

NAME

MASSEY

LUTHER

LEWIS

REGT. NO.

931532

UNIT

2nd Co Bn

H. Q. FILE NO.

Jas  
3-4-19

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TO WHOM FORWARDED

DATE FORWARDED

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pay card

1st and

DEATH

Category

11805

DISCHARGE

Category

Remob.

DESERTION

D

14/11/22  
76



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

S.A.L.

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. 931532 Rank Pte. Surname M A S S E Y  
(Given name in full)

Luther Levi

Unit or Corps I. D. D. Birthplace Sandwich, Virginia

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

## 1. GENERAL DESCRIPTION:

Physique good Weight 157 lbs. Height 5 ft. 8 1/2 in. Colour of Eyes dk. brown  
Nutrition good  
Pulse 88  
Condition of arteries good  
Vision Rt. 20/20 Left 20/20  
Hearing (conversational voice) Rt. 21 ft.  
Left 21 ft.

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

1 vacc. left arm

scar dorsum left foot.

Opinion as to general health and physical condition Good Cat. A 2

## 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 Sytem yes Cardio-Vascular System no  
Special Senses no Integumentary System yes Respiratory System no  
Disturbance of mentality no Muscular System yes 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.

Had soft sores 1907 -no signs of syphilis

Has several patches of eczema seborrhoicum--no disability.

Had cut of dorsum left foot, 1917. Complete recovery.

No service disability.



## EXAMINATIONS.

### THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date .....

Signed ..... M.O.

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

Signature .....

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

### THIS SECTION FOR USE IN CANADA—

Examined at *London Ont* (Canada)

Date *12-2-19* .....

Signed *CM. Stafford Capt* ..... 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 *my mark + L.L. Messer* .....

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

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



H. Q. 1772-39-920.

[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				
11 <sup>12</sup> / <sub>78</sub>	MAJ	Trans to England & posted to U.S. Reg Depot	Bramshott	14 <sup>12</sup> / <sub>78</sub>	KR 344.  C. A. Hewett Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, R.E.F.
17.12.18	M.D. R.D.	T.O.S. and att'd 2nd b.b.D. for Quarters & Rations	Bramshott	14.12.18	D.O. 305
	NSRD	ON COMMAND TO CDD Kimmel Rhyl	BRAMSHOTT		PART II D.O. NSRD 3/3 27 <sup>12</sup> / <sub>18</sub>  C. A. Thught LIEUT. OFFICER in RECORDS, NOVA SCOTIA REGIL. DEPOT.
28/12/18	NSRD	Jos. M. M. 1 Con. Camp	Rhyl		
		Embarked for Canada			A. E. Overy Lieut for O/C. M. M. 1 King



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

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

500M.—9-16

H. Q. 1772-39-9:0.

# Casualty Form—Active Service.

Unit, Regiment or Corps. *2nd Const. Bn.*

Regimental No. *931532* Rank *Pte* Name *Massey, L. L.*

Enlisted (a)..... Terms of Service (a) *Def W.* Service reckons from (a).....

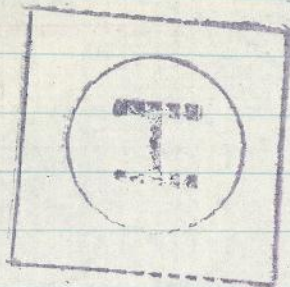
Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } roll of N. C. Os. }

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				
<i>10-1-19</i>	<i>from Ops</i>	<i>Taken on strength No. 1 District Depot</i>	<i>London</i>	<i>D.O 29</i>	<i>F. A. Herman Lieut</i>
<i>FEB 15 1919</i>		<i>LONDON, ONT, DISCHARGED</i>			<i>for Ops</i>
		<i>DEMobilization</i>			<i>O. C. Discharge Section, No. 1 D.D.</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.





J.P. Rank \_\_\_\_\_ Name **MASSEY, Luther Levi** Reg'l No. **931532.**  
 Unit **No2. Const. Bn.** If in perm. Corps }  
 What Unit? } Married or Single **Single.**  
 Place and Date of Enlistment **Windsor. Ont. 18th Sept. 1916.** Place of Birth **Sandwich.**  
 Name and Address, Next-of-Kin **Flores<sup>ne</sup> Massey.** **Amherst Co. Virginia.**  
**Sandwich. Amherst Cty. Virginia.** Relationship **Sister.**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

N/E. R. B. N. **3059**  
 File R.L. ....  
 Category **OR CAN**

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9-16-16.

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, S.S. Southland, 7-4-17.</i>			<i>(A.F.B. 103 CHECKED MAY 1917)</i>
<i>14. 6. 17</i>	<i>2<sup>nd</sup> L.C.C.</i>	<i>Arrived in France</i>	<i>Field</i>	<i>17.5.17</i>	<i>Pl. 115.</i>
<i>29-10-18</i>	<i>2<sup>nd</sup> L.C.C.</i>	<i>Awarded Good Conduct Badges</i>	<i>Pt Field</i>	<i>18-9-18</i>	<i>-59</i>
<i>16. 12. 18</i>	<i>NSRD.</i>	<i>T.O.S. from 2<sup>nd</sup> L.C.C.</i>	<i>" Bishott.</i>	<i>14. 12. 18</i>	<i>SO 305'471 / 19. 12. 18</i>
<i>27. 12. 18</i>	<i>NSRD</i>	<i>of C to Coo Rhr</i>	<i>" "</i>	<i>27. 12. 18</i>	<i>SO 313</i>
<i>19 JAN. 1919</i>	<i>NSRD</i>	<i>SOS to CEF 11</i>	<i>Pt Bshott</i>	<i>9 JAN. 1919</i>	<i>PT 200 16</i>
		<i>CANADA</i>			







# ATTESTATION PAPER.

No. 931532

No. 2 CONSTRUCTION, B'n. C.E.F.  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Massey
- 1a. What are your Christian names?..... Luther Levi
- 1b. What is your present address?..... 117 Mercer St. Windsor ONT
2. In what Town, Township or Parish, and in what Country were you born?..... Sandwich Amherst Cty. Virginia
3. What is the name of your next-of kin?..... Florence Massey
4. What is the address of your next-of-kin?..... Sandwich Amherst Cty. Virginia
- 4a. What is the relationship of your next-of-kin?..... Sister
5. What is the date of your birth?..... Dec. 28 / 1887
6. What is your Trade or Calling?..... Moulder
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?..... No  
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? }

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Luther Levi Massey, 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.

Luther Levi Massey (Signature of Recruit)

Date Sept. 18 1916 . [Signature] (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Luther Levi Massey, 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.

Luther Levi Massey (Signature of Recruit)

Date Sept. 18 1916 . [Signature] (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 Windsor on this 18 day of Sept 1916.

[Signature] (Signature of Justice)



# Description of \_\_\_\_\_ on Enlistment.

Luther Levi Massey

Apparent Age.....years.....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.....ft.....ins.  
5 7 1/2

Cut on left foot from inside backwards

Chest measurement { Girth when fully expanded.....ins.  
37  
Range of expansion.....ins.  
8

Complexion...Light brown skin

Eyes...dark brown

Hair...black

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

## 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\*.....for the Canadian Over-Seas Expeditionary Force.

Date...Sept 18 1916.

Place...Woodstock ON

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:—

APPROVED

CAPT & R.C.

## CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Luther Levi Massey.....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.

C. H. Reis Capt (Signature of Officer)

Date...Sept 18 1916.



DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number.....

(3) Full Name of Soldier.....

(4) Place of Birth.....

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

(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?..... *Yes : Charles Money*  
If so, state name and address ..... *Sandwich, Virginia*

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

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

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

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

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

(15) Are you insured?..... *Yes*  
If so, in what Company?..... *London Life*

Have you made arrangements for payment of your Insurance premium..... *Yes*

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

*David*  
Capt for Lieut-Col.  
No. 2 Construction Officer Commanding.

Date. *MAR 19 1917*



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

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

Name (in full) ..... 931532 ..... PRIVATE ..... enlisted in

the ..... HASSKY, Luther, Levi

CANADIAN EXPEDITIONARY FORCE at ..... on the

day of ..... 19 ..... WINDSOR ONTARIO ..... EIGHTEENTH

HE served in ..... SEPTEMBER ..... 16.

and is now discharged from the service by reason of

FRANCE (WITH THE 2ND. CONSTRUCTION BATTALION)

ON DEMOBILIZATION

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

Age .....

Marks or Scars .....

Height ..... 31 years

Complexion ..... 5' 7 1/2"

Eyes ..... LIGHT BROWN

Hair ..... BROWN

SCAR LEFT FOOT.

Signature of Soldier

DISCHARGE SECTION

FEB 15 1919

No. 1 District Depot

Issuing Officer

Rank

Appointment

Date of Discharge .....

O.C. Discharge Section, No. 1 D. D.

Signed at LONDON, ONT. this ..... day of ..... 19

in Military District No. .... FIFTEENTH

File Reference No. .... FEBRUARY 19

(ONE)

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

On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted.



10 nu. 131

LAST PAY CERTIFICATE

Regt.No. 931532 Rank Pte Name Mussey Levi Luther  
Corps C.C. who was Discharged  
on 15<sup>2</sup>/<sub>19</sub> to

The following is a statement of the account of the above named  
from 17<sup>8</sup>/<sub>19</sub> to 15<sup>2</sup>/<sub>19</sub>

Bal Dr	from mon. of		Bal. Cr.	from mon. of Jan 16 <sup>4</sup> / <sub>22</sub>	
	from L.P.C.			from L.P.C.	
ASSIGNED PAY:			Regt. Pay	15 dys. @ \$1	15 <sup>00</sup> / <sub>00</sub>
51283		7 <sup>50</sup> / <sub>00</sub>	F'ld. All.	15 dys. @ \$10	1 <sup>50</sup> / <sub>00</sub>
SEPARATION ALLOWANCE:			SEPARATION ALLOWANCE:		
OTHER CHARGES:			OTHER CREDITS:		
			Clothing Allowance		35 <sup>00</sup> / <sub>00</sub>
PAYMENTS:	51283	208 <sup>22</sup> / <sub>00</sub>	Subsistence,		
Bal. Credit (to be pd.)			Bal. Dr. (to be deducted)		
			(from soldier \$ )		
P.D.R.		215 <sup>72</sup> / <sub>00</sub>	(from Dependent \$ )		215 <sup>72</sup> / <sub>00</sub>

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ per month	at \$ 15 per month	Subscribed \$
has been to	has been paid to 15 <sup>2</sup> / <sub>19</sub>	Pd. by other
Nil	by this unit	Units \$
		Pd. by this
		Unit \$

Dependent or Beneficiary: Mrs Edward Lowe.  
Address: 21<sup>st</sup> W. Dougall St. Windsor Ont

REMARKS: D.O.B. Discharged. 15<sup>2</sup>/<sub>19</sub>  
Demob.

Date of Enlistment 18<sup>9</sup>/<sub>16</sub>

If married and if Separation Allowance card submitted

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

Date: FEB 15 1919

London, Ontario.

 Captain.

Paymaster No. 1 District Depot.



This form must not be used when the Proceedings are for the information of the B.P.C. In such cases, M.F.B. 227 is the only form applicable.

FOR ALL RANKS

PROCEEDINGS OF A MEDICAL BOARD (short form)

Place

Date

Number Rank Name

Corps Age Height Weight

Religion Has he been Overseas

(1) Disease or Injury

(2) Cause

Where incurred

Date

(3) Disability

(4) Present condition (describe fully)

(5) History

(6) Probable duration of Disability

(7) Is officer or other rank fit for Category, A B C D  
(answer yes or no)

(8) If for treatment, specify nature of

The following is a statement of the Secretary of the Board President.

Member

Place Date

Approved

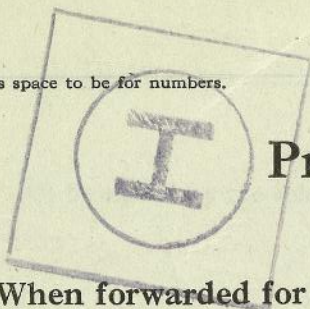
A.D.M.S., M.D.

Place

Date



This space to be for numbers.



# Proceedings on Discharge.



War Service Badge

Class **A** No **82059** Issued

28.

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

No.	931532
Rank	PRIVATE
Surname	MASSEY
Christian name	LUTHER LEVI
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2ND. CONSTRUCTION BATTALION C.O.M.F.
Date of discharge	FEB 15 1919 DO 45 14/2/19
Place of discharge	LONDON, ONT.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....31.....years.....months.	Descriptive marks
Height.....5.....feet.....7½.....inches.	
Complexion LIGHT BROWN	
Eyes BROWN	
Hair BLACK	
Trade MOULDER	
Intended place of residence	81 McDOUGALL STREET
(To be given as fully as practicable.)	WINDSOR ONTARIO.
2. The above-named man is discharged in consequence of ON DEMOBILIZATION	
Authority for discharge.....	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.  
H. Q. 1772-39-113.

(OVER)

E. R. J.



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

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

6. Medals and Decorations.....

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

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

(Place).....

(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, and that I have received my permanent discharge certificate.

(Place)..... **LONDON, ONT.** *Les mas* X (Signature of Soldier.)

(Date)..... **FEB 15 1919** *[Signature]* (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

#### 10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed).....years.....days.

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

#### 11. Confirmation of Discharge.

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

(Place)..... **LONDON, ONT.**

(Date)..... **FEB 15 1919**

(Signature).....

**G.C. Discharge Section, No. 1 D.D.**



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~~ his mark. X



Reservations related 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.)

# List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
or Field Conduct Sheet	" W. 178	Proceedings on Discharge	" B. 218
<hr/>			
In the case of recruits who are rejected on final approval, the discharge documents will consist of			
(a) Proceedings on Discharge			
(b) Attestation.			
(c) Medical History Sheet.			

Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia form B. 313
Casualty Form	" W. 54
Medical Report for Invalid§	" B. 227
Dental History Sheet	" B. 465
Last Pay Certificate	" W. 44
Duplicate Discharge Certificate	" W. 39A
‡Form of Will	" W. 82
§Only if discharged "Medically unfit."	
‡Only if man has not been overseas.	

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.



## CASE HISTORY SHEET.

Hospital.

Station.

No. 931532 Rank Pte. Name Massey L. L. Age 31

Unit D.D.#1 Completed years of service 7 1/2 Where and how long C. 7 1/2 E. 23 12 F. 19 12

Date of admission 7-2-1917 Date of discharge 11-2-19

Diagnosis Syphilis, Deg. of spinal cord, paresis of legs Place of origin France

## CONDITION ON ADMISSION AND PROGRESS OF CASE

## Complaint

- (1) Pain in small of back.
- (2) Weakness and aching in legs

## Duration

2 years more or the past year.

## Family History

F, living &amp; well.

M, not living cause unknown.

B, 2 children good.

S, 1 child " "

## Personal History

31 - single - married.

## Past Illnesses

meas.

G.C. in 1905

Chancres in 1907

## Present Illnesses

Entered Sept. 1916 - Had  
med. board Jan. 1917 which found  
loss of reflexes, ataxia etc.

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

## Exam:

Mentality good.

Pupils - equal react normally.

Speech - OK, except slight stutter

Reflexes - deep +++

Motor power - slight more on right

Sensation - good.

Heart &amp; lungs neg.

Back normal -

Wassermann Feb. 1917 - negative

## CONDITION ON DISCHARGE

(and disposal made of case.)

Date 11-2-19

G. Macgregor Captain  
Medical Officer i/c case.



No. 931532

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.



# ORIGINAL MEDICAL HISTORY SHEET.

931532

Surname Massey

Christian Name Luther Levi

Examined { on 16 day of Sept. 1916  
at Windsor Ont.

Birthplace { City or Town Sandwich  
County Amherst Cty. Virginia

Apparent age 28

Trade or occupation Moulder

Height 5 Feet 7 1/2 Inches.

Weight 180 Lbs.

Chest measurement { Minimum 34 inches.  
Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left Yes  
Number one mark

When Vaccinated last 1912

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection

none

Approved by

Rank

M.O.

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

Date.	Result.	VACCINATIONS.
<u>7/4/17</u>	<u>L.G.R.</u>	<u>Dan Murray</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7/4/17</u>	<u>L.G.R.</u>	<u>Dan Murray</u> M.O.
<u>29/4/17</u>	<u>L.G.R.</u>	<u>Dan Murray</u> M.O.
<u>3/5/17</u>	<u>L.G.R.</u>	<u>Dan Murray</u> M.O.

Enlisted on 16th day of September 1916 at Windsor, Ont

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>#260501</u> <u>C.E.A.</u>	<u>931532</u>		<u>16/9/16</u>
Transferred to				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Windsor, Ont.</u>	<u>JAN 29 1917</u>	<u>on enlistment</u>	<u>Unfit</u>
<u>Major, A. M. C.</u>	<u>Major, A. M. C.</u>	<u>Unfit</u>	<u>Unfit</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.



Surname.....Massey

Christian Name...Luther...Levi-

[illegible]



\*Name. MASSEY Luther Levi Rank Pte Regtl. No. 931532

Fyle Depot IDD 10-M-498

Original unit 2nd Cons Present unit 2nd Cons M. or S. Age 31 Religion Eng Ref. H.Q. ....

Port, ship and date of arrival Halifax, OLYMPIC 17-1-19

Next of kin Florence Massey. (Sister) Sandwich Amherst City Virginia USA

Address on leave 81 McDougall St. Windsor, Ont.

Address on discharge " " " "

Transportation issued Yes No Date Character on discharge .....

Previous occupation Moulder Date and place of enlistment September 18th 1916, Windsor, Ont.

Diagnosis NA Date of Medical Boards London, 12-2-19

Date.	Remarks	Pt. 2 Order No.
<u>T.O.S.</u>		
<u>10-1-19</u>	<u>No. 1 D.D.</u>	
<u>20-1-19</u>	<u>Posted to Cas. Coy and granted furlough with</u>	
	<u>subsistence allowance to 7-2-19</u>	<u>29</u>
<u>7-2-19.</u>	<u>Posted to Hospital Section C. H. M. H. CCO #39.</u>	<u>41 43</u>

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

(over)



Date

Remarks

Pt. 2 Order No

FEB 11 1919

*Posted to Casualty Coy.**43**43*

15-2-19

Discharged from H.M.S. On Dembb. P.D P)

45



*From Halifax per S.S. 'Southland' 28/3/17*

MARRIED

SINGLE

*Yes*

WIDOWER

TRADE OR CALLING

*Moulder*

RELIGION

*Baptist*

DESCRIPTION.

APPARENT AGE

*28*

YEARS

*9*

MONTHS

HEIGHT

*5*

FEET

*7 1/2*

INCHES

CHEST MEASUREMENT

*37*

INCHES

EXPANSION

*3*

INCHES

COMPLEXION

*Light Brown*

EYES

*Dark Brown*

HAIR

*Black*

DISTINGUISHING MARKS

*Cut on left foot from inside backwards.*

MEDICAL EXAMINATION.

PLACE

*Windsor, Ont.*

DATE

*Sept. 18th, 1916.*

*Present Address. 117 Mercer St. Windsor. Ont.*



SURNAME.

*Massey*

CARD No.

1.

CHRISTIAN NAMES

*Luther Levi*

REGL. No.

*931532*

RANK

*Pte.*

UNIT

*No. 2 Construction #1 W.D.*

FORMER CORPS

*Nil*

*80 81 15-2 19 10 14 5 14-2 19*  
*"Demot" FOLL*

*Bn.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Massey Florence*

RELATIONSHIP TO SOLDIER

*Sister*

ADDRESS

*Sandwich, Amherst City Va. U.S.A.*

COUNTRY OF BIRTH

*U.S.A. Amherst City Va.*

DATE

*Dec. 25th 1887*

PLACE OF ATTESTATION

*Windsor, Ont.*

DATE

*Sept. 18th 1916**0/8.28/3/17**R/6.17-1-19-254 (Pte)*

L. L. 6945. M. &amp; D. 6994.

M. F. W. 22. 100M. -8-16. H. Q. 1772-39-339.



No. 1532.

RANK

Pte.

NAME

Massey. Luther Levi.

T. O. S.

18-9-16

UNIT

No 2. Construction Battalion.

D.O. 35-26 9-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Sept 18	Sept 30	n.		
Oct.		n.		
Nov.		✓		
Dec.		✓		
1917	Jan 1917	✓		
Feb.		✓		
Mar.		n		



Number.

93/532

Rank.

Spr. B

Surname.

MASSEY

Christian Name.

Luther Levi

Units

C. A. R. C. C. Theatre of War

Date of Service.

17-5-17

Remarks

Westminster Hospital, London Oct 1913

Latest Address.

51/100 Dougall  
St Windsor Ont

Roll No.

"B" Page 7565







658

M. OR S.

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

REGT. No.

NEXT OF KIN		RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.
ADDRESS						PLACE OF ATTESTATION
						DATE OF ATTESTATION
IS SEPARATION ALLOWANCE PAID ?		DATE EFFECTIVE				ASSIGNED PAY, \$
TO WHOM PAID		RELATIONSHIP				PAYABLE TO
ADDRESS						ADDRESS
						STOP PAYMENT F
						ASSIGNED PA
						RENDERED, DA
						DISCHARGED

[illegible]







[illegible]



[illegible]



MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

M. F. W. 12  
 50m.—7-16  
 H. Q. 1772-39-819

To Whom *Mrs. Edward Love* By Whom Assigned *Massey Luther Levi*  
 Address *81 McDougall St.* Regtl. No. *931532*  
*Windsor* Rank *Pte*  
*Ont.* Corps *no. 2 const Bn.*  
 Rate *15.00* APR 1917

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 *Mrs. Edward Love*  
(Assignee)

Name of Soldier

PAYMENTS.

L. L. Job 5470—Req. 6888.

*no 431532**Massey Luther Lemi*  
*Pte No 2 const Bn*

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>15<sup>00</sup></i>	<i>APR 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>24986</i>	<i>15</i>	
May		<i>R 10352</i>	<i>15</i>	<i>15<sup>130</sup></i>
June		<i>R 16082</i>	<i>15</i>	<i>Mc</i>
July		<i>R 23550</i>	<i>15</i>	<i>S</i>
Aug.		<i>F 35212</i>	<i>15</i>	
Sept.		<i>E 37958</i>	<i>15</i>	<i>03</i>
Oct.		<i>P 43629</i>	<i>15</i>	
Nov.		<i>S 51220</i>	<i>15</i>	
Dec.		<i>A 57446</i>	<i>15</i>	
Jan.	1918		<i>135<sup>00</sup></i>	
Feb.				
March				
April				
May				
June				
July				

*276*



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.		Remarks.	
Aug.	1918					
Sept.						
Oct.						
Nov.						
Dec.						
Jan.	1919					
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Jan.	1920					
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

M

14752 Apr 12

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.			
-----	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No. 931532

Rank Pte. Promoted Reverted Discharge

Soldier's Name Luther Levi Massey.

Battalion No. 2. Const. Battn.

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name Mrs. Edward Love

Address 81 Mc Dougall St. Windsor Ont.

Change of Address

1

2

3

4

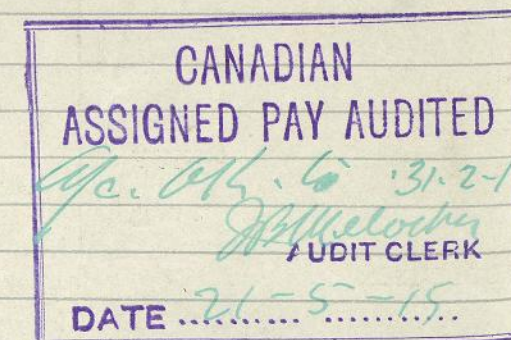
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					11947-L-8
Jan 31			135	135	
Jan 18	66464 Y		15	15	✓
Feb	72815 H		15	15	✓
Mar	92581 O		15	15	✓
April	10910 L		15	15	✓
May	19438 P		15	15	✓
June	23777 L		15	15	✓
July	32036 J		15	15	✓
Aug	34509 P		15	15	✓
Sep	45666 S		15	15	✓
Oct	56440 Y		15	15	
Nov.	62021 R		15	15	
Dec	64941 Y		15	15	
Jan	75908 V		15	15	✓
			330	330	

A/c Closed 31-1-19

Ret'd per Olympic

Date 17-1-19 M.F.W. 187 22-1-19

Closed J. Goodwin



M.R.C. 53680 Rusty 22-1-19 Sam.







\* Strike out whichever inapplicable.

ASSIGNED PAY EFFECTIVE DATE: <b>1 APR 1917</b> AMOUNT: <b>15.00</b>	<del>ENGLAND OR CANADA.</del> SEPARATION ALLOWANCE EFFECTIVE DATE:	<del>ENGLAND OR CANADA.</del> NAME: <b>MASSEY Luther Levi E</b> NUMBER: <b>931532</b>	PARTICULARS OF RANK OR APPOINTMENT <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">AUTHORITY</th> <th style="width: 33%;">DATE EFFECTIVE</th> <th style="width: 33%;">RANK OR APPOINTMENT</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT					
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT									
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		UNIT AND TRANSFERS ORIGINAL UNIT: <b>2 Construction Bn.</b> DATE ACCOUNT FIRST OPENED: <b>1 APR 1917</b>									
<b>Mr Edward Love 2d</b> <b>81 McDougall St Windsor Ont</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">AUTHORITY</th> <th style="width: 33%;">DATE EFFECTIVE</th> <th style="width: 33%;">DATE LEDGER SHEET T'S F'D</th> <th style="width: 33%;">UNIT TRANSFERRED TO</th> </tr> <tr> <td></td> <td></td> <td></td> <td><b>Canada</b></td> </tr> </table>		AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO				<b>Canada</b>
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO								
			<b>Canada</b>								
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				
<b>9/12/18</b>	<b>6742</b>	<b>Trane</b>	<b>14.66</b>								
<b>18/12/18</b>	<b>3582</b>	<b>B.R.D. G.</b>	<b>9.73</b>								
			<b>14.29</b>								
DAILY RATES OF PAY AND ALLOWANCES											
AUTHORITY				PAY	F.A.	P.F.A.	SUBS'CE ALL'CE				
				<b>1</b>	<b>-</b>	<b>10</b>					
PARTICULARS OF RENDERING NON-EFFECTIVE:											
1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<b>MAR</b>	<b>Bal Ford</b>								<b>133.77</b>		
<b>apl</b>	<b>P. Pay</b>	<b>33</b>		<b>b. a. P</b>				<b>15</b>			
				<b>AR 124 6/4 C.F.C. 221</b>	<b>3.57</b>						
				<b>AR 306 20/4 - " -</b>	<b>3.57</b>				<b>144.63</b>		
<b>May</b>	<b>P. P.</b>	<b>33</b>		<b>b. a. P</b>	<b>7.14</b>			<b>15</b>			
		<b>34.10</b>		<b>AR 501. 7/5 C.F.C. 1</b>	<b>2.68</b>			<b>15</b>			
				<b>- 7.29 2/5 - " -</b>	<b>14.46</b>						
		<b>34.10</b>			<b>7.14</b>			<b>15</b>	<b>156.59</b>		
<b>June</b>	<b>P. P.</b>	<b>33</b>		<b>ass. Pay</b>				<b>15</b>			
				<b>AR 916 7/6/18 C.F.C. 1</b>	<b>3.57</b>						
				<b>" 1112 22/6 "</b>	<b>3.57</b>				<b>167.45</b>		
		<b>33</b>			<b>7.14</b>			<b>15</b>			
<b>July</b>	<b>P. Pay</b>	<b>34.10</b>		<b>ass. Pay</b>				<b>15</b>			
				<b>AR 1302 6/7 876 11</b>	<b>3.57</b>						
				<b>AR 1511 22/7 "</b>	<b>3.57</b>			<b>15</b>	<b>179.41</b>		
		<b>34.10</b>			<b>7.14</b>						
<b>Aug</b>	<b>P. Pay</b>	<b>34.10</b>		<b>Canal</b>				<b>15</b>			
				<b>AR 1706 6/18 C.F.C. 1</b>	<b>3.57</b>						

The City of Ottawa



1 APR 1917

DATE  
EFFECTIVE

DATE LEDGER  
SHEET T'SF'D

UNIT TRANSFERRED TO

Canada

## 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
<del>9/12/18</del>	<del>6742</del>	<del>France</del>	<del>11</del>	<del>66</del>					
<del>18/12/18</del>	<del>3582</del>	<del>B R D y</del>	<del>9</del>	<del>73</del>					
			14	39					

## DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	-	10	

PARTICULARS OF RENDERING NON-EFFECTIVE:-

L. J. Bal 184.18  
L. P. B. " 109.79 Transferred to Canada with L. R. 161 2nd 6660 17.12.18

1918 MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Bel Ford								133 77		
apl	P. Pay	33 -		b.a.P <sup>d</sup>				15 -			
				aR 124 6/4 CFC 21	3 57						
				aR 306 20/4 - " -	3 57				144 63		
May	P. P.	33 -		b.a.P	7 14			15 =			
		34 10		aR 501. 7/5 CFC 1	2 68						
				- 729. 2 2/5 - " -	14 46						
		34 10			7 14			15 -	156 59		
June	P. P.	33 -		ass pay				15 -			
				aR 916 7/6/18 CF 61	3 57						
				v 1112 22/6 v	3 57				167 45		
		33			7 14			15			
July	P. Pay	34 10		ass pay				15			
				aR 1302 6/7 BTR 11	3 57						
				aR 1511 22/7 v	3 57				179 41		
		34 10			7 14			15			
Aug	P. Pay	34 10		Canal				15			
				aR 1706 6/8 CF 61	3 57						
				aR 1962 22/8 v	3 57				191 37		
		34 10			7 14			15			
Sep	P. P.	33		Canal				15			
				aR 2209 6/9 CF 61	3 57						
				aR 2449 23/9 v	3 57				202 23		at afred
		33			7 14			15			
				OVER							

Rem 787. 50<sup>00</sup> 24/9/8-

COMPILED BY APCally  
CHECKED BY Morgan







Rec

34 10

67 10

At 642 10/12 64 BT  
3582 18/12 0317 D G

466

473

3118

15

184 18

30

169 79

230 97

61 18

169 79

To St Canada 9/1/19 DO 16 19/1/19 NS RD

CANADIAN  
ASSIGNED PAY AUDITED  
C/L  
J. Kelly Clerk  
AUDIT CLERK  
DATE 21-5-19



PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

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

#### AUTHORITY

## ADMISSIONS TO HOSPITAL, &amp;c.

DATE  
ADMITTEDDATE  
DISCHARGED

V.  
OR  
A.

NAME OF HOSPITAL

[illegible]







Pc 931532 Massey, L. L.

1500

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		4		1	2	3
			\$	c.			\$	c.			\$	c.				No.	DATE	No.	DATE	No.	DATE	No.	DATE			

MONTH	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEPR. RED. PAY	SER. ALLGE ENG.
-------	-------------	-------	-------	-------	-------	---------	----------------	-----------------

	Oct Bal					103 -		
Nov	P.P.	33 -				- 15		
	AR 826. 28 $\frac{9}{7}$ C.T.C.		3 57					
	" 850. 21 $\frac{9}{7}$ "		3 57					
	" 972. 25 $\frac{10}{7}$ "		3 57					
DEC		34 10				15		
	67 10		14 28			30		
JAN 1918	P.P.	34 10				15		
	" 1259. 23 $\frac{11}{7}$ 26 months B.		12 49					
	" 15997. 5 $\frac{1}{18}$ "		5 -					
	" 1433. 21 $\frac{12}{7}$ "		7 14			120 29		
	34 10		24 63			- 15		
FEB		30 80				- 15		
	Assigned Pay							
	" 2034. 26 months. at C.T.C.		3 57					
	" 2190. 21 $\frac{1}{18}$ "		3 57					
	" 2382. 5 $\frac{1}{18}$ #1 "		3 57			125 38		
	30 80		10 71			15		
MAR 1918		34 10				15		
	Ass Pay							
	AR 2670. 20 $\frac{1}{2}$ at C.T.C.		3 57					
	" 2878. 7 $\frac{3}{18}$ "		3 57					
	" 3074. 19 $\frac{3}{18}$ "		3 57			133 77		
	34 10		10 71			15		



[illegible]