland
 Battalion 1st Depot Battr 1st. C. O. R. Lt 9.
 Beneficiary
 Relationship Sister
 Address

PARTICULARS OF ASSIGNMENT

Name Miss Jessie Sutherland
 Address 89 Brunswick Ave Toronto, Ont
 Change of Address
 1 MISS JESSIE SUTHERLAND,
 2 89 BRUNSWICK AVE.,
 3 TORONTO, ONT. 20 20.00
 4 3032688 PTE ROBT SUTHERLAND
 TWENTY DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
April	7136		20	20	✓
May	23690		20	20	✓
June	24322		20	20	✓
July	A23496		20	20	✓
Aug	34622		20	20	✓
Sept	740390		20	20	✓
Oct	D 47394		20	20	✓
Nov	F 55548		20	20	✓
Dec	U 63041		20	20	✓
			180	180	

710 17668-R-23

AUTHORITY FOR NEW ACCT.

M. F. W. 128.
FORM. 6-7-172-38-1141
L. L. 2230-M. & D. 798.

A/c Closed 31/18
 Ret'd per Carmena
 Date 30/18 M.F.W. 187 3/19
 Clerk J. Bonneville
 Closed
 m. R. O. L. P. 49603 (Destroy) Rendered 3/19

AUTHORITY FOR NEW ACCT. M. R. M. L. 2-B-1
 G. Raymond 20-4-18

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

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

Sl. F. W. 128.
400M 17-772 39-1141
L. L. 2.320-M. & D. 1963.

EXHIBITION

2 DIST 51194

AUDITOR [initials] PAYMASTER [initials]

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

REGT. No. 3032688

RANK Pte

NAME (IN FULL) SUTHERLAND, R.

M. OR S. S

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS					1 CORP. 3 Res Bn	TRANSFERRED TO	DATE 1/1/19. AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				Jan 9-18	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				2000	DATE EFFECTIVE	1/1/19.
ADDRESS					Miss Jessie Sutherland Sister	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					89 Brunswick Ave.	ADDRESS	89 Brunswick Ave Toronto
						STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					Disch 12-2-19	PLACE DATE REASON AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY
					P.R. Feb-19	Toronto 25/1/19	Ormob. 2022

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL 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	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		
																							Balance from previous account	
Jan	25	1.90	27.50	35	13.60	76.10																	23.80	subd 1/20/1907
4 mos						280.00				Jan 24 D-1524			70.00										76.10	2380
						287.30				Feb 24 D-217294			70.00											70.00
										Mar 24-270491			77.30											140.00
										Apr 24-275940			70.00											217.30
																								287.30
						287.30							287.30											287.30

W. S. G. PAID IN FULL. FOR PAYMASTER WAR SERVICE GRATUITY

