

REGIMENTAL DOCUMENTS

4580

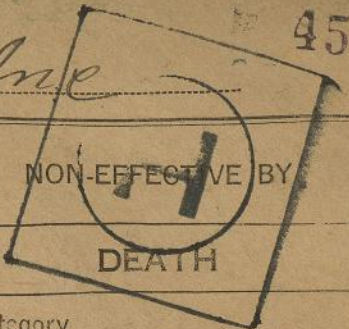


NAME

Battleley Arthur

REGT. NO. *1286060* UNIT *4000*

H. Q. FILE NO. *one*



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY
DEATH

Category



Post Trust

18/5/1917

DISCHARGE

Category

Demot

DESERTION



*15-5
10-9
2.64*

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)

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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)

*m 7 11 71
180127*

10-9/18 Normandy
Victoria B.C.

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 1286060	
Rank Staff QuarterMaster Sergeant.	
Name BOTTELEY, Arthur.	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) No.11.C.A.S.C.Service Co.	
Date of Discharge	15-6-20
Place of Discharge	Victoria, B.C.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....41.....years.....6.....months.	Descriptive Marks Lance Scar on neck and under right ear
Height.....6.....feet.....1 1/2.....inches.	
Complexion Fresh	
Eyes Brown	
Hair Dark Brown	
Trade Book Keeper	
Intended place of residence } (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of "Demobilization" C.E.F. ROutline Order 1420. Para. 1.A. Dated 12th Dec. 1918	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. Not completed Vide.R.O. 1420 Para.2 D Dated Dec.12th.1918.
	N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Not completed Vide R.O. 1420 Para.2 D Dated Dec.12th.1918.



776/40

5. He is in possession of the following number of G. C. Badges:

Not completed Vide R.O. 1420 Para. 2 D.
Dated Dec. 12th. 1919.

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

.....
.....
.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... *Arthur A. L. Botteley* (Signature of Soldier.)

(Date)..... *C. Donaldson* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed).....years.....days.
Date 12th. Dec. 1919. Total.....years.....days.

11. Confirmation of Discharge.

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

(Place).....
..... JUN 15 1920

(Signature)..... *G. Sinner* Major
for A.A. & Q.M.G.M.D. No. 11



Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None

Arthur H. L. Botteley

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16
H. Q. 1772-39-920.

R. C. G. Survey returns ed. 6.18 as per No. 795

Casualty Form—Active Service.

Unit, Regiment or Corps #11 C.A.S.C. Service Co C.E.F.

Regimental No. 1286060 Rank Private Name BOTTELEY, ARTHUR
C. E. F.

Enlisted (a) 1-11-18 Terms of Service (a) C.E.F. Service reckons from (a) 1-11-18

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) Bookkeeper

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				
1-11-18	21 CASC	TOS 11 CASC Ser; Co CEF	Victoria	1-11-18	D.O. pt 2 d/ 12-11-18
10-1-20	11 CASC	SOS 11 CASC Ser Co CEF on transfer to Cas; Co MD11	"	10-1-20	D.O. pt 2 d/10-1-20
JAN 13 1920	11 Cas.	T. O. S. District Depot XI.	Victoria, B. C.	11. 1. 20	<i>Arthur Botteley</i> Captain, R.C.A.S.C D. O. Pt II, 13. 1.
13. 1. 20	D. D. XI	<i>Attached for duty to 11 Dist. Cas.</i>	Victoria B.C.	11. 1. 20	<i>Do. Pt II 13. 2a</i>
18-6-20	Cas. Co.	S.O.S. District Depot	"	15-6-20	D.O. Pt. 11 170 <i>G. S. M. G. M. D. No. 11</i> Major

DEMOBILIZATION

(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.

No. 11656 Service Co. Duplicate
MEDICAL HISTORY SHEET.

Surname Bottley Christian Name Arthur. A. T.

Examined { on <u>5th</u> day of <u>June</u> 191 <u>6</u> at <u>Victoria</u> Birthplace { City or Town <u>Birmingham</u> County <u>England</u> Apparent age <u>37</u> Trade or occupation <u>Book-keeper</u> Height <u>6</u> Feet <u>1 1/2</u> Inches. Weight <u>200</u> Lbs. Chest measurement { Minimum <u>35</u> inches. Maximum expansion <u>5</u> inches. Physical development <u>good</u> Small-Pox Marks <u>no</u> Vaccination Marks { Arm Right Left Number <u>3</u> When Vaccinated last <u>1913</u> (a) Marks indicating congenital peculiarities or previous disease (b) Slight defects but not sufficient to cause rejection	Approved by <u>J. M. Bryant</u> Rank <u>Private</u> M.O. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date.</th> <th>Fit or Unit.</th> <th>EXAMINED FOR RE-ENGAGEMENT.</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>MOBILIZATION CENTRE VICTORIA M.O.</td> </tr> <tr> <td></td> <td></td> <td>Pres. <u>J. F. ...</u> M.O.</td> </tr> <tr> <td></td> <td></td> <td>Member <u>J. M. Bryant</u> M.O.</td> </tr> <tr> <td></td> <td></td> <td>Member <u>W. H. ...</u> M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date.</th> <th>Result.</th> <th>VACCINATIONS.</th> </tr> </thead> <tbody> <tr> <td><u>16-1-18</u></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date.</th> <th>Result.</th> <th>ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> </tbody> </table>	Date.	Fit or Unit.	EXAMINED FOR RE-ENGAGEMENT.			MOBILIZATION CENTRE VICTORIA M.O.			Pres. <u>J. F. ...</u> M.O.			Member <u>J. M. Bryant</u> M.O.			Member <u>W. H. ...</u> M.O.			M.O.			M.O.			M.O.	Date.	Result.	VACCINATIONS.	<u>16-1-18</u>		M.O.			M.O.			M.O.	Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.			M.O.			M.O.			M.O.
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Enlisted on 5 day of June 1916 at Victoria B.C.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>No. 21 Coy Carb.</u>	<u>T. 196.</u>		<u>5-6-16.</u>
Transferred to	<u>XI CASCO Co</u>	<u>1286060</u>		<u>1-11-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
VICTORIA, B. C.	FEB 1 1917	<u>J. M. Bryant</u> PRESIDENT	<u>fit</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.

OPINION OF THE MEDICAL BOARD
MEDICAL HISTORY OF AN INVALID.

1. Station. **Victoria, B.C.** 8. General remarks on his :—
2. Regiment or Corps. **No. 21 Co. C.A.S.C.** (a) Conduct. **V. G.**
3. Regimental No. and Rank. **T.196** (b) Habits. **Regular.**
Staff Quartermaster Sergeant.
4. Name. **BOTTELEY, ARTHUR.** (c) Temperance. **Yes.**
5. Age last Birthday. **38** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on **5th June, 1916.**
at **Victoria, B. C.**
7. Former Trade or Occupation. **Book-keeper.** Date. **9th November, 1917**

9. Service.	PERIODS.	
	Years.	Days.
No. 21 Co. C.A.S.C.	5-6-15	Date.

10. (a) Disease or disability. **Hypertension & albuminuria**
- (b) Date of origin. **unknown**
- (c) Place of origin. **unknown**
- (d) Cause. **Hypertension probably a result of albuminuria**

11. Present Condition. (Most Important)
(To include full description of present disabling condition or conditions.)
Lungs and abdominal organs normal, muscular tone good. complains of pain in occipital region, worse if he walks briskly or does anything extra. albuminuria has completely cleared up. Blood pressure now is Systolic 220 Diastolic 170 but he has been walking more than usual.

12. (a) Is the disability the result of service or climate? **No**
- (b) Has it been aggravated by intemperance, vice or misconduct? **No**

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Three small scars about one inch long on right side of neck behind right ear

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

N.A.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

N.A.

14. Treatment

rest at home. Pot Iodide grs 15-20
Ling Hydrarg rubbed in twice a week.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

1/8

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Six months

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

25/100

18. State if for discharge on account of unfitness for Service.

further treatment

J. H. Bryant

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10.

yes but headaches have disappeared.
Eptohy M 210. Diastolic 170. today.

11.

yes

12.

yes

15.

yes

16.

no. permanent.

17.

no. int.

19. Is he unfit for Military Service.

no

20. Recommendations :

Class C. III and returned to duty.

Signatures :—

J. F. Grant Capt. President.

L. O. Hogue Members.

W. B. Bennett Members.

Station.

Date.

Date. NOV 20 1917

Approved.

Date.

G. C. Druse Major, A. M. C.
Ass. Director of Medical Services. M. D. 11

Director-General of Medical Services.

Plan

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

100 m-2-16.
H. G. 1772-89-117.

Station	
Corps	
Regimental No.	Rank
Name	
Disability	
Date	
Hospital or Station transferred to for final disposal.	
Date of final disposal	
How finally disposed of	

The original Report is invariably to accompany the discharge documents of invalids.

MEDICAL HISTORY OF AN INVALID.

1. Station. **VICTORIA, B.C.** 8. General remarks on his:—

2. Regiment or Corps. **No. 21 Co. C.A.S.C.** (a) Conduct. **V.G.**

3. Regimental No. and Rank. **T.196 S.Q.M.S.** (b) Habits. **Regular**

4. Name. **Botteley, Arthur** (c) Temperance. **Yes**

5. Age last Birthday. **38** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on **5th. June, 1916.**

at **VICTORIA, B.C.**

7. Former trade or occupation. Date. **6th. September, 1917.**

Book-keeper.

9. Service.	1 1/2	Years.	Days.	
			PERIODS	
			FROM	TO
No. 21 CO. C.A.S.C.			5 - 6 - 16	(6-9-17)

10. (a) Disease or disability. **(1) Chronic Nephritis. (2) Hypertension.**

(b) Date of origin. **Unknown.**

(c) Place of origin. **Unknown.**

(d) Cause. **Unknown for (1). Nephritis for (2).**

11. Present condition. (Most Important.) **(1) Slight albuminaria casts hyabre and granular, blood cells epithelial cells. Pains in back of head, back of ears and top of head. Jar of feet aggravates pains in head. Unable to stoop over on account of extreme fulness of head. Blood pressure Cystotic 210. Diastotic 180. All other systems apparently normal.**

(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

12. (a) Is the disability the result of service or climate? **No.**

(b) Has it been aggravated by intemperance, vice or misconduct? **No.**

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Three small scars on right side of neck. A large mole about size of dime on back of left shoulder.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held?

N. A.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

N. A.

14. Treatment.

Coal tar products for headache, no relief. Diet etc. gives no relief.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

(1) probably 1/10

(2) probably 1/6

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

1 & 2 impossible to estimate.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

(1) 1/10

(2) 1/8

18. State if for discharge on account of unfitness for Service.

No. for sick leave.

Mr. Bryant Capt. M.C.
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes,

11. Yes,

12. Yes,

15. Yes,

16. Yes,

17. Yes,

18. Is he unfit for Military Service. Yes,

Recommendations : Recommend Class D, p for one month hospital treatment.

Signatures :—

J. H. Grant, Capt. C.M.S. President

C. P. Higgins, Cap. C.M.S.

W. T. Bennett, Lt. Col. C.M.S. Members.

Station. Victoria B.C.

Date. Sept. 6th. 1917.

Date. SEP 10 1917

Approved.

Date.

G. C. Draeseher, Major, A. M. C.
For Asst. Director of Medical Services. M. D. 11

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
200m. S-16.
H. Q. 1772-30-117.

Station	Rank
Corps	
Regimental No.	
Name	
Disability	
Date	
Hospital or Station transferred to for final disposal.	
Date of final disposal	
How finally disposed of	

The original Report is invariably to accompany the discharge documents of Invalids.

Puenteple

No. 11 C. A. S. C. SERVICE CO.

ATTESTATION PAPER.

No. 1286060

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Bottleley*
- 1a. What are your Christian names?..... *Arthur*
- 1b. What is your present address?..... *Normandie Apartments, Victoria, B.C.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Birmingham, England.*
- 3. What is the name of your next-of-kin?..... *Gertrude Bottleley*
- 4. What is the address of your next-of-kin?..... *Normandie Apartments, Victoria, B.C.*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *15th. November 1878.*
- 6. What is your Trade or Calling?..... *Book Keeper.*
- 7. Are you married?..... *Yes.*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *Yes*
- 10. Have you ever served in any Military Force?..... *No. 21 Co. C.A.S.C. 5-6-18 to date.*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the } *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. *No.*
- 14. If so, what was the nature of the disability?..... *N.A.*
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... *Yes.*
- 16. If so, what was the reason?..... *Category not sufficiently high.*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Arthur Bottleley*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

SEP 30 1918

Date.....191 . *J. O. Johnson* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Arthur Bottleley*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

SEP 30 1918

Date.....191 . *J. O. Johnson* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Willows Camp, Victoria, B.C.* this *SEP 30 1918* day of 191 .

Arthur Mann J.P. (Signature of Justice)

M. F. W. 23.
750 M.-1-17.
H. Q. 1772-39-84L

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

Description of Arthur Botteley on Enlistment.

Apparent Age.....37.....years.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....6.....ft.....1 1/2.....ins.

Chest measurement. { Girth when fully expanded.....40.....ins.
 Range of expansion.....5.....ins.

Complexion.....Fresh.....

Eyes.....Brown.....

Hair.....Dr. Brown.....

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

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

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

**Lance scar on neck
 under right ear and
 under right jaw.**

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* C-3-..... for the Canadian Over-Seas Expeditionary Force.

Date.....30th. September.....1918.

Place.....Victoria, B.C......

M. Gray

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.

.....Arthur Botteley.....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.

Arthur Botteley
 Major. (Signature of Officer)

OCT 1 - 1918

Date.....1918.....

for OC. No. 11 C.A.S.C. SERVICE CO.

CATEGORY "C.3" TRADE *Bookkeeper*
Voluntary Enlistment

M. F. W. 71.—500M.—5-16.
1772—30—96L

NAME BOTTELEY, Arthur.

REGIMENTAL NO. 1286060 RANK S. Q. M. S.

ENLISTED AT Victoria, B.C. PROMOTIONS, &c. *PMS. 1-11-18*
AND DATE

DATE ~~XXXXXX~~ 30-9-18

IF SERVED PREVIOUSLY, STATE UNIT, &c. No. 21 Co. C. A. S. C. 5-6-16 to date.

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN Gertrude Botteley RELATIONSHIP Wife

ADDRESS OF Normandie Apartments, Victoria, B.C.

ASSIGNMENT OF PAY \$ 27.00 C. TO Mrs. G. Botteley.

ADDRESS Normandie Apartments, Victoria, B. C.

SEPARATION ALLOWANCE, ENTITLED OR NOT Entitled

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Surname *Bottleley* H. Q.
Christian names *Arthur* M. D. No. *11*
Regtl. No. *1256060* Rank *S. Q. M. S.* T. O. S. *Nov 1st. 19 18*
Unit *C. A. S. C.* D. O. Pt. II *12.* of *12/11/18*
S. O. S. *19*
Reason
Auth.

Next of kin *Bottleley Mrs Gertrude* Relationship *Wife*
Address *Normanville Apts* Also notify:
Victoria, B.C.

BORN—Place *England Birmingham* Date *Nov 15th 1878*
ATTESTED—Place *Victoria, B.C.* Date *Sept 30th 1918*
O/S R/C

No. *T. 196*

RANK

Pte.
Priv. & 2. M. S.

NAME

Bottleley Arthur

T. O. S. *5/6/16*

(D.O. 161) of 24/6/16

UNIT

21st. Coy. Can. Army Service Corps

M. D. *11*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>June 5</i>	<i>June 30</i>	<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct.</i>		<i>✓</i>		
<i>Nov.</i>		<i>✓</i>		
<i>Dec.</i>		<i>✓</i>		
<i>1917</i>	<i>1917</i>			
<i>Jan.</i>		<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
		<i>✓</i>		
		<i>✓</i>		
		<i>✓</i>		
		<i>✓</i>		
		<i>✓</i>		
		<i>✓</i>		
		<i>✓</i>		
		<i>✓</i>	<i>Prom. priv. Cpl. 15/12/16</i>	<i>(D.O. 272) of 20/12/16</i>
		<i>✓</i>	<i>Prom. Sgt. 1/3/16</i>	<i>(D.O. 34) of 9/3/16</i>

(over)

July	L	Pluv. S. Q. M S. 1-7-17	Do 154 g 23-6-17
Aug.	L		
Sept.	L	1 month S. L. 14-9-17	Do 214 g 13-9-17
Oct.	L	Retd fr. " " 13-10-17	Do 236 g 15-10-17
Nov.	L	1 month " " 13-10-17	Do 239 g 17-10-17
Dec.	L	Retd fr. S. L. 13-11-17	Do 263 g 14-11-17
1918			
1918			
Jan 1	L		
Jan 31	L		
Feb.	L		
Mar.	L		
Apr.	L		
May	L		
June	L		

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 initialed 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..... Victoria, B.C...... DATE..... 15th June 1920.....

1. 1 (a) Unit..... 21 C.A.S.C...... (b) Regimental No..... 1286060..... (c) Rank..... S/C.M.S......
 (d) Surname..... Bottleley..... (e) Christian name..... Arthur Arton Talbot.....
 (f) Home address..... 12 Normandy Apts., Victoria, B.C......
 (g) Next of Kin..... Gertrude Bottleley..... (h) Relationship..... Wife.....
 (i) Address of Next of Kin..... same address.....

2. Age last birthday..... 41..... Date of birth..... 15t Nov 1878.....

3. Enlistment, or Appointment (if an Officer) (a) Place..... Victoria..... (b) Date..... 5 June 1916.....

4. Personal description:

(a) Height..... 6.2'..... (b) Weight..... 220..... (c) Complexion..... Dark.....
(stripped)

(d) Colour of hair..... Brown..... (e) Colour of eyes..... Brown..... (f) Identification marks, Scars, etc.

Depressed scar R side of neck

5. Former trade or occupation..... Bookkeeper.....

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days

Patient's Statements

	PERIODS	
	From	To
Canada	<u>5 June 1916</u>	<u>date</u>
England.....		
France or other theatres of War.....		

7. Original disease, or injury..... 1. Nephritis - 2 Hypertension.....

(a) Date of origin..... unknown..... (b) Place of origin..... unknown.....

(c) Cause..... unknown.....

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.)

Slight shortness of breath on exertion

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.)

OBJECTIVE. vessels slightly thickened - B.P. 210 - 100. Aortic second accentuated.

Urine acid 1018. no alb - no sugar - no sediment.

SUBJECTIVE. Slight shortness of breath on exertion. No headache - no frequency of micturition.

(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).)

Time or cause unknown.

2 August 1917 had severe headaches and urinalysis showed albuminuria hylem casts B.P. 210 - 180 - had two months excused duty.

Headaches disappeared almost entirely.

In April 1920 had nosebleed - ulcer on septum.

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).)

Glands at R side of neck at age six - operation.

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

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

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

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.)

Rest - dietetic medicinal.

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)

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

17. Recommendations. Return to duty

John A. ... Capt. 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 Arthur Arton Talbot Bottalay 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

Arthur A. L. Bottalay, S.A.M.S., Rank. Signature of invalid examined.

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.

Concurs.....
.....
.....
.....
.....
.....

19. Is the invalid fit for
(a) General service, (Category A) (Yes or No.)
(b) Service abroad, not general service, (" B) (Yes or No.)
(c) Home service (Canada only), (" C) (Yes or No.)
(d) Temporarily unfit. (" D) (Yes or No.)
(e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

20. It is certified that the invalid
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)
.....
(b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)
.....

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE... Victoria, B.C.
DATE... 15 June 1920
David Donald *David Donald* President.
.....
..... } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

..... President
PLACE.....
DATE..... } Members

APPROVED BY David Donald Assistant Director of Medical Services. APPROVED BY _____ Director-General of Medical Services.
DATE 15 June 1920 DATE.....

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1286060 (Rank) Staff Quarter Master Sgt.

Name (in full) Arthur Bottleley enlisted in

the C.A.S.C.

CANADIAN EXPEDITIONARY FORCE at Victoria, B.C. on the 30th

day of September 19 18

HE served in CANADA

and is now discharged from the service by reason of DEMobilization

DEMobilization

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

Age 41 Years 6 Months

Height 6 feet 1 1/2 inches

Complexion fresh

Eyes Brown

Hair Dark Brown

Marks or Scars ance Scar on neck

& under right ear

Signature of Soldier

G. Simeon

Issuing Officer

Rank Major

Date of Discharge 15-6-20

for A.A.S.C. No. 11

Appointment

Signed at Victoria, B.C. this 15th day of June 19 20

in Military District No. Eleven

WAR SERVICE BADGE CLASS "C"

File Reference No. -----

No. 93895 ISSUED

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

.....
Name of Officer

.....
Rank

.....
Appointment

Sheet 2.

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

REGT. No. 128606

M. OR S. *Married*

NEXT OF KIN <i>Gertrude Botteley</i> ADDRESS <i>Normandie Apts - Victoria B.C.</i>	RELATIONSHIP <i>Wife</i>	PARTICULARS <i>Subs. 80¢ p. a.</i> <i>J.O.S. D.D. 11-1-20</i>	EFFECTIVE DATE <i>22-2-19</i> <i>11-1-20</i>	AUTHORITY <i>D.O. 55</i> <i>D.O. 13</i>	ORIGINAL UNIT C.E.F. <i>XI CAS</i>
IS SEPARATION ALLOWANCE PAID? <i>Yes</i>	DATE EFFECTIVE <i>5-6-16</i>	PARTICULARS <i>Subsist allec</i> <i>from Sgt.</i> <i>J.O.S. xi 11-1-20</i> <i>Dep. Demob.</i>	EFFECTIVE DATE <i>11-1-20</i> <i>15-6-20</i>	AUTHORITY <i>D.O. 17</i> <i>D.O. 2 xi DD</i> <i># 21</i>	PLACE OF ATTESTATION <i>Victoria B.C.</i>
TO WHOM PAID <i>Gertrude Botteley</i> ADDRESS <i>Normandie Apts - Victoria B.C.</i>	RELATIONSHIP <i>Wife</i>	PARTICULARS <i>JOS xi DD</i> <i>Demob.</i>	EFFECTIVE DATE <i>15-6-20</i>	AUTHORITY <i>D.O. 170</i> <i>2/18/30</i>	DATE OF ATTESTATION
ASSIGNED PAY \$ <i>27.00</i>					PAYABLE TO
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE					DISCHARGED <i>Victoria</i>

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES	
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	PAY			
			\$	C.	\$	C.	\$	C.	NO.	DATE	NO.	DATE		NO.	DATE	\$
March	31	2.00	62.00	34.80	116.80		552582	552711	552644	25.00	34.80		57.00			
April	30		60.00	24.00	114.00		552781	552863	552948	25.00	32.00		57.00			
May	31		62.00	24.80	116.80		552982	553726	553781	25.00	34.80		57.00			
June	15		30.00	12.00	92.00	35.00	553842	553883	553895	25.00	10.00		57.00			
			214.00	190.60	439.60	35.00				100.00	111.60		228.00			

BALANCE FROM PREVIOUS ACCOUNT

Certified that all payments have been made on this account for which covering authority has been received to date.
[Signature]
 Paymaster, Demobilization Pay
 M.O. No. 11
 Lieut.

Sheet 2.

AUDITOR *AWB* PAYMASTER *L*

Botteley
Botteley Arthur

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

REGT. NO. *1286060* RANK *QMS* NAME (IN FULL) *Botteley Arthur*

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Subs. 80¢ p. a.</i>	<i>22-2-19</i>	<i>D.O. 55</i>
<i>I.O.S. D.D. 1st Coy</i>	<i>11-1-20</i>	<i>D.O. 13</i>
<i>Subsist Allee from Dist. D.O.S. xi Det. Sep. Demob.</i>	<i>11-1-20</i>	<i>D.O. 17</i>
	<i>15-6-20</i>	<i># 21</i>
<i>I.O.S. xi D.D. Demob.</i>	<i>15-6-20</i>	<i>D.O. 170</i>
		<i>215/20</i>

ORIGINAL UNIT C.E.F. *xi Case Case Ser Coy* IF IN P.F. WHAT UNIT? *xi Dist Sep.*

PLACE OF ATTESTATION *Victoria BC* TRANSFERRED TO *xi Dist Sep.* DATE *10-1-20* AUTHORITY *D.O. 10 (1920)*

DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY \$ *27.00* DATE EFFECTIVE _____

PAYABLE TO _____ RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS _____

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED *Victoria BC* PLACE *Victoria BC* DATE *15-6-20* REASON *Demob.* AUTHORITY *D.O. 2 E.D.A. #170* IF ENTITLED TO POST DISCHARGE PAY *170*

ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3		PAY		CHARGES		CHARGES		DEBITS		DEBIT			CREDIT	
C. NO.	DATE	C. NO.	DATE	C. NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
<i>80</i>	<i>552 582</i>	<i>552 711</i>	<i>552 644</i>	<i>25 00</i>	<i>34 80</i>	<i>57 00</i>								<i>116 80</i>	<i>ull</i>									
<i>00</i>	<i>552 781</i>	<i>552 863</i>	<i>552 948</i>	<i>25 00</i>	<i>32 00</i>	<i>57 00</i>								<i>114 00</i>	<i>ull</i>									
<i>80</i>	<i>552 982</i>	<i>553 726</i>	<i>553 781</i>	<i>25 00</i>	<i>34 80</i>	<i>57 00</i>								<i>116 80</i>	<i>ull</i>									
<i>00</i>	<i>553 842</i>	<i>553 883</i>	<i>553 895</i>	<i>25 00</i>	<i>10 00</i>	<i>57 00</i>								<i>92 00</i>	<i>Mail</i>									<i>\$35.00 Clo. Cron Disch. 15/20</i>
<i>00</i>				<i>100 00</i>	<i>111 60</i>	<i>228 00</i>								<i>439 60</i>										

Payments have been made which cover authority to date.

Arthur Lieut. Paymaster, Demobilization Pay M.O. No. 11

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

REGT. No. 1286060

M. OR S. Married

Form with fields for NEXT OF KIN (Gertrude Botteley), RELATIONSHIP (Wife), ADDRESS, PARTICULARS, EFFECTIVE DATE, AUTHORITY, ORIGINAL UNIT, PLACE OF ATTESTATION, DATE OF ATTESTATION, ASSIGNED PAY, TO WHOM PAID, DATE EFFECTIVE, IS SEPARATION ALLOWANCE PAID?

Certified that all payments have been made on this account for which covering authority has been received to date.

Lieut. P. M. S. Paymaster, Demobilization Pay, M.D. No. 11

Table with columns: MONTH, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS (COL. NO. 1, 2, 3), CASH PAYMENTS, ASSIGNED PAY, REGIMENTAL CHARGES. Rows for months 1919: July, March, April, May, June, July, August, Sept, Oct, Nov, Dec, Jan, Feb.

War Service Gratuity Service 3 years 3 months

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2595 received.

Officer i/c War Service Gratuity M.D. No. 11

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

REGT. NO. 1286060 RANK Q.M.S. NAME (IN FULL) BOTTELEY ARTHUR

PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	
			PL. OF ATTESTATION	TRANSFERRED TO	DATE
			DATE OF ATTESTATION	TRANSFERRED TO	DATE
			ASSIGNED PAY \$	DATE EFFECTIVE	
PAYABLE TO			RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
ADDRESS					
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE			EFFECTIVE		
DISCHARGED			PLACE	DATE	REASON
			AUTHORITY		
			IF ENTITLED TO POST DISCHARGE PAY		

ACQUITTANCE ROLLS			CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1		COL. NO. 2		COL. NO. 3		PAY		CHARGES		CHARGES		DEBITS		DEBIT CREDIT		
C. NO.	DATE	NO. DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	
60	142/19	1127	21/19	1032	21/19	25	9	60	57						91	60			Subst. Allow 22-28/7/05
80	142/19	1127	21/19	1032	21/19	25	34	80	57						116	80			Subst. Allow
80	142/19	1127	21/19	1032	21/19	25	32		57						114				Subst. Allow
80	240/90	240/974	240/974	25	34	80	57		57						116	80			Subst. Allow
00	281/585	281/754	281/640	25	32	00	57		57						114	00			Subst. Allow
80	281/873	512/028	281/961	25	34	80	57		57						116	80			Subst. Allow
80	512/117	512/37	512/189	25	34	80	57		57						116	80			Subst. Allow
00	512/314	512/400	512/360	25	32		57		57						114	00			Subst. Allow
80	512/457	520/538	520/503	25	34	80	57		57						116	80			Subst. Allow
00	520/584	520/618	520/644	25	32	00	57		57						114	00			Subst. Allow
00	520/674	520/703	520/729	25	35	05	57	00	57	00					117	05			Subst. Allow
80	520/757	551/220	551/109	25	34	80	57	00	57	00					116	80			Subst. Allow
00	551/388	551/524	551/447	25	29	20	57	00	57	00					111	20			Subst. Allow
War Service Gratuity										W.S.G.		D.A.							
Service 3 years 6 months										210		90							
1615705 1615706										70 00		30 00							
1615984 1615985										70		30							
1616358 1616359										70		30							
										210		90 00							
										741 00									
										1476 65									

Att. No. 1124 R.6.A.S.6

Att. to No. 11 Det. R.6.A.S.6 for duty w/effect 11-1-20 D.O. 1413