

NAME

*Baglole**Arthur R James*

REGT. NO.

UNIT

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)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

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)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

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)

*sent cert.**C.B.3*

DEATH

Category

DISCHARGE

Category

DEMOB.

DESERTION

com.

4/11

Number 3 2 0 4 7 4 3.

Rank

Pte.

B

Surname BAGLOLE

Christian Name

Arthur James.

Units N. S. R.

Theatre of War

ENIG.

Date of Service

15. 8. 18.

Remarks

Latest Address

Richmond. P. E. S.

Roll No.

A Page 4216

200m.-6-21.11.

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D

TOTAL SERVICE WHERE DATE AND PLACE OF OR
AND HOW LONG

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM)
NAME OF HOSPITAL

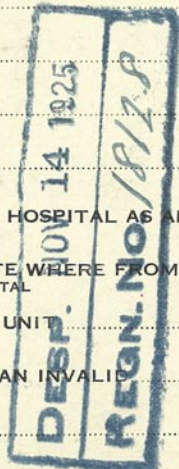
DATE OF DISCHARGE TO UNIT IN CA

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED



Dispersal Area No. *A*

Occupational Group No. *7*

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

W.S.B. Class " "

H.M.T. MAURETANIA
L.O.D. SPTN. 28-6-19
SLG, INC. 94

1. No.	<i>3704743</i>		
2. Rank	<i>Pte</i>		
3. Name	<i>Baglolo Arthur James</i>		
4. Unit	<i>17 Res Bn M.R.</i>		
5. Date of Discharge	<i>JUL 13 1919</i>	Place	<i>CHARLOTTETOWN, P.E.I.</i>
6. Reason for Discharge	<i>Demob. W. of Kin Religion Father Presbyn</i>		
7. Authority	<i>P.O. 1 x 20</i>		
8. Proposed Residence after Discharge	<i>Richmond P.E.I.</i>		
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.? <i>29</i>		
	<i>A. J. Baglolo</i> Signature of Soldier.		
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. <i>CHARLOTTETOWN, P.E.I.</i> Place..... Date..... <i>JUL 5 1919</i>		
	<i>B. Ritchie</i> Signature..... (O. C. Discharging Unit.) For O. C. Dispersal Station "A"		

TRL

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

Group.....
Checked by No.....
18/6/19

6 M. D. 1st Depot Battalion Nova Scotia Regiment

Regtl. No. 3204743

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

14/9/18

(Class One)

- Surname Baglolo
- Christian name Arthur James
- Present address Richmond, Lot 14, P. E. Island
- Military Service Act letter and number HQ 586588
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension or surrender)
- Date of birth July 19th, 1897
- Place of birth South West Lot 16, P. E. Island
(town, township or county and country)
- Married, widower or single Single
- Religion Presbyterian
- Trade or calling Laborer
- Name of next-of-kin James Baglolo
- Relationship of next-of-kin Father
- Address of next-of-kin Richmond Lot 14, P. E. Island
- Whether at present a member of the Active Militia No
- Particulars of previous military or naval service, if any None
- Medical Examination under Military Service Act :—
(a) Place Summerside, PEI (b) Date 29-10-17 (c) Category A2

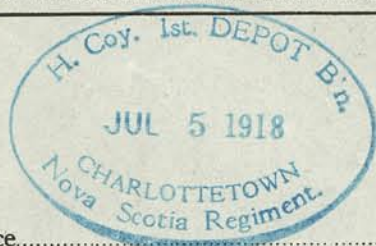
DECLARATION OF RECRUIT

I, Arthur James Lewis, do solemnly declare that the above particulars refer to me, and are true.

Arthur James Baglolo (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	20	yrs.	4	mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease. Slight scar over left elbow from burn.
Height	5	ft	4	ins.	
Chest measurement	fully expanded	32	ins.		
	range of expansion	3	ins.		
Complexion	Fair				
Eyes	Blue				
Hair	Brown				



O. C. Stanley Depot Btl. MAJOR
O. C. H. COY. 1st DEPOT Bn. N.S. REGT.

Place Date

Surname Baglolo H. Q. 9-6
Christian names Arthur James M. D. No. 8
Regtl. No. 3204 743 Rank Pte T. O. S. July 5 19 18
Unit N. S. Regt. 1st Depo. Bn D. O. Pt. II 188 of 9/7/18
S. O. S. 13-7 19 19
Reason Demob
Auth. 20. 206 25.7.19
600

Next of kin Baglolo James Relationship Father
Address Richmond Lot 14
P. E. I.
Also notify:

BORN—Place Canada S. West Lot 16 P. E. I. Date July 19 ch 1897
ATTESTED—Place Charlottetown P. E. I. Date July 5 ch 1918
O/S 3/8/18 1363
R/C 27-19 364
104 Pte

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3204743 (Rank) Pte.
 Name (in full) Baglolo Arthur James enlisted in
 the 1st Depot Bn. N.S. Regt
 CANADIAN EXPEDITIONARY FORCE at Charlottetown P.E.I. on the 5th
 day of July 19 18
 HE served in 17. Res. Bn. England

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

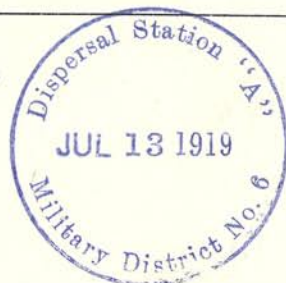
THE DESCRIPTION OF THIS SOLDIER on the Date below is as follows:

Age 21-4
 Height 5-4
 Complexion Fair
 Eyes Blue
 Hair Brown

Marks or Scars Slight scar over left elbow from burn.

A. J. Baglolo
 Signature of Soldier.

Date of Discharge



J. B. Ritchie
 Issuing Officer.

Lieut.
For O. C. Dispersal Station "A"
 Rank

Date JUL 5 1919 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.

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. "H" Coy. 1st D.B.N.S. Reg't

Regimental No. 3204743 Rank Private Name Baglole, Arthur James

C. E. F.

Enlisted (a) 5-7-18 Terms of Service (a) War and 6 months Service reckons from (a) 5-7-18

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) Laborer

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				
<i>Transferred overseas</i>				<i>2-8-18</i>	<i>ac. MacEachen Lt</i>
		<i>Disembarked.</i>	<i>Liverpool.</i>	<i>16-8-18.</i>	
<i>22-8-18</i>	<i>O.C. 17th.</i>	<i>TOS. on arrival from Canada and shown on cmd. to Bourley Reg. Camp. Aldershot.</i>	<i>Breshott.</i>	<i>16-8-18.</i>	<i>Pt. 11.0. 198.</i>
<i>16 SEP 1918</i>	<i>O.C. 17th.</i>	<i>Reported off command.</i>	<i>Breshott.</i>	<i>16 SEP 1918</i>	<i>Pt. 11.0. 219</i>
<i>28. 6. 19</i>		<i>17 Res. Bn. S.O.S.-O.M.F.C.-on Trans. To C.E.F.</i>			<i>O.O. 148</i>
		<i>H.M.T. MAURETANIA</i>			<i>Lieut., Asst. Adj.</i>
		<i>EBKD. SPTN. 28-6-19</i>			<i>17th Canadian Res. Bn.</i>
		<i>SLC. NO. 94</i>			

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
28-6-19		O'SEAS T. O. S. DISPERSAL STA. "A" CH'TOWN.		Do 192	Butcher Lieut. For O. C. Dispersal Station "A"
13-7-19		S. O. S. DISPERSAL STA. "A" CH'TOWN.		Do 192	Butcher Lieut. For O. C. Dispersal Station "A"
		DEMOBILIZATION			
				# 6199.D.0-206	

Rank _____ Name **BAGLOLE, Arthur, James,**
Unit **102nd D ft, 1st Bn, N S** If in perm. Corps, }
What Unit? }

Reg'l No. **3204743,**

Married or Single **Single**

Place and Date of Enlistment **Charlottetown, July 5th 1918** Place of Birth **South West Lot #14, P.E.I.**

Name and Address, Next-of-Kin **James Baglolo**
Richmond Lot - 14 P. E. I.

Relationship **Father**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



Discharge, Date and Place

Reason

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
			Arrived in England.		16 8 18 S S IXLOW
22 8 18	17 Res,	taken on Strength	B/shoot.	16-8-18	D-O 198
28-6-19	-cc-	SOS to Canada	ptu Dubon	28-6-19	-148
		94-A-113 dy	28.6.19		

[illegible]

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. 3204/743 Rank PT Surname BAGLOLE
 (Given name in full) Arthur James
 Unit or Corps 17th Rec Birthplace SOUTH WEST LOT 16, P.E.I.

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

1. GENERAL DESCRIPTION:

Physique good Weight 110 lbs. Height 5'4" in. Colour of Eyes blue
 Nutrition good
 Pulse 72
 Condition of arteries good
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

none

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.

no disability

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at P. point (Overseas)

Date 22/5/19 Signed Phoebe Taylor 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 A. J. Bagdale

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

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 a Medical Board.)

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

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

BAGLOLE A J.

REGIMENT

17th Ro Bn

RANK

PTE.

No.

3204743

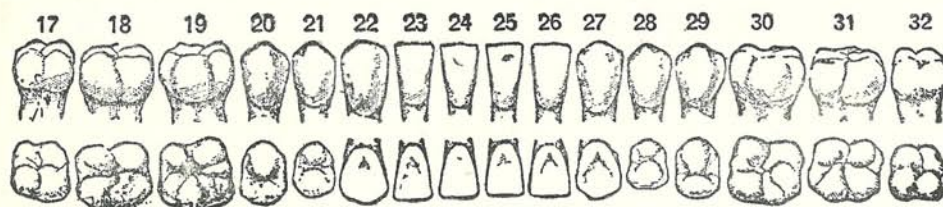
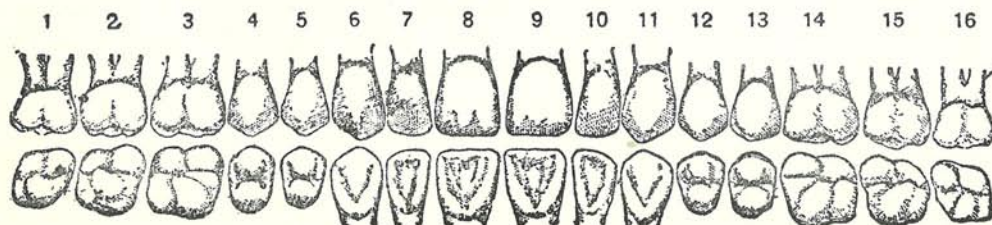
Date of Examination in England

20-5-19

Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. 9. 10. 13. 29. 31

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

No

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

M. Barba
Cap



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. F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
											11.14. 15.30											6. 3. cavities - # 4, 9, 13
																			J. B. Brown	6	Incomplete	

MILITARY SERVICE ACT, 1917.

ORIGINAL

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 Baglale Christian name Arthur James
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 658658A
 3. Consecutive number on schedule of men reporting for service (if he appears on it) 170
 4. Address (including street and number, if any) Richmond Lot 14 PCH

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 29th day of October 1917, by the undersigned medical board sitting at Summerville PCH

5. Age as stated 20 Years 4 Months. 6. Apparent age 20 Years Months
 7. Height 5 Feet 4 Inches. 8. Weight 110 Pounds.
 9. Chest measurement { Minimum 29 Ins. 10. Complexion Tan { Eyes Blue
 { Maximum 32 Ins. { Hair Brown
 11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm —
 { Left arm — 14. When vaccinated last Never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Slight scar on left elbow from burn

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism We find no evidence of past { Rheumatism
 Tuberculosis Tuberculosis
 Syphilis Syphilis
 (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 A

Okd. to Schedule by John No. 8

No. 8

Signature of Man

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
8/7/18	Take	<u>Sputum</u> M.O.	8/7/18	Good	<u>Sputum</u> M.O.
		M.O.	17/2/18	Good	<u>Sputum</u> M.O.
		M.O.	24-7-18		<u>Sputum</u> M.O.

Joined 5th day of July 1918 at Charlottetown P.C.H.

JOINED ON ENLISTMENT	CORPS	REG'TL NUMBER	HABITS	DATE
Transferred to	<u>17th Res Bn</u>	<u>3204748</u>		<u>16.8.18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Summerville PCH</u>	<u>Oct 29th 1917</u>		<u>Category A2</u>

Surname.

Christian Name

[Handwritten signature]

brother James

[illegible]

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 8165), 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 *Arthur James* 2. Surname *Baglote*
 3. Rank *Pte* 4. Original Unit *1st Bn SR* 5. Reg. No. *3204743*
 6. Address, in full, to which future payments of gratuity are to be forwarded
G. H. O. Richmond, P.E.I.
 7. Date of enlistment in the C.E.F. *July 5. 1918.*
 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *NOT APPLICABLE*
 9. Relationship of such dependent *NOT APPLICABLE*
 10. Address, in full, of such dependent *NOT APPLICABLE*
 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *NOT APPLICABLE*
 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 *Canada 1 month 13th B*
England - 9 months - 17th CRB
 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*

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? *no*
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? *NOT APPLICABLE*
24. Are you now serving in the C.E.F.? *no* If not, give:—(a) Date of discharge *1-5-1919* (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.
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?

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: *Arthur James Baglole*

Place of Residence: *Richmond - M.E.I.*

Declared before me at: *Ripon*

This *2nd* day of *JUN* 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.

D. H. Sutherland MAJOR.

For Officer Commanding 17th Can. Res. Bn.

POST DISCHARGE PAY.

Date paid. Paid Soldier Paid Dependent

War Service Gratuity

Net amount due

122 days 280 00
less W.S.G. 70
£ 210 00

Certified Correct.

District Paymaster.

Questions 12, 13, 14, 20, 24, 25, 26 and 27 not answered.