

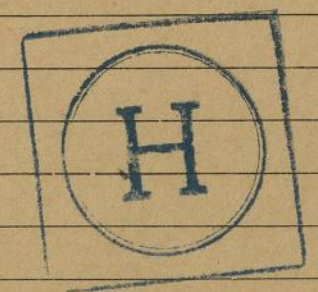
REGIMENTAL DOCUMENTS

830.5.19

NAME CARPENTER HORACE Pte. REGT. NO. 772244 UNIT 1<sup>st</sup> Bn W.O.R H. Q. FILE NO. \_\_\_\_\_



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)				C8146	DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
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)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob.</i>
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
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>Mo 7 W67</i>					
<i>Form C.D.3.</i>					
<i>mmc</i>					
<i>CAD 05009A</i>					
<i>Photo</i>					
<i>K123</i>					
<i>Pay case</i>					



War Service Badge  
Class "A" No. 154385

EMBARK: S.S. BALTIC, LIVERPOOL 29.4.19

DISEMB: HALIFAX 7.5.19

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

DISP: AREA J  
OC. GROUP 1



1. No. 742244

2. Rank. Pte

3. Name. Carpenter Horace

4. Unit. 1st Bn Inf. W.O.R.

5. Date of Discharge

MAY 9 1919

Place

Hamilton

HAMILTON, ONT.

6. Reason for Discharge

DEMobilIZATION

7. Authority.

No. 2 District Depot, Part II, D.O. No.



8. Proposed Residence after Discharge

Brantford

25 Howhawk St.

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.?

Horace Carpenter

Signature of Soldier.

10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place HAMILTON, ONT.

Date MAY 9 1919

Signature

W.H. Joynce

(O. C. Discharging Unit.)

O. C. No. 2 District Depot

**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. 5009).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218).
8. Discharge Certificate (M.F.W. 39)  
(enclosed in special envelope (260 a)).
9. Copy of Discharge Certificate (M.F.W. 39).
10. Discharge certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). + Dup.
13. Pay Book (A.B. 64).
14. War Service Grantee (Form M.F.W. 259).
15. Sundry Documents.

Group..... **B**

Checked by No..... **11**

Date..... **22. 4. 19**



Description of Horace Carpenter on Enlistment.

Apparent Age 19 years 7 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 3 1/2 ins.

*None*

Chest measurement { Girth when fully expanded 37 ins.  
 Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Brown

Religious denominations. { Church of England  
 Presbyterian  
~~Wesleyan~~ Methodist  
 Baptist or Congregationalist Baptist  
 Other Protestants (Denomination to be stated.)  
 Roman Catholic  
 Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 25th. November 1915.

*R. S. Palmer*

Place Brantford, Ont.

*R. S. Palmer*  
 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.

Horace Carpenter 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.

*N. J. Henderson* (Signature of Officer)

Date Nov. 28 1915.

*Captain*  
*W. Stutcliffe*  
*Lt. Col*

*C. Hartley*  
P. 330.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

DISCHARGE 2

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

- 1. Christian names *Horace* 2. Surname *Carpenter*
- 3. Rank *Private* 4. Original Unit *125<sup>th</sup> Batt<sup>22</sup>* 5. Reg. No. *772244*
- 6. Address, in full, to which future payments of gratuity are to be forwarded *To Self*  
*Banks of Hamilton*  
*Brantford ont.*
- 7. Date of enlistment in the C.E.F. *27/11/15*
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *No*
- 9. Relationship of such dependent *No*
- 10. Address, in full, of such dependent *No*
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
- 12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit :-  
.....
- 13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? .....
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
- 15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *3 yrs 117 days*  
*125<sup>th</sup> Bn* *1<sup>st</sup> Can Inf Bn*
- 16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
- 17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

*[Large green scribble]*

*Amk*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.

*No*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

*No*

20. ~~Have you been issued with a War Service Badge? If so what class?~~

*Brnk*

21. Have you, during the present war, served in the Imperial Forces?

*No*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

*No*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

*No*

(b) If so, was such reversion in consequence of misconduct or inefficiency?

24. Are you now serving in the C.E.F.?

*No*

*May 9/19*

If not, give:—(a) Date of discharge

(b) Reason for discharge

*Demobilization*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.

*1st Reserve 10/10/16 — 22/3/19*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

*Brnk*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *H. Carpenter*

Place of Residence: *Brantford ont*

Declared before me at: *Bromshott England*

This *24* day of *March* 19 *19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

*R. M. Hemming May*

**POST DISCHARGE PAY.**

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

District Paymaster.

**A.G.R.** Rank \_\_\_\_\_ Name **CARPENTER, Horace** Reg'l No. **772244** ✓  
 Unit **125th Bn.** If in perm. Corps, }  
 What Unit? } **Brantford,** Married or Single **Single.** ✓  
 Place and Date of Enlistment **27th Novr., 1915.** ✓ Place of Birth **Birmingham, England.**  
 Name and Address, Next-of-Kin **Mrs. Mary Ann Carpenter,** ✓  
**7 Morville Place, Sparbrook, Birmingham, England.** Relationship **Mother.** ✓  
 Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

H/E. A.B. No. **8221**  
**CAN. OR**

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

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.				
		<i>Arrived in England</i>		18 AUG. 1916	<i>S. S. Scandinavian</i>
10.10.16	125 Bn.	Tf 1st Bn. O. Seas	B'shott	10.10.16	Pt 2D0240
21-10.16	Ist. Bn	Taken on Strength	Field.	11.10.16	Pt, #10 of 53. <i>J.W.C.</i>
1-4-19	BWCEE	<i>208 from 1st Bn</i>	<i>Wiltott</i>	<i>23-3-19</i> <i>26-3-19</i>	<i>10</i>
30.4.19	"	<i>54-J</i> <i>S.O.S. to Canada</i>	"	<i>29.4.19</i> 29.4.19	<i>D.O. 13</i>

**A.F.B. 113 CHECKED**  
**18 OCT. 1916**





War Veterans Allowance

Name: *Carpenter, Horace*

No: *77 22 44*

1. THEATRES OF SERVICE

(1) South African War

Date and port of disembarkation:

(2) World War I *Canada, U.K & France*

- IF CANADA ) Date(s) disembarked in U.K.
- AND )
- U.K. ONLY ) Date(s) S.O.S. in U.K. for Canada
- ) Period(s) of desertion in U.K.

(3) World War II

Date of embarkation:

(4) Korean War

Date of embarkation:

2. Date and place of all enlistments:

*27 Nov 1915 - Brantford, Ont*

3. Date of all discharges and reason:

*9 May 1919 - Demob.*

4. Date and place of birth as per attestation paper:

*19 April 1896 - Birmingham, England*

5. Marital status: If married, name in full of wife:

*Single*

6. Any other military service: *mil*

7. Decorations, if any. *mil*

Clerk's Initials:

*Hamilton  
19/5/60*

126

M. F. W. 54.  
150M. 10-15.  
H.Q. 1772-39-920.

# W. S. B. CLASS. A. Fill in Only.—Unit, Number, Rank and Name. Casualty Form—Active Service.

Unit, Regiment or Corps 125TH. OVERSEAS BATTALION, C. E. F.  
 Regimental No. 772444 Rank Private Name Carpenter, Horace  
 C. E. F.  
 Enlisted (a) 27/11/15 Terms of Service (a) Duration of war Service reckons from (a) 27/11/15  
 Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. } Farmer.)  
 Extended Re-engaged Qualification (b) (Kahnker)

VERIFIED CORRECT  
 24 OCT 1916  
 CAN. RECORDS, LONDON

Report Date	From whom received	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.
		Embarked Canada Disembarked England	Halifax Liverpool	6/8/16 18/8/16	
10.10.16	06125	Proceeded overseas for service with 1st Bn P.T.O. 240.		10.10.16	at Cannon Crossed for O.B. 125th Bn.
11.10.16	C.B.D.	Reinforcement 1st Bn	C.B.D.	11.10.16	N.R. P.T.O. 53, d/21.10.16
1.11.16	do	left for unit	Field	1.11.16	N.R.
5.11.16	0.C.1st BN	ARRIVED 1st BN	FIELD	4.11.16	B. 213 D. C.S 339
8.11.17	do	GRANTED 14 DAYS LEAVE	do	7.11.17	B 213
5.1.18	do	RETURNED FROM LEAVE	do	29.12.17	B213
10/1/18	do	Sentenced to 5 days for when on app. Drunk in billets at 9.45 am	do	8 1/18	B2069. Part 2 # 8 d 24/8
20.1.18	do	Left Special M.G. Depot	Field	13.1.18	B 213
30.1.18	do	Returned from Special M.G. Depot	do	30.1.18	B 213

(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				
1.6.18	AID.	Classified B1.	Field.	1.6.18	W3339/595 Pt II 64 19/18
8.12.18.	1st CAN BN.	GRANTED 14 DAYS LEAVE	ek.	8.12.18.	B 213. Pt. 11 No 128. d/... 1918.....
	Emb. Camp.	Proceeded to England.		22/3/19.	N.R. Pt.2 O.No. 81.....
					<p><i>invalid</i></p> <p>LIEUT. FOR LI-COL. A.A.G.</p> <p>29.4.19</p> <p>PROCEEDED TO CANADA PT.2-O-NO 12 DATE 22/4/19</p> <p>W. Cole LIUT FOR OC GROUP 19</p> <p><i>W. Cole</i></p> <p>CAPTAIN &amp; ADJUTANT, No. 16 TRANS. ATLANTIC, CONDUCTING STAFF O, E, F.</p>
		29th April 1919 Embarked £ S Baltic Liverpool.			

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. 772244 Rank Pvt Name Carpenter Horan  
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }  
 present rank } to lance rank } 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				
APR 29 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO			PART II D. O. 133
MAY 9 1919		S.O.S. No. 2 District Depot		Part II, D.O. No. 133	<i>W. J. [Signature]</i> Lieut. For O. C. No. 2 District Dep.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.



# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge  
Class "A" No. ....

THIS IS TO CERTIFY that No. 772244 (Rank) Pte.  
 Name (in full) CARPENTER Horace enlisted in  
 the 125th Battalion  
 CANADIAN EXPEDITIONARY FORCE at Brantford on the 27th  
 day of Nov. 19 15.  
 HE served in 1st Br. C. I. in England and 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 ft. 3 1/4 ins  
 Complexion Fair  
 Eyes Blue  
 Hair Brown  
W. Carpenter  
 Signature of Soldier

Marks or Scars  
Nil

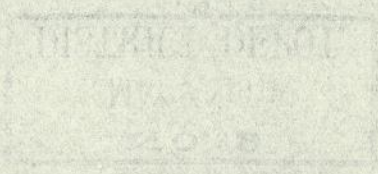
Date of Discharge HAMILTON, ONT.  
**NO. 2**  
**MAY 9 1919**  
**DISTRICT DEPOT.**

W. J. ...  
 Issuing Officer Capt  
 For  
**C. C. No. 2 District Depot.**  
 Rank

Date May 9. 1919

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.

THE PROPERTY OF THE DISTRICT OF COLUMBIA



NAME OF PERSON

NO. OF REGIMENT

REGIMENT

COMPANY

PLATOON

SECTION

POSITION

DATE

DATE OF ISSUE

A BRIEF DESCRIPTION OF THIS PROPERTY

THE PLACE IN WHICH THIS PROPERTY IS KEPT

THE NAME OF THE PERSON TO WHOM THIS PROPERTY IS ISSUED

THE NAME OF THE PERSON TO WHOM THIS PROPERTY IS RETURNED

THE NAME OF THE PERSON TO WHOM THIS PROPERTY IS TRANSFERRED

THE NAME OF THE PERSON TO WHOM THIS PROPERTY IS REISSUED

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

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE



25  
CARD NO.  
S.O.S. No. 9/5/19  
Memob. FOLL.  
No. 0133 13/5/19#2  
W.D.

9  
SURNAME. *Carpenter,*

CHRISTIAN NAMES *Horace*

REGL. NO. *772244* RANK *Pte.*

UNIT *125<sup>th</sup>* *Pat.*

FORMER CORPS *Ail.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Carpenter, Mrs. Mary Ann*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *7 Morville Place, Sparkbrook,  
Birmingham, Eng.*

COUNTRY OF BIRTH *England, Birmingham*

DATE *Apr. 19<sup>th</sup> 1896.*

PLACE OF ATTESTATION *Brantford, Ont.*

DATE *Nov. 27<sup>th</sup> 1915.*

*Sailed from Halifax.*

*7-8-16. Box 509A  
F.S. Scandinavian  
4 1/10 7/5/19 320 pte.  
M. F. W. 22. 100m. -1-16. H. Q. 1772-39-839.  
10/3*

MARRIED

SINGLE

*Yes*

WIDOWER

TRADE OR CALLING

*Farmer*

RELIGION

*Baptist*

DESCRIPTION.

APPARENT AGE

*19* YEARS

*7* MONTHS

HEIGHT

*5* FEET

*3 1/4* INCHES

CHEST MEASUREMENT

*37* INCHES

EXPANSION

*4* INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Brown*

DISTINGUISHING MARKS

*Nil.*

MEDICAL EXAMINATION.

PLACE

*Brantford, Ont.*

DATE

*Nov. 25<sup>th</sup> 1915.*

*Home*  
*mtg*

Number

772244

Rank

*pte*

Surname

CARPENTER

Christian Name

Horace

Units

*1st. Bn. Can. Inf. Theatre of War France*

Date of Service

*10-10-16.*

Remarks

*97 Murray St.*

Latest Address

~~*25 Mowhawk St.*~~

*Brantford Ont.*

Roll No.

*B Page 18376*

200m.-6-21.

(This form to be filled in by all ranks on voyage to Canada.)

RANK

SURNAME

INITIALS

UNIT

Home address.....

(Street)

(City or Town)

(Province)

One person to be notified of arrival.....

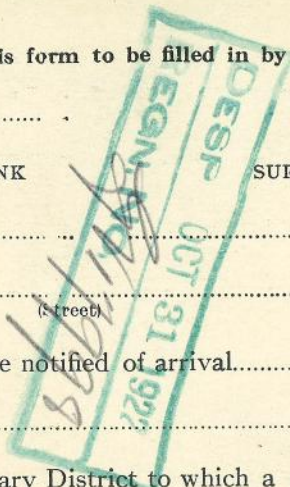
Station in Military District to which a furlough warrant is required.....

Railway.....

Is your wife on board..... Number of children on board.....

Place of destination.....

(Sgd.).....



No. 172244 RANK Pte.

NAME Carpenter, Horace

T. O. S. 28-11-15 UNIT 125th. Battalion, I. C. F.  
(D.O.#1 of 7-12-15)

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Nov. 28 1916	Dec. 31 1916	✓		
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May		✓		
June 4	June 30	✓	Returned from seeding furlough D.O.# 143 of June Payler's 4-6-16.	UNIT SAILED AUG 7 1916
July 1	July 31	✓		
Aug		49		

**DUPLICATE**

**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.....  
 .....

(2) Regimental Number ..... 772244 .....

(3) Full Name of Soldier..... Carpenter, Horace. .....

(4) Place of Birth..... Birmingham, England. .....

(5) Are you married, or not? ..... Not Married. .....

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

(b) Present Postal Address.....  
 .....

(7) Are you a widower? .....

(8) Have you any children?.....  
 If so, give number of boys and girls.....  
 Also their names and ages.....  
 .....

(9) Is your Father alive?..... No.....

If so, state name and address .....

(10) Is your Mother alive?..... Yes.....

If so, state name and address..... Mary Anne Carpenter,

..... 104 Brunswick Rd., Sparkbrook, Birmingham, England.

(11) If your Mother is a widow..... Yes.....

Are you her sole support, or not?..... Yes.....

(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.

..... Has not allowed anything but is going to do so.

(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.

..... M. B. Blatchford Lt. Col.  
..... Officer Commanding.

Date..... 26th. July 1916.....

19

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 Bramshott DATE 24-3-19

1. 1 (a) Unit 1st C.I. Bn. (b) Regimental No. 772244 (c) Rank Pte  
 (d) Surname CARPENTER (e) Christian name Horace  
 (f) Home address 25 Mohawk St. Brantford Ont.  
 (g) Next of Kin Mother Mrs. M. Carpenter (h) Relationship Mother  
 (i) Address of Next of Kin 7 Morville Place, Brunswick Rd. Sparkbrook  
 2. Age last birthday 22 Date of birth April 19 - 1896.  
 3. Enlistment, or Appointment (if an Officer) (a) Place Brantford (b) Date 27-11-15  
 4. Personal description:  
 (a) Height 5' 3" (b) Weight 125 (c) Complexion fair  
 (d) Colour of hair Light (e) Colour of eyes Blue (f) Identification marks, Scars, etc. nil  
 5. Former trade or occupation Farmer.

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 <u>3</u>	Days <u>120</u>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------	--------------------

	PERIODS	
	From	To
Canada	<u>27-11-15</u>	<u>6-8-16</u>
England	<u>6-8-16</u>	<u>10-10-16</u>
France or other theatres of War	<u>10-10-16</u>	<u>22-3-19</u>

7. Original disease, or injury Hyperopia R & L. Amblyopia - L.  
 (a) Date of origin Childhood (b) Place of origin England  
 (c) Cause Congenital



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.)

Defective vision R Th.

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.)

Spec. report - Bramshatt - 25.3.19.

Vision - Right.  $\frac{6}{12}$  R.  $\frac{6}{6}$   
 Left.  $\frac{3}{60}$  with glasses L.  $\frac{6}{36}$ .

Sgd. J. H. McRae Capt.

- (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).)

Always had poor sight.

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).)

nil

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

nil

11.—(a) Did the disabling condition have its origin before enlistment? yes.

(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.)

no.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 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? permanent

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

Spec. reports attached See question 9.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

no

16. Can the former trade or occupation be resumed? yes  
(If not, briefly state why)

17. Recommendations

no

H. Mitchell Capt. Camc  
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, H. Carpenter 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

H. Carpenter Rank. Pte  
Signature of invalid examined.

AMM

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.

*yes*

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.)

*yes B1*

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 auth. of A.G. 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.

*[Signature]*  
President.

PLACE *Bramshott*

*[Signature]*  
Members

DATE *27-3-19*

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.

.....President

PLACE.....

.....Members

DATE.....

APPROVED BY

APPROVED BY

*[Signature]*  
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE *27/3/19*

DATE.....

M.B. 108.

CANADIAN CORPS CAMP, BRAMSHOTT.

To:- Officer Commanding, *1st Batt.*

The following is a special EYE report on the under-mentioned. Your H.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 ~~Medical~~ Board as there ~~is~~ a disability of the Eye.

Name *Carpenter, H.* . . . . . Number *772244.* . . . . . Rank *pte.*

Unit *1st Batt.* . . . . . Former Occupation *Farmer.*

Original Disease or Injury *Hyperopia R.H. (L. amblyopic)*

Date of Origin *Childhood* . . . . . Place of Origin . . . . .

Cause *Congenital* . . . . .

Present Disability *Defective vision R.H.* . . . . .

Present Condition:-  
Vision L:- *6/12 -* Rt:- *6/6*

L:- *3/60* with glasses L:- *6/36*

Category recommended *B* . . . . .

History of present condition *Has always had poor eyesight.*

Did the disabling condition have origin before enlistment? *Yes*

If so, has it been aggravated by service? *No*

Has the disability been caused or aggravated by Intemperance or improper conduct or by unreasonable refusal to accept treatment? *No*

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

Can the former grade or occupation be resumed? *eyes*

Fundi:-

Date *25/3/19* . . . . .

*J. Moore* *Capt*  
Major,  
Officer i/c. Medical Board Eye  
and Ear Dept., C.C.C. Bramshott.

**ORIGINAL 125th OVERSEAS BATTALION C.E.F.**  
**772244 MEDICAL HISTORY SHEET.**

Surname Carpenter Christian Name Horace

Examined { on 25th. day of November 1915  
 at Brantford, Ont.

Birthplace { City or Town Birmingham  
 County England.

Approved by R. H. Palmer  
 Rank 2nd Lt Col M.O.

Apparent age 19

Trade or occupation Farmer

Height 5 Feet 3 1/4 Inches.

Weight 124 Lbs.

Chest measurement { Minimum 33 inches.  
 Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left.  
 Number Two

Date	Result	VACCINATIONS.
<u>23/3/16</u>		<u>G. H. Hanne</u> M.O.
		M.O.
		M.O.

When Vaccinated last 1910

(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>3/3/16</u>		<u>G. H. Hanne</u> M.O.
<u>11/3/16</u>		M.O.
<u>20/3/16</u>		<u>Capt</u> M.O.
<u>1/9/16 TAB</u>		

Enlisted on 28<sup>th</sup> day of November 1915 at Brantford, Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>88<sup>th</sup> D.R.C.</u>	<u>38th.</u>	<u>Temperate</u>	<u>28 Nov 15</u>
Transferred to.....	<u>125<sup>th</sup> Os. Bn.</u> <u>1st Bn</u>	<u>125</u> <u>772244</u>		<u>28 Nov 15.</u>

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshatt</u>	<u>27-3-19</u>	<u>Hypertension R &amp; L</u> <u>L amblyopia</u>	<u>W. MacLachlan Capt</u>

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



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

DIRECTIONS TO  
DENTAL OFFICERS

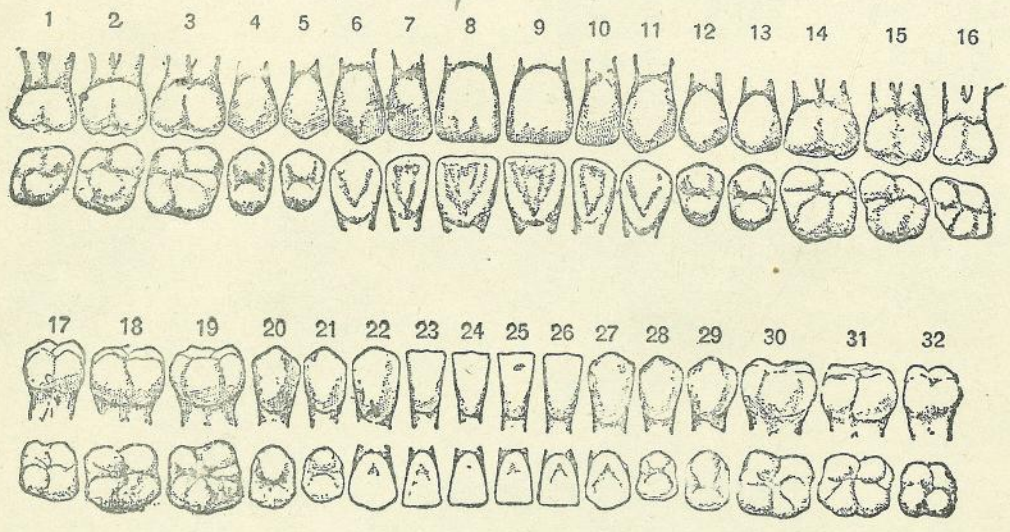
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Ch Carpenter, A.I.  
REGIMENT 1st. RANK Plt No. 272244

Date of Examination in England 24/3/19 Date of Examination in France \_\_\_\_\_

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

*19.*



### PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS 19.
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

*Dental Certificate Issued.*

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 \_\_\_\_\_

Signature of Dental Officer [Signature]

# FORM OF WILL.

I, Horace Carpenter (Name in full)  
Regimental Number 442244 serving in 125<sup>th</sup> O.S. Batt.  
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me  
made and declare this to be my last Will.

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

My Mother Mrs. Mary Ann  
Carpenter, 104. Morville Place  
Brunswick Rd. Sparfbrook  
Birmingham England.  
Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

**IMPORTANT  
NOTE**

This must be Signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this 30<sup>th</sup> day of July A. D. 1916

Horace Carpenter Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything  
except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence  
of us both present at the same time, who in his presence, at his request, and in  
the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO  
WITNESSES  
MUST  
SIGN HERE

Signature of First Witness James, Freeman, Folkner.  
Address of Witness St George Ont. Canada  
Occupation of Witness Painter  
Signature of Second Witness Chas. H. Good  
Address of Witness RR #3, Brantford, Ont. Canada  
Occupation of Witness Farmer



CERTIFIED A TRUE COPY

ESTATES BRANCH

NOV 20 1916

MILITIA DEPT.

*W. Spencer Reep*  
OFFICER U.S. ESTATES, H. & D.

35032

## MILITIA AND DEFENCE ASSIGNED PAY.

To whom Mrs. Mary Ann Carpenter,

Address 7 Morville Place,  
Brunswick Road,  
Sparkbrook.

Rate \$15.00

Birmingham. Eng.

Date to Commence Aug. 1st; 1916.

By whom assigned Carpenter, Horace,

Regtl. No. 772244

Rank Private

Corps, &amp;c. 125th Battalion

### PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept		183925	30		
Oct.		191875	15		
Nov.	60 <sup>00</sup> ✓	228895	15		
Dec.		269410	15		
Jan.	1917	310939	15		
Feb.		358642	15		
Mar.		397564	15		
April			120 -		
May					
June					
July					
Aug.					

S.A. & A.P. checked & found correct.  
22.3.17  
M. Regan Pay Sgt.

## ASSIGNED PAY.

By whom assigned

*Carpenter, Horace.*

Regtl. No.

*772244.*

*Pte. 125th Battr.*

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

P. 559.  
MARRIED OR SINGLE

PLACE OF BIRTH

*S.*  
Birmingham, England.

NAME AND ADDRESS OF NEXT OF KIN

Mrs. Mary, Ann, Carpenter,  
1 Morville Place, Sparkbrook B'Ham. Eng.

RELATIONSHIP OF NEXT OF KIN

Mother.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE

ADMISSIONS TO HOSPITAL, &c.

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

*S.A. & A.P. checked & found correct 22-3-14 Michigan Payroll*

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE RO								
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS				RATE	AMOUNT		1		2		3	
			\$	C.			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE
Aug 1																					
to Aug 31	31	1 <sup>00</sup>	31	00	31	.10	3	10			34	10	16	30/16							
Sept 1																					
to 30	30	1 <sup>00</sup>	30	00	30	.10	3	00			33	00	78	15/16	140	30/16					
Oct 1																					
to Oct 9	9	1 <sup>00</sup>	9	00	9	.10	90				99	0	183	8/16							
Oct 22	1	22	22		22	.10	220				24	20									
Nov 30	-	30	-		30	.	3				33	-									
Dec 31	31	31	31		31		3	10			34	10	1547	30-11							
			15	30			15	30													
Jan 17	31	1 <sup>10</sup>	34	10							34	10	168	11/29	1775	2/					
Feb 28			30	80							30	80	1808	10/1							
Mar 31			34	10							34	10	1912	25/2	2108	22/3					
April 30			33								33		1870	3/2	1993	10/3					
May 31			34	10							34	10	71	6/4							
			334	40							334	40									
			334	40							334	40									

75-86



972244 Pto Carpenter H.

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS				RATE	AMOUNT		1		2		3	
			\$	C.			\$	C.						\$	C.	No.	DATE	No.	DATE	No.	DATE
1917																					
			33440								33440								5572	1845	436
June 30	1%	33									33	238 9/5 133 18/6 308 21/5						as of 1/1	357		
July 31		3410									3410							4/8295	261		
Aug 31		3410									3410							141511	268		268
Sept 30		33 -									33 -	664 6/8 694 6/8						A. 194044	535		
Oct																					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERIALIZED	MONTH	PARTICULARS	CR. 1	CR. 2
									16050						
Oct 31	P.P.	3410		823 24/8 1Bw	357		15					March 31	P.P.	3410	
				907 11/9	357										
				1026 27/9	446				168 00						
Nov 30		3410		B.32231 (£3.1.8)	1160		15								
		3300		at 1124.13/10/17. 1Bw.	357										
				at 1194.17/10/17. 1Bw.	357										
				C9227 £3-1-8 Dec			15								
Dec 31 1918	P.P.	3410		at 1725.28/10/17. 1Bw.	446				193 50 nil						
		6710			1160		30								
Jan 31	P.P.	3410		649027 £3-1-8			15								
				1305 23/11/17 1Bw (11)	892										
				F.C(1) 1083 6/12	8760										
				F.C(1) 1083	973										
				1373 19/12	10025										
Feb 28	P.P.	3410		Stamp F.P. 4/18 LAB 8 24/18	178		15		104 57						
		3080		Chg D. 2234 £3-1-8	10803		15		30 80						
				1482 4.1.18 1st Bw	446				35 37						
				1573 14.1.18 1st Bw	324				2749						
				1692 11.2.18	803										
					446										
					1249		15		107 88						
							15		107 88						

ITEMS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			
436		150		22853	10587				
		15		23 86	11501				
		15		15	13411				
		15		17 68	15053				
		15		23 03	16050				
		<del>15</del> 9							

CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	SERVICES	DEFER. PAY	SER. CHG. ENG.
							10788		
34 10		Chg D46032 f3-1-8			15		3410		
		1772572/18 1st Am	7 14				14198		
		1862173.18 ✓	446				3210		
		5d. F.P. 4/1/18 1st Am 0.08	11 60						2050 1160 3210
				550			10988		
34 10			11 60	550	15		10988		

\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.8.16		EFFECTIVE DATE:-	
AMOUNT:- 15 <sup>00</sup> / <sub>XX</sub>		AMOUNT:-	

NAME:- **CARPENTER Horace** E

NUMBER:- 772244

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.

*Mrs. Mary Ann Carpenter (mother)*  
*NORVILLE*  
*7 Norville Place, Brunswick Rd.,*  
*SPARK BROOK*  
*Sparkhill, Birmingham Eng.*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

Stopped Effect 1-5-19.

UNIT AND TRANSFERS			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			1st Bn
	1/6/19		ban det.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
27-3-19	1227	Billing ccc	£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: *Trans to Canada 1-4-19 Auth B. Shott NR*

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March 31	Bal Forward								109 88		
April 30	P.P.	33		A43646 £3-1-8			15				
				A.R. 38 17/4/18 1st Bn	4 46						
				- 436. 19/4/18 Cdsig Co.	4 46				118 96		
May 31	P.P.	33		A67332 £3-1-8.	8 92		15				
				A.R. 182 7.5.18 1st Bn	4 46						
				A.R. 265 18.5.18 ✓	3 57				130 03		
June 30	✓	34 10		B. 53240 £3. 1. 8	8 03		15				
				WR. 306. 4.6.18	4 46						
				447 19.6.18 1 Bn	3 57				140 -		
July 31	✓	33		Ck. B19438 £3-1-8	8 03		15				
				- 63 2.7.18 ✓	3 57						
				- 159. 16.7.18 -	4 46				151 07		
Aug.	✓	34 10		Ch C 52841 £3-1-8.	8 13		15				
				349 22.8.18 ✓	1 78				168 39		
Sept	✓	34 10		CKD 9038 £3-1-8.	1 78		15				
				414 7.9.18 ✓	5 35						
				580 14.9.18 ✓	3 57				177 47		
Oct 31	88.	33		D 52612 £3-1-8	8 92		15				
				A.R. 744. 3/10/18. 1 Bn	3 73						

F850 cleared 11/1/18

F850 cleared 11/1/18



Stopped Effect 1-5-19

UNIT AND TRANSFERS			
ORIGINAL UNIT:- 125th Bn,			
DATE ACCOUNT FIRST OPENED:- 1.8.16			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
	1/6/19		1st Bn Can Det.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
27-3-19	1227	Billing ccc £15	73 00				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'G ALL'CE
	1	-	-	10

New ASP's Issued #118994 11/12/18

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans to Canada 1-4-19 Auth B's Short NR ~~3530~~ 29-3-19 B's Short MD 2 L.P.C Bal. 740

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal Forward								109 88		
April 30	P.P.	33		A43646 £3-1-8			15				
				A.R. 38 17/4/18 1st Bn	4 46						
				- 436. 19/4/18 C.C. Sig Co	4 46						
May 31	P.P.	33	34 10	A67332 £3-1-8	8 92		15		118 96		
				A.R. 182 7.5.18 1st Bn	4 46						
				A.R. 265 18-5-18 ✓	3 57						
June 30	✓	34 10	33	B. 53240 £3. 1. 8	8 03		15		130 03		
				W.R. 306. 4-6-18	4 46						
				427 17.6.18 1st Bn	3 57						
July 31	✓	33	34 10	Ck B19438 £3-1-8	8 03		15		140 -		
				- 63 2.7.18 ✓	3 57						
				- 159. 16.7.18	4 46						
Aug.	✓	34 10	34 10	Ck C 52841 £3-1-8	8 13		15		151 07		
				349 22.8.18 ✓	1 78						
Sept	✓	34 10	33	Ck D 9038 £3-1-8	1 78		15		168 39		
				414 7.9.18 ✓	5 35						
				580 14.9.18 ✓	3 57						
Oct 31	P.P.	33	34 10	D 52612 £3-1-8	8 92		15		177 47		P.S. 11/11/18
				A.R. 744. 31/10/18 1st Bn	3 73						
				✓ 939. 25/10/18 #1. 1st Bn	5 60						P.S. 11/12/18
Nov 30	✓	34 10	33	E 1613 £3-1-8	9 33		15		187 24		
Dec 31	✓	34 10	34 10	A.R. 1067 3/11/18 #1. 1st Bn	5 60						
				✓ 1247 16/11/18 ✓ ✓ ✓ ✓	3 73						
				E 69013 £3-1-8			15				
				A.R. 1511 1/12/18 ✓ ✓ ✓ ✓	5 60						
				A.P. 81045 11/12/18	38 93						
				6/10	Pres - 53 56						

NUMBER 772244 RANK *Pt*

NAME CARPENTER H.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Dec.	Carried fwd.	6710		Carried fwd.	5386		30				
Jan	31 RP	3410		AR 154 1/10/18 1/5 of 1/20 ✓	9733				7215		
		10120		312012 1-3-8 Jan.	5117		15		9265		
Feb.	28 ✓	3080		AR 2039 7-1-19 1st Bn ✓	377		45		6490		
				• 2243 22-1-19 ✓ ✓	373				15718		
				768210 1-3-8	760		15		14975		
				AR 2574 5-2-19 1st Bn ✓	1306				740		
Mar.	✓	3410		✓ 3005 19-2-19 ✓ ✓	2055						
				5. 21609 1-3-8	273		15				
				AR 3321 4-3-19 ✓ ✓	373						
				✓ 3439 11-3-19 ✓ ✓	373	10475			9540		
		6490			3175		30				
				✓ 1227 27 3 19 BW cell 1	173.00						
				✓ 333 16-4-19 ✓ ✓	487						
				✓ 527 25-4-19 ✓ ✓	973						
				AR 9012 1-3-8 April	8760		15		720		
					8760		15				

29/3/19  
checked  
S. O. S.

S.O.S to Canada 29/4/19 Sh 54

Mar.

✓

3410

768210 £ 3.1.8 7.60  
 A.R. 2574 5-2-19 1st Bn ✓ 13.06  
 ✓ 3005 19-2-19 ✓ ✓ 22.55  
 5. 21609. £ 3-1-8 15  
 A.R. 3321. 4-3-19. ✓ ✓ 3.73  
 ✓ 3439. 11-3-19. ✓ ✓ 3.73 104.75  
 6490 31.75 30  
 ✓ 1227. 27.3.19. SWCC 1 73.00  
 ✓ 333 16-4-19 ✓ ✓ 2 4.87  
 ✓ 527 25-4-19 ✓ ✓ 4 9.73  
 A9012 3-1-8 April 87.60  
 87.60 15  
 15

9540

720

S.O.S to Canada 29/4/19 Sh 54

29/3/19  
checked  
y. Harrison



