REGIMENTAL DOCUMENTS

NAME SAUNDERS Arthur Thomas REGT. NO. 649504 1090171 648820 UNIT C.F.C. H. Q. FILE NO.

| | CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE |
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| 1 | ATTESTATION PAPER (M.F.W. 23, 133, or 51) | | M 649504 | 15th Bn | |
| 1 | CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | |
| 1 | TRAINING HISTORY SHEET (M.F.W. 113) | | | | |
| 1 | FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | | |
| 1 | REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) | | | | |
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| 2 | MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | |
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| 3 | MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | |
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| 1 | COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | |
| 1 | Mis | | | | |
| 3 | M.B. | | | | |
| 1 | Casualty 649 | | | | |
| 1 | P149 | | | | |
| 1 | Cheque | | | | |
| 1 | 9'22 | | | | |
| 1 | Casualty Ltr | | | | |
| 1 | Hosp Cert Ltr | | | | |

C4544

NON-EFFECTIVE BY

DEATH

Category 3

DISCHARGE

Category M. M.

39-22

9-22

DESERTION

One Dependant

Religion C. of E

CANADIAN DISCHARGE DEPOT, C.E.F. BUXTON, DERBYSHIRE MAY 5 1919 FILE

25-1-33

11

Military District T

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Next-of-Kin WIFE

| | | |
|---|---|---|
| 1. No. | 1090171 | War Service Badge Class "A" No. 132381 |
| 2 Rank. | Private | |
| 3. Name. | Saunders | Arthur Thomas |
| 4. Unit. | C. P. L. | 253th Battalion |
| 5 Date of Discharge | JUL 8 1919 | Place QUEBEC |
| 6 Reason for Discharge | Demobilization · Medically unfit for General Service. | Cat B 2 |
| Trade | Miner | Occupational Group 18. |
| Service in France | 19 months | |
| 7. Authority. | Routine Order 1420 | Quebec Clearing Depot Do #183 |
| 8. Proposed Residence after Discharge | | Sailing No. D-18 R.M.S. Minnedosa. Embarked, Liverpool, 24/6/19 Disembarked, Quebec, 2-7-19 |
| | VANCOUVER B.C. | |

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.?

Saunders A. T.
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place QUEBEC

Date JUL 8 - 1919

MEDICAL DOCUMENTS FORWARDED TO S.C.R. OR B.P.C. ON 30-7-19

Signature W. S. Goveling
(O. C. Discharging Unit.)
Capt. for Lt.-Col.
O. C. Clearing Services Command

M.F.B. 218a—300M.-11-18—1772-39-113.

## LIST OF DISCHARGE DOCUMENTS.

| | |
|---|---|
| Attestation Paper, Triplicate | Militia Form W. 23 |
| or Particulars of Recruit | Militia Form W. 133 |
| Field Conduct Sheet | Militia Form W. 178 or A.F.B. 122 |
| Casualty Form | Militia Form W. 54 or A.F.B. 103 |
| Last Pay Certificate | Militia Form W. 44 |
| Certificate that missing documents are unobtainable | |
| Medical History Sheet | Militia Form B. 313 or A.F.B. 178 |
| Proceedings of Medical Board | M.F.B. 227, A.F.B. 179 or A.F.A. 45 |
| Dental History Sheet | Militia Form B. 465 |
| Medical Report | M. F. W. 129 or D. M. S. 1375 |
| Regimental Conduct Sheet | Militia Form B. 263 |
| Company Conduct Sheet | Militia Form B. 263a |

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group C.
Checked by No. 9.
O.G.N.
Date 16 6 19

253rd (Q.U.H.) BATTALION, C.E.F.

# FORM OF WILL

I, Arthur Thomas Saunders (Name in full)

Regimental Number 1090141 serving in 253rd Battalion

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

none.

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

absolutely, and my personal estate I bequeath to

my wife Maria Jane Saunders of Haileybury Ont.

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 13th day of April A.D. 1917

Arthur Thos Saunders Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Jno D McNaughton

Address of Witness 8 Majestic Apartments Georgia St

Occupation of Witness Soldier Vancouver B.C.

Signature of Second Witness W. J. Sinkins

Address of Witness Cobalt Ont

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-39-983.

Last address. Haileybury Box 255.
nearest kin wife Mrs. Marie Jane Saunders

# MEDICAL HISTORY OF AN INVALID.

Box 255
Haileybury.

1. Station. Camp Borden
2. Regiment or Corps. 159th O.S.B.
3. Regimental No. and Rank. 649504
4. Name. Archur Hos Saunders.
5. Age last Birthday. 25.
6. Enlisted on Sept 28th 1916
   at Cobalt
7. Former Trade or Occupation.

8. General remarks on his :—
   (a) Conduct. Good
   (b) Habits. Good.
   (c) Temperance. Temperate

DEP'T MILITIA & DEFENCE
NOV 2 1916
H. Q.
CANADA

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. Oct 17th 1916

| 9. Service. | Years. | Days. | PERIODS. From. | PERIODS. To. |
|---|---|---|---|---|
| 159th Overseas Bln C.E.F. | | | Sept 28th 1916 | Still on Strength |

10. (a) Disease or disability. Old Hip disease
    (b) Date of origin. Childhood
    (c) Place of origin. Haileybury
    (d) Cause. Don't know

11. Present Condition. (Most Important).
(To include full description of present disabling condition or conditions.)
Limps some on Rt leg. Has Numerous Scars on Rt thigh & buttock due to Abscess from Hip disease Also leg weakens & stiffens on prolonged exertion.

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

M. F. B. 227.
150 M—5-16.
1772-39-117.

boarded 8-11-16. M.S.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) Several large scars on Rt hip & thigh

(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? Not the case

(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. Not So

14. Treatment None.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? No

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

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. Same as Earning power exactly at enlistment

18. State if for discharge on account of unfitness for Service. Yes physically unfit (Was taken on strength before he was paraded before M.O. else there would have been no necessity for a Board)

W. A. Arthur
M. O. 15th Bn C.E.F.

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. Not aggravated

16. Yes

17. Yes

18 Is he unfit for Military Service.

Yes

Recommendations: That he be discharged as Medically Unfit

Signatures :—

W M Robb Capt President.

W H Dudley Capt

J G McLean Capt

Members.

Station. Camp Borden

Date. Oct 19/16

Date. 23/10/16

G S Fowler Capt

Asst. Director of Medical Services.

Approved.

Date. 7/11/16

Oscar A Carman Capt for

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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.....

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.....

.....

.....

.....

Date of final Medical Board or decision. .....

Administrative Medical Officer.

Militia Form B. 227.

150 m—5-16.
H. Q. 1772—89—117.

# DETAILED MEDICAL HISTORY OF INVALID.

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.

28/10/16 #1

159 TH. BATT.

Duplicate

# ATTESTATION PAPER.

No. 649504

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Saunders
1a. What are your Christian names? Arthur Thomas
1b. What is your present address? Haileybury, Ont
2. In what Town, Township or Parish, and in what Country were you born? London, England
3. What is the name of your next-of kin? Maria Jane Saunders
4. What is the address of your next-of-kin? Haileybury, Ont.
4a. What is the relationship of your next-of-kin? Wife
5. What is the date of your birth? Oct 18 1891
6. What is your Trade or Calling? Miner
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 97th Regt
10. Have you ever served in any Military Force? If so, state particulars of former Service. 4 months 159th OSB C82
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Arthur Thomas Saunders, 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.

Thomas Saunders (Signature of Recruit)

Date Sep 28 1916. L. McEwen Lieut (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Arthur Thomas Saunders, 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.

Thomas Saunders (Signature of Recruit)

Date Sep 28 1916. L. McEwen Lieut (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 Cobalt this 28th day of September 1916.

W E T Barton (Signature of Justice)

M. F. W. 23.
600M.—8-16.
H. Q. 1772-39-841.

## Description of Thomas Saunders on Enlistment.

Apparent Age 45 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5' ft. 7 1/4 ins.

Chest measurement.
- Girth when fully expanded ..... 38 ins.
- Range of expansion ..... 3 1/2 ins.

Complexion ..... Clear

Eyes ..... Blue

Hair ..... Brown

Religious denominations
- Church of England ..... C of E
- 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).

three large scars on right hip -

### CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Sept 28 1916. .....

Place Cobalt. ..... 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.

.....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.

E Armstrong .....(Signature of Officer)

Date Sept 28 1916

# MEDICAL HISTORY SHEET.

ORIGINAL

*Surname* Saunders *Christian Name* Thomas

Examined { on 28 day of Sept 1916
at Cobalt

Birthplace { City or Town London
County England

Apparent age 25

Trade or occupation Miner

Height 5 Feet 9 3/4 Inches.

Weight 134 Lbs.

Chest measurement { Minimum 34 1/2 inches.
Maximum expansion 3 inches.

Physical development normal

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number 1

When Vaccinated last 1908

(*a*) Marks indicating congenital peculiarities or previous disease 3 large scars on right Calf.

(*b*) Slight defects but not sufficient to cause rejection

Approved by

Rank Lieut. M.O.

| Date. | Fit or Unfit. | Examined for Re-engagement. |
|---|---|---|
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date. | Result. | Vaccinations. |
|---|---|---|
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date. | Result. | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| | | M.O. |
| | | M.O. |
| | | M.O. |

*Enlisted on* 28th *day of* September 1916 *at* Cobalt

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | 163rd BATTALION | 649504 | | |
| Transferred to | | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| | | | |

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.

M. F. B. 313.
400M.—1-16.
H. Q. 1772-39-439.

Surname _____ Christian Name _____

| STATION. | Date of Arrival at the Station. | DATES OF Admission into Hospital. Day | Month | Year | DATES OF Discharge from Hospital. Day | Month | Year | DISEASE. | Number of days in Hospital | Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. | Signature of Medical Officer. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

ORIGINAL

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 253rd (Q.U.H.) BATTALION, C.E.F.

(2) Regimental Number 1090141

(3) Full Name of Soldier Saunders Arthur Thomas

(4) Place of Birth London, ~~ONTARIO~~. England.

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

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

(b) Present Postal Address Haileybury, Ontario.

(7) Are you a widower? No.

(8) Have you any children? Three.

If so, give number of boys and girls Two girls and one boy.

Also their names and ages Dorothy Elizabeth Edna, Four.
Stanley Thomas, Two.
Lillian May, Three Weeks.

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No.

If so, state name and address ✓

(10) Is your Mother alive? Yes.

If so, state name and address Elizabeth Evans.

52 Rannoch Road, Hammersmith, London, S.W. England.

(11) If your Mother is a widow No.

Are you her sole support, or not? No.

(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.

Applied for

(15) Are you insured? No.

If so, in what Company? ✓

Have you made arrangements for payment of your Insurance premium ✓

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

O. J. C. Campbell Lieut Col
*Officer Commanding.*

Date 13 th April, 1917.

Haileybury Ont
Ent. Cobalt. M102

# FORM OF WILL.

I, Arthur Thomas Saunders (Name in full)

Regimental Number ..... serving in 159th OSBatt.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs. Maria Jane Saunders
Haileybury, Ont. Can.

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

absolutely, and my personal estate I bequeath to

Mrs Maria Jane Saunders
Haileybury, Ont. Can

Name and Address of person or persons to receive personal estate* *(See note).*

**IMPORTANT NOTE**
**This must be Signed and Dated by THE SOLDIER HIMSELF.**

this 18 day of October A. D. 1916

Thomas Saunders Signature of Soldier.

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

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

**THE TWO WITNESSES MUST SIGN HERE**

Signature of First Witness George J. White
Address of Witness Can. B. Borden
Occupation of Witness Soldier
Signature of Second Witness Wm. Morgan Sergt.
Address of Witness 159th O.S. Bn
Occupation of Witness Enlisted Soldier

M. F. W. 82
300M-5-16.
1772-39-983.

THIS FORM WILL BE USED FOR ALL RANKS

# MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

C.P.C. STATION Buxton C.D.D. DATE 15-5-19

1. 1 (a) Unit [illegible] (b) Regimental No. 1090171 (c) Rank Private

(d) Surname Saunders (e) Christian name ~~Arthur~~ Thomas

(f) Home address Vancouver. B.C.

(g) Next of Kin Mrs Bertha Saunders (h) Relationship Wife

(i) Address of Next of Kin Vancouver B.C.

2. Age last birthday 26 Date of birth 18-10-93

3. Enlistment, or Appointment (if an Officer) (a) Place Cobalt (b) Date 11-1-17

4. Personal description:

(a) Height 5' 8½" (b) Weight 150 (stripped) (c) Complexion Medium

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Sinus extension occurs on right thigh

5. Former trade or occupation Miner

| 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 |
|---|---|---|

| | Periods | |
|---|---|---|
| | From | To |
| Canada | 11-1-17 | 29-4-17 |
| | 29-4-19 | 15-5-19 |
| England | 7-5-17 | 8-10-17 |
| France or other theatres of War | 8-10-17 | 29-4-19 |

7. Original disease, or injury Hip Joint Disease. Right

(a) Date of origin Childhood (b) Place of origin England

(c) Cause Unknown

M. F. B. 227.

300M.—8-18.
1772-39-117.

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.)

extensive old cicatrices on right hip and thigh with weakness and partial loss of function of thigh.

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: Scar one inch long 2" anterior to great trochanter right hip. Scar size of bean in gluteal fold. Two scars, one 8" long and other 5" long on external surface of right thigh. These scar are depressed and skin is bound down to underlying tissues. Moderate tenderness over largest scar on external surface of thigh. Man walks with slight limp. Flexion of rt hip joint 75% normal.

Subjective: Man complains of weakness of right leg and constant pain through hip. This pain is more marked in damp weather.

(*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. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (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*).)

At age of third years had hip joint disease when he was treated in hospital for eighteen months. Condition gradually improved.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Nil.

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

Extensive scars on right hip and thigh.

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

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

No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) No (b) 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.)

None

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

(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

Category B II

E. Buck Capt. Came

*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 Thomas Saunders 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

A. T. Saunders, 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.

yes.

19. Is the invalid fit for

| | | | |
|---|---|---|---|
| (*a*) General service, | (Category | A) | ~~(Yes~~ or No.) |
| (*b*) Service abroad, not general service, | ( " | B) | (Yes ~~or No.~~) |
| (*c*) Home service (Canada only), | ( " | C) | ~~(Yes or No.)~~ |
| (*d*) Temporarily unfit. | ( " | D) | ~~(Yes~~ or No.) |
| (*e*) Unfit for service in Categories A, B and C | ( " | E) | ~~(Yes or No.)~~ |

B II

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.)

B II authorized 9083, 11/11/18
Board for Return to Canada

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.

T. T. Bryans Capt President.

PLACE Buxton

DATE 15/5/19

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

Geo. F. L. Fuller Capt Cam

*Assistant Director of Medical Services.*

DATE 15-5-19

APPROVED BY

*Director-General of Medical Services.*

DATE .....

Fo[illegible] & O 6045
123[illegible] M 29/11/16.

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at W Landling June 14th 1917

No. 1090171 Rank Pte Name Saunders A. T.

Local Unit 5th Res. Bn Overseas Unit — Age 25 8/12

Examination held at West Landling

DISABILITY. Overseas—Local. (scratch one out) OLD CICATRICES ON RT. THIGH.

## PRESENT CONDITION.

Has 5 scars on right thigh, result of old hip disease. They interfere by their adhesion to proper action of muscles lying beneath and thereby the leg, causing pain on rapid exertion in the groin + down the thigh. No other disability. General condition good.

BOARD RECOMMENDS:— S T1

1. Fit for Duty
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:—

Members: H. B. Thomson Capt. CAMC President.
H. Coppinger Capt. CAMC

S

APPROVED

Dated at 15 JUN 1917 1916.

Lennon Davis Maj CAPT.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE.
For A.D.M.S.

L- L Job 310—M. & D. 6574.

8/3/16

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

142

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

Name Maria J. Saunders

Address North Temiskaming Quebec. P

Relation to Soldier wife, child or mother } wife

Name of Soldier Saunders Thomas

Regtl. No.

Rank Pte.

Corps 159 Bn

To what Corps belonging when called out }

## PAYMENTS

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

ACCOUNT CLOSED
DATE..... PER.....

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2.

L. L. Job 310.—Req. 6574

Maria J. Saunders wife

PAYMENTS.

Name of Soldier Saunders Thos. Pte.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| April | 1916 | S2531 | 35 | 35 |
| May | | Z 1884 | 20 | 20 |
| June | | Y 5428 | 20 | 20 |
| July | | C 8180 | 20 | 20 |
| Aug. | | N 13448 | 20 | 20 |
| Sept. | | Q 16715 | 20 | 20 |
| Oct. | | G 20912 | 20 | 20 |
| Nov. | | ~~Q 22972~~ | ~~20~~ | 20 Q 22972 cancelled |
| Dec. | | | | 20 |
| Jan. | 1917 | | | Dis 25/10/16 649-S-7788 Saver |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

ACCOUNT CLOSED

DATE..... PER W

11-1-14

238

L. L. Job 4503.—M. & D. 6832

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

# SEPARATION ALLOWANCE

Name Maria J. Saunders.

Address Haileybury Ont.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Saunders. Arthur J

Regtl. No. 1090171

Rank Pte

Corps 253rd Batt

To what Corps belonging when called out }

## PAYMENTS

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

CONSOLIDATED 5 ACCOUNT

11-1-17.

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—6-16.
1772—39—818.

Sheet No. 2. Maria J. Saunders Wife

Name of Soldier Saunders Arthur J

L. L. Job 4503.—Req. 6832.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1917 | | | |
| Feb. | | | | |
| March | | B 37739 | 53 | 53 |
| April | | J2756 | 20 | 20 |
| May | | B3898 | 20 | 20 |
| June | | N9184 | 20 | 20 |
| July | | N12379 | 20 | 13 |
| Aug. | | X 15-5-41 | 20 | 13 |
| Sept | | F 20181 | 20 | 20 |
| Oct. | | F 21483 | 20 | 14 |
| Nov. | | F 24007 | 20 | 7 |
| Dec. | | J27970 | 20 | 5 133 |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

L.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

Wife

To Whom Mrs. Maria Jane Saunders

Address Haileybury, Ont

By Whom Assigned Saunders, A. T.

Regtl. No. 1090171

Rank Pte

Corps 25th Battalion C.E.F.

Rate 20^xx

May 1st 1917

MAY 7 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 | | | | |

CONSOLIDATED 2 ACCOUNT

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2.

Mrs. Maria Jane Saunders Wife
(Assignee)

Name of Soldier Saunders, A. J.

L. L. Job 5470—Req. 6888.

pte 1090171 25th Bn.

20th May 1st 1917

MAY 1 1917

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1917 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | Z 14517 | 20 | |
| June | | T 18398 | 20 | B. |
| July | | T 25596 | 20 | 6 |
| Aug. | | K 32149 | 20 | |
| Sept. | | Q 38922 | 20 | |
| Oct. | | D 48906 | 20 | |
| Nov. | | M 52461 | 20 | |
| Dec. | | R 61771 | 20 | 160 |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

Date of Enlistment 11-1-17

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

00865

Date of Assignment May 1 1917

S

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| ~~20~~ | $ 25.00 1-12-17 P.C.3257 | 30 1-9-18 PC2753 MO28299 | |

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| ~~20~~ | 15 1-1-19 per P.A.B. ruling. | | |

PARTICULARS OF SEPARATION ALLOWANCE

No. 1090171 M&W 2554 rend 30 7/18 OK AHS 23 11 18

Rank Pte Promoted Reverted Discharge

Soldier's Name A. T. Saunders

Battalion 253 Battn

Beneficiary Mrs. Maria Jane Saunders

Relationship wife

Address

PARTICULARS OF ASSIGNMENT (Wife)

Name Mrs. Maria Jane Saunders

Address Haileybury Ont.

Change of Address

1

2

3

4

| Date 1917 | | Cheque No. | Amount S/A | Amount A/P | Total | |
|---|---|---|---|---|---|---|
| Dec 31 | | | 233 | 160 | 393 | |
| Jan | K | 68636 | 30 | 20 | 50 | |
| Feby | T | 70043 | 25 | 20 | 45 | |
| Mar. | S | 91699 | 25 | 20 | 45 | |
| Apr. | S | 10401 | 25 | 20 | 45 | |
| May | V | 18337 | 25 | 20 | 45 | |
| June | U | 24262 | 25 | 20 | 45 | |
| July | E | 23660 | 25 | 20 | 45 | |
| August | M | 36201 | 25 | 20 | 45 | |
| Sept | X | 46060 | 25 | 20 | 45 | |
| Oct | L | 50540 | 25 | 20 | 45 | |
| NOV | X | 58348 | 25 | 20 | 45 | |
| Dec | H | 67981 | 45 | 20 | 65 | |
| Jany | G | ~~71528~~ | ~~30~~ | ~~20~~ | ~~50~~ | |
| Feb | O | 6268 | 30 | 15 | 45 | S |
| Feb. | X | 80976 | 30 | 15 | 45 | S |
| Mar. | C | 87398 | 30 | 15 | 45 | S |
| Apr. | S | 3997 | 30 | 15 | 45 | S |
| MAY | O | 5547 | 30 | 15 | 45 | |
| JUNE | N | 11420 | 30 | 15 | 45 | |
| July | J | 12758 | 30 | 15 | 45 | |
| | | | | 505 | | |

REMARKS 16021-a51

CCOLP 8645 Cancel CLG 71528 for Jany rend 15-1-19 AHS OK. Sale 15-1-19

Sa and AP. suspended PaB ruling 15-1-19 AHS

MROLP 47294 Suspend rend. 15-1-19 AHS.

Cancelled 17-1-19 AHS OK. RW 16/1/19

Re-open S.a and 15.00 A.P. from date suspended & keep A.P. 5.00 suspended per P.A.B ruling 3/2/19 on File. ES. 6/2/19.

A.C.O Lp. 13166 Jan S.a & A.P. rend 6/2/19 (Mailed 11-2-19) OK. 6/2/19

M.R.O. Lp. 55367 (Re-instate & Att.) rend 6/2/19. Eff 1/1/19. ES. OK. 6/2/19 F.L.

SAAP A/c Closed 31-7-19

MD 11 Ret'd per Minnedosa

Date 2/7-19 F.X. 9-7-19

Clerk Lauerdure LP 102498 JPL

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

| ASSIGNED PAY. | * ENGLAND OR CANADA. | SEPARATION ALLOWANCE. | * ENGLAND OR CANADA. |
|---|---|---|---|
| EFFECTIVE DATE:– 1/5/17 | 1/1/19 | EFFECTIVE DATE:– | |
| AMOUNT:– ~~20.00~~ 15.00 | A.M. Forrest 3.6.19 | AMOUNT:– | |

NAME:– SAUNDERS, Arthur Thomas

NUMBER:– 1090171 –

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Mary Jane Saunders
Haileybury Ont.
Can (Wife)

Stopped Eff 1/6/19

PARTICULARS OF RANK OR APPOINTMENT

| AUTHORITY | DATE EFFECTIVE | RANK OR APPOINTMENT |
|---|---|---|
| | | P12 |

UNIT AND TRANSFERS

ORIGINAL UNIT:– 253 Bn

DATE ACCOUNT FIRST OPENED:– 6/5/17

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T'SF'D | UNIT TRANSFERRED TO |
|---|---|---|---|
| 10. 245.18 | 1.6.18 | 19.6.18 | Labor Pool GBD |

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 |
|---|---|---|---|---|---|---|---|
| ~~28/4/19~~ | ~~2583~~ | | ~~9 63~~ | Led Bal | | Cr 7 51 | |
| | | | | LPC Bal. | | Dr 1 63 | |
| | | | | Rend 8/5/19 | | | |

Cr note applied for 25.00 by of 5.00 per month for 1/1 – 31/5/19

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:– Discharge Canada 1/6/19 Auth. Buxton Ref 8400. M.D. 11.

| MONTH 1918 | PARTICULARS | CR. 1 | CR. 2. | PARTICULARS | DR. 1 | DR. 2. | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mch 31 | Bal Ford, | | | | | | | | 32 34 | | |
| Apr | P.P. | 33 – | | A.P. | | | | 20 | 45 34 | | |
| | | | | A.R. 1061 C.G.B.D. 2.4.18 | 4 46 | | | | 40 88 | | |
| | | | | " 1440 " 30.4.18 | 4 46 | | | | 36 42 | | |
| | | 33 | | | 8 92 | | | 20 | | | |
| May | " | 34 10 | | Cap | | | | 20 | 50 52 | | |
| | | | | A.R. 3462 C.G.B.D. 26.5.18 | 4 46 | | | | 46 06 | | |
| | | | | Dna A.R. 2846 " 19.5.18 | 4 46 | | | | 41 60 | | |
| | | 34 10 | | | 8 92 | | | 20 | | | |
| JUN 1918 | Sta Pay | 33 | | Can A.P. | | | | 20 | | | |
| | | | | 3896 9/6 C.G.B.D. | 4 46 | | | | | | |
| | | | | 5219 30/6 " | 4 46 | | | | 45 68 | | |
| | | 33 | | | 8 92 | | | 20 | | | |
| July | P.P. | 34 10 | | Cap. | | | | 20 | | | |
| | | | | 6534 31/7 " | 4 46 | | | | 50 86 | | |
| | | | | 6977 31/7 " | 4 46 | | | | 50 86 | | |
| | | 34 10 | | | 8 92 | | | 20 | | | |
| Aug | " | 34 10 | | Cap. | | | | 20 | | | |
| | | | | 8180 · 18 · 8 · 18 G.B.D. | 4 46 | | | | 60 50 | | |
| | | | | 9103 · 31 · 8 · 18 " | 4 46 | | | | 56 04 | | |
| | | 34 10 | | | 8 92 | | | 20 | | | |

Stopped Eff 11/9

UNIT AND TRANSFERS

ORIGINAL UNIT:- 253 Bn

DATE ACCOUNT FIRST OPENED:- 6/5/17

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T'SF'D | UNIT TRANSFERRED TO |
|---|---|---|---|
| | | | Labour Pool |
| 10. 245. 18 | 1.6.18 | 19.6.18 | G B D "L" |
| | | | |
| | | | |

DAILY RATES OF PAY AND ALLOWANCES

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

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 |
|---|---|---|---|---|---|---|---|
| 28/4/19 | 2583 | | 9 63 | Ledb Bal | | Cr 75 1 | |
| | | | | LPC Bal. | | Dr 7 62 | |
| | | | | Rend 8/5/19 | | | |
| | | | | | | | |
| br wde applies for 75 0m bf 31/5/19 per mch fm | | | | 1/6 | 31/5/19 | | |

PARTICULARS OF RENDERING NON-EFFECTIVE:- Drs charge Canada 1/6/19 auth. Buscton Ref 84000. M.D. 11.

| MONTH 1918 | PARTICULARS | CR. 1 | CR. 2. | PARTICULARS | DR. 1 | DR 2. | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mch 31 | Bal Ford, | | | | | | | | 32 34 | | |
| Apl | DP | 33 - | | a/c | | | | 20 | 45 31 | | |
| | | | | a/c 106. C & B D 24.5 | 4 46 | | | | 40 88 | | |
| | | | | 1 1440 " 30.4.18 | 4 46 | | | | 36 42 | | |
| May | " | 33 34 10 | | Can a/c | 8 92 | | | 20 20 | 50 52 | | |
| | | | | a/c 3496 C & B D 4.5.18 | 4 46 | | | | 46 06 | | |
| | | | | Can a/c 3846 " 19.5.18 | 4 46 | | | | 41 60 | | |
| | | 34 10 | | | 8 92 | | | 40 | | | |
| JUN 1918 | Bal Fwd | 33 | | Can A/C | | | | 20 | | | |
| | | | | 3896 9/6 C & B D. | 446 | | | | | | |
| | | | | 5219 30/6 " | 446 | | | | 45 68 | | |
| | | 33 | | | 8 92 | | | 20 | | | |
| July | P.P. | 34 10 | | Can. | | | | 20 | | | |
| | | | | 6534 31/7 " | 446 | | | | 50 86 | | |
| | | | | 6977 31/7 " | 446 | | | | 50 86 | | |
| | | 34 10 | | | 8 92 | | | 20 | | | |
| Aug | N | 34 10 | | Can. | | | | 20 | | | |
| | | | | 8180. 18. 8. 18 C & B D | 446 | | | | 60 50 | | |
| | | | | 9103. 31. 8. 18 " | 446 | | | | 56 04 | | |
| | | 24 10 | | | 8 92 | | | 20 | | | |
| Sept. | P.P | 33 | | C.A.P. | | | | 20 | | | |
| | | | | 9887 15-9-18 G.B.D. | 446 | | | | | | |
| | | | | 10861 30. 9. 18 " | 446 | | | | 60 12 | | a/c appd 30 9 18 |
| | | 33 | | | 8 92 | | | 20 | | | |
| | Carried Ford. | | | | | | | | | | |

NUMBER 1090171. RANK NAME SAUNDERS. A. Y.

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Sept. | Balance Forward | | | | | | | | 60 12 | | |
| Oct. | P.P. | 34. 10 | | C.A.P. | | | | 20 | 74. 22 | | |
| | | | | 22. ar 1453. 20.10.18. GBD. | 4 66 | | | | 69 56 | | |
| | | | | 47 AR 2496. 31.10.18 " | 4 66 | | | | 64 90 | | |
| | | 34 10 | | | 9. 32 | | | 20. | | | |
| Nov. | ✓ | 33. | | C.A.P. | | | | 20. | 77. 90 | | |
| | | | | 3976 17/11/18 GBD (1) | 13 99 | | | | | | |
| | | | | 5423 30/11/18 ✓ 2. | 4 66 | | | | | | |
| | | | | Can a Pay | | | | 20 | | | |
| Dec | PP | 34 10 | | | | | | | | | |
| | | | | 7393 14/12/18 GBD 2. 23 31 | 4 66 | | | | 68 69 | | |
| Jany | | 34 10 | | Can P | | | | 20 | 82 79 | | |
| | | 101 20 | | | 23 31 | | | 60 | | | |
| | | | | CP 7911 16/1/19 | 9 73 | | | | | | |
| | | | | 8939 24/1/19 GBD | 4 66 | | | | | | |
| | | | | 26 99 4/19 ✓ | 53 53 | | | | | | |
| | | | | 46411 30/1/19 GBD | 4 66 | | | | | | |
| | | | | 3853 25/1/19 ✓ | 4 66 | | | | | | |
| | | | | 6845 14/2/19 ✓ | 7 46 | | | | | | |
| Feby | PP | 30 80 | | Can a Pay | | | | 20 | | | |
| | | | | 8848 27/2/19 GBD. | 4 66 | | | | | | |
| March | PP. | 34 10 | | Can a Pay | | | | 20 | | | |
| | | | | 1120 20/3/19 GBD | 18 66 | | | | | | |
| | | | | 507 14/3/19 ✓ | 4 66 | | | | 4 99 | | |
| | | 64 90 | | | 112 68 | | | 40 | | | |
| April | PP | 33 | | Can a Pay | | | | 20 | 8 01 | | |
| | | | | 1191. 12/4/19. CGBD. (3) | 7 30 | | | | 71 | | |
| | | | | 2253 24/4/19 ✓ | 7 30 | | | | 6 59 | | |
| May | PP | 34 10 | | Can | | | | 20 | 7 51 | | |
| | | | | 2583 28/4/19. Gun Barrel Depot. | 9 13 | | | | 1 62 | | |
| | | 67 10 | | | 23 73 | | | 40 | | | |
| June | | | | 6512. 11/5/19 Buxton Enc | 4 87 | | | | 6 49 | | |
| | | | | 9195. C.D.D. Buxton 30/5/19. Enc. | 4 87 | | | | 11 36 | | |
| | | | | 1885. 13/6. CDD Buxton | 4 87 | | | | 16 23 | | |
| | | | | | 14 61 | | | | | | |

S.O.S. 24/6/19 S.L. D 18

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | 5423 30/11/18 ✓ 2 | 4 66 | | |
| Dec | PP | 34 10 | Can a pay | | 20 | |
| | | | 7393 14/12/18 GBD 2. 23 31 | 4 66 | | 68 69 |
| Jany | | 34 10 | Ca P | | 20 | 82 79 |
| | | 101 20 | | 23 31 | 60 | |
| | | | CP 7911 10/1/19 | 9 73 | | |
| | | | 8939 24/12/18 GBD | 4 66 | | |
| | | | 2699 4/1/19 ✓ | 53 53 | | |
| | | | 4641 30/1/19 GBD | 4 66 | | |
| | | | 3853 25/1/19 ✓ | 4 66 | | |
| | | | 6845 14/3/19 ✓ | 7 46 | | |
| Feby | PP | 30 80 | Can a pay | | 20 | |
| | | | 8848 27/3/19 GBD | 4 66 | | |
| March | PP | 34 10 | Can a pay | | 20 | |
| | | | 1120 20/3/19 GBD | 18 66 | | |
| | | | 507 14/3/19 ✓ | 4 66 | | 4 99 |
| | | 64 90 | | 42 68 | 40 | |
| April | PP | 33 | Can a pay | | 20 | 8 01 |
| | | | 1191. 12/4/19. CGBD. (3) | 7 30 | | 71 |
| | | | 2253 24/4/19 ✓ | 7 30 | | 6 59 |
| May | P.P. | 34 10 | Ca P | | 20 | 7 51 |
| | | | 2583 28/4/19. Gen Base Depot. | 9 13 | | 1 62 |
| | | 67 10 | | 23 73 | 40 | |
| June | | | 6512. 11/5/19 Buxton End | 4 87 | | 6 49 |
| | | | 9195. C.D.D. Buxton 30/5/19. End. | 4 87 | | 11 36 |
| | | | 1885. 13/6. CDD Buxton | 4 87 | | 16 23 |
| | | | | 14 61 | | |

S.O.S. 24/6/19 S.L. D 18

P. 559.

MARRIED OR SINGLE Married.

PLACE OF BIRTH London, England.

NAME AND ADDRESS OF NEXT OF KIN Mrs Maria Jane Saunders Haileybury. Ont.

RELATIONSHIP OF NEXT OF KIN Wife.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ 20.00 EFFECTIVE (DATE) 1/5/17.

PAYABLE TO Wife.

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

| PARTICULARS | EFFECTIVE DATE | AUTHORI |
|---|---|---|
| | | |

ADMISSIONS TO HOSPITAL, &c.

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

| DATE | PAY No. of Days | PAY Rate | PAY Amount $ | PAY Amount c. | FIELD ALLOWANCE No. of Days | FIELD ALLOWANCE Rate | FIELD ALLOWANCE Amount $ | FIELD ALLOWANCE Amount c. | WORKING OR SPECIAL PAY No. of Days | WORKING OR SPECIAL PAY Rate | WORKING OR SPECIAL PAY Amount $ | WORKING OR SPECIAL PAY Amount c. | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS 1 No | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7/5/17 | | | | | Balance from Canada | | | | | | | | | 34 25 | 34 25 | | | | | | |
| May 7-31. | 25 | 1 00/10 | 24 | 50. | | | | | | | | | | | 24 50. | | | | | | |
| June | 30 | | 33 | 00 | | | | | | | | | | | 33 00 | 265 227 | 26/5 15/5 | | | | |
| July | 31 | | 34 | 10. | | | | | | | | | | | 34 10 | | | | | | |
| Aug | 31 | | 34 | 10 | | | | | | | | | | | 34 10 | 360 | 15/6 | 485 | 30/6 | | |
| Sep | 30 | | 33 | 00 | | | | | | | | | | | 33 00 | 636 547 | 26/7 12/7 | | | | |
| | | | 161 | 40. | | | | | | | | | | 34 25. | 195 95. | | | | | | |

| MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFER-RED. PAY | SEP. ALLCE. ENG. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1917 | | ~~22 40.~~ | | | | | | | 22 40. | | |
| Oct. | P.P. | 34 10. | | | | | | 20. | | | |
| | | | | A.R. 934. 30/9/17 5th Res Bn. | 2 43. | | | | 34 37 | | |
| | | 34 10. | | | 2 43. | | | 20. | | | |
| Nov. | | 33 | | | | | | 20. | | | |
| Dec | | 34 10 | | A.R. 251 C.R.C.R. 29/10 | 4 84 | | | | | | |
| | | | | " 4398 C.G.B.D. 10/11 | 4 46 | | | | | | |
| | | | | " Dn 946 5 Res Bn 17/ | 4 84 | | | | | | |
| | | | | " " 462. E'Hill 14/8 | 1 22 | | | | | | |
| | | | | " " 815 " 25/8 | 1 22 | | | | | | |
| | | | | " " 894 " 15/9 | 2 43 | | | | | | |
| | | | | | | | | 20 | 42 40 | | |
| | | 64 10 | | | 19 04 | | | 40 | | | |

NS. &c.

| ECTIVE ATE | AUTHORITY |
|---|---|
| | |

AL. &c.

NAME OF HOSPITAL

REG'L. NO. 1090171 RANK Private NAME Saunders. Arthur Thomas.

IF IN PERMT. CORPS WHAT UNIT } UNIT 253RD Bn C.E.F. TRANSFERRED TO 5 Res. Bn. DATE 7.5.17. AUTHORITY B.O. 123 9/5/17

PERMANENT FORCE ALLOWANCES TRANSFERRED TO C.A.D.C. DATE 1/11/17 AUTHORITY Pom Roll.

PLACE OF ATTESTATION Cobalt. Ont TRANSFERRED TO Lab Pool DATE 1-2-18 AUTHORITY NR

DATE OF ATTESTATION January 11th. 1917. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE May 1st. 1917.

PAYABLE TO Mrs. Maria Jane Saunders, Haileybury Ont RELATIONSHIP Wife.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C.I.

| UITTANCE ROLLS 2 DATE | 3 NO. | 3 DATE | 4 NO. | 4 DATE | CASH PAYMENTS 1 | 2 | 3 | 4 | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE CREDIT | BALANCE DEBIT | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | C REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | 34 25 | | | | |
| | | | | | | | | | 20 - | | 20 - | 41.45 | | | | |
| | | | | | 34 06 | | | | | | | | | | | |
| | | | | | 2 43 | | | | 20 | | 56 49 | 18 26 | | | | |
| | | | | | | | | | 20 | | 20 | 32 36 | | | | |
| 30/6 | | | | | 4 87 | 2 43 | | | 20 | | 27 30 | 39 16 | | | | V D - 2-8-17 to 11-9-17 |
| | | | | | 2 43 | | | | | | | 22 70 | | | | 41 days @ 60¢ BO-256. 19/9/17 |
| | | | | | 2 43 | | | | 20 | 24 60 | ~~24 60~~ 49 46 | ~~49~~ | | | | |
| | | | | | 46 22. | 2 43. | | | 100 - | 24 60. | 17 325. | | | | | |

| ANCE | DEFER-RED. PAY | SEP. ALLCE. ENG. | MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFER-RED. PAY | SEP. ALLCE. ENG. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 40. | | | Jane. | | | | | | | | | 42 40 | | |
| | | | | P.P. | 34 10 | | C.A.P. | | | | 20 | 56 50 | | |
| | | | | | 34 10 | | | | | | 20 | | | |
| 37 | | | Feby. | P. Pay | 30 80 | | C.A.P. Feby | | | | 20 | | | |
| | | | | | | | DU. 6266. C.G.B.D. 31.12.17 | 4.46 | | | | | | |
| | | | | | | | " 5459 " 15.12.17 | 4 46 | | | | 58 38 | | |
| | | | | | 30 80 | | | 8 92 | | | 20 | | | |

2 40

1090171 The Saunders A.T. A.P. 20.00

| DATE | PAY No. of Days | PAY Rate | PAY Amount $ | PAY Amount C. | FIELD ALLOWANCE No. of Days | FIELD ALLOWANCE Rate | FIELD ALLOWANCE Amount $ | FIELD ALLOWANCE Amount C. | WORKING OR SPECIAL PAY No. of Days | WORKING OR SPECIAL PAY Rate | WORKING OR SPECIAL PAY Amount $ | WORKING OR SPECIAL PAY Amount C. | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | CASH PAYMENTS 1 | 2 | 3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MONTH | PARTICULARS | | | | CR. 1 | | CR. 2 | | PARTICULARS | | | | | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | | DEFERRED PAY | SEP. ALLCE. ENG. | MONTH | PARTICULARS | | CR. 1 |
| Mar | | | | | | | | | | | | | | | | | | 58 | 38 | | | | | | |
| | | | | | | | | | Cal | | | | | | | | 20 | 38 | 38 | | | | | | |
| | P Pay | | | | 34 | 10 | | | | | | | | | | | | 72 | 48 | | | | | | |
| | | | | | | | | | Dnak 4964 | | | CGBD | 30/11/17 | 13 | 38 | | | 59 | 10 | | | | | | |
| | | | | | | | | | ✓ 7758 | | | ✓ | 16/2/18 | 4 | 46 | | | 54 | 64 | | | | | | |
| | | | | | | | | | ✓ 7012 | | | ✓ | 26/1/18 | 4 | 46 | | | 50 | 18 | | | | | | |
| | | | | | | | | | AK 7557 | | | ✓ | 9/2/18 | 4 | 46 | | | 45 | 72 | | | | | | |
| | | | | | | | | | ✓ 8901 | | | ✓ | 16/3/18 | 4 | 46 | | | 41 | 26 | | | | | | |
| | | | | | | | | | ✓ 8236 | | | ✓ | 28/2/18 | 4 | 46 | | | 36 | 80 | | | | | | |
| | | | | | | | | | ✓ 9469 | | | ✓ | 30/3/18 | 4 | 46 | | | 32 | 34 | | | | | | |
| | | | | | | | | | | | | | | 40 | 14 | | | | | | | | | | |
| | | | | | 34 | 10 | | | | | | | | 40 | 14 | | 20 | | | | | | | | |

| PAYMENTS | | | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE | | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 3 | 4 | | | | CREDIT | DEBIT | | | | |
| ~~ARS~~ | CR. 1 | CR. 2 | PARTICULARS | | | DR. 1 | DR. 2 | DR 3 | DR 4 | BALANCE | DEFER. SEP. ALLOT. ALLOT. PAY ENG. |

Mennedosa 2/7/19

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

M. OR S. REGT. No. 10

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes DATE EFFECTIVE 1-8-19

TO WHOM PAID Same as app RELATIONSHIP

ADDRESS

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| English L.R. Cad to 31/5/19 | | |

ORIGINAL UNIT C.E.F.

PLACE OF ATTESTATION

DATE OF ATTESTATION

ASSIGNED PAY $

PAYABLE TO Mrs

ADDRESS

STOP PAYMENT FO ASSIGNED PAY RENDERED, DATE

DISCHARGED Quebec

| MONTH | PAY AND F.A. NO. OF DAYS | PAY AND F.A. RATE | PAY AND F.A. AMOUNT $ | PAY AND F.A. AMOUNT C. | OTHER CREDITS $ | OTHER CREDITS C. | $ | C. | TOTAL CREDITS $ | TOTAL CREDITS C. | ACQUITTANCE ROLLS COL. NO. 1 NO. | COL. NO. 1 DATE | COL. NO. 2 NO. | COL. NO. 2 DATE | COL. NO. 3 NO. | COL. NO. 3 DATE | CASH PAYMENTS COL. NO. 1 $ | C. | COL. NO. 2 $ | C. | COL. NO. 3 $ | C. | ASSIGNED PAY $ | C. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BALANCE FROM PREVIOUS ACCOUNT | | | | | | | | | | | | | | | | | | | | | | | | |
| 31/5/19 | | 1.10 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | 16/5/19 | | 30/5/19 | | 1/6/19 | | 4 | 87 | 4 | 87 | 4 | 87 | | |
| 14/7/19 | 44 | 1.10 | 48 | 40 | 35 | 00 | | | 83 | 40 | CK | | | | | | 4 | 87 | 5 | 00 | 127 | 30 | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar. | 153 days | | 350 | | 150 | | | | 500 | 00 | | | | | | | | | | | | | | |

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

Capt. Lieut.
Paymaster, Demobilization Dept.
M.D. No. 10

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.

500

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

H.D. Blackmore

Aug. Dept 8 1155435-6 70 30
Nov 8 1574094 70 30
Nov 8 1583917 70 30

June/July 30 00

War Service Gra

Service 2 years

33 40 38 00

200M-3-19.—L. L. 58788-... & D. 9935.
M. F. W. 2596.
1772-39-1390.

Minnedosa 2/7/19

AUDITOR | PAYMASTER

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

REGT. No. 1090171 RANK Pte NAME (IN FULL) SAUNDERS. A.T.

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| English L.P.C. ad to 31/5/19 | | |

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 1-8-19 Closed.

PAYABLE TO Mrs. Maria Jane Saunders (W) | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS A. T. Saunders

ADDRESS Haileybury, Ont. ~~G.P.O.~~ G. F. Pyke ~~Vancouver BC~~ Parliament Bldg

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED Quebec | PLACE | DATE 8/7/19 | REASON Pow/att on file 25/8/19 | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY Yes

| ACQUITTANCE ROLLS COL. NO. 1 NO. | DATE | COL. NO. 2 NO. | DATE | COL. NO. 3 NO. | DATE | CASH PAYMENTS COL. NO. 1 $ | C. | COL. NO. 2 $ | C. | COL. NO. 3 $ | C. | ASSIGNED PAY $ | C. | REGIMENTAL CHARGES $ | C. | OTHER CHARGES $ | C. | $ | C. | TOTAL DEBITS $ | C. | BALANCE DEBIT $ | C. | CREDIT $ | C. | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bx | | Bx | | Bx | | | | | | | | | | | | | | 1 | 62 | 1 | 62 | 1 | 62 | | | |
| 16/5/19 | | 30/5/19 | | 13/6/19 | | 4 | 87 | 4 | 87 | 4 | 87 | | | | | | | | | 14 | 61 | 16 | 23 | | | 35.00 other clothing |
| Ck | | | | | | 4 | 87 | 5 | 00 | 127 | 30 | | | | | | | | | 137 | 17 | 70 | 00 | | | |
| | | | | | | | | | | | | | | | | 6 | 60 | | | 6 | 60 | 76 | 60 | | | 6.60 other chgs 6 days pa oop |
| | | | | | | | | | | | | | | | | 22 | – | | | 22 | – | 98 | 60 | | | 22.00 other chgs 22 days on up paid S.A. |
| | | | | | | | | | | | | June & July 30 | 00 | | | | | | | 30 | 00 | 12.8 | 60 | U.G. | | |
| | | | | | | | | | | | | | | | | 128 | 60 | | | 128 | 60 | 243 | 40 | 128 | 00 | |
| Aug. 5 | | 834959 | 60 | | | | | | | 33 | 40 | 38 | 00 | | | | | | | 71 | 40 | 210 | 00 | 90 | 00 | |
| Sept 8 | | 1155435 | 6 | | | | | | | 70 | | 30 | | 3 | | | | | | 100 | | 140 | | 60 | | |
| Oct 8 | | 1574094 | 95 | | | | | | | 70 | | 30 | | + | | | | | | 100 | | 70 | | 30 | | |
| Nov 8 | | 1583916 | 17 | | | | | | | 70 | | 30 | | + | | | | | | 100 | | – | | – | | |
| | | | | | | | | | | | | | | | | | | | | 500 | | R.M. | | | | |

War Service Gratuity

Service 2 years months

ARTHUR THOMAS.

Form R. 149.

Name SAUNDERS Rank Pte Reg. No. 1090171.

Unit Lab Pool (I.C.V.H)

Next of Kin CANADA.

| Date 1918 | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| 14-1- | No 7 C.G.H. Etaples | NY & Mld Q | | a122 | | HA 18802 |
| 19-1- | Discharged to M.B. Base Dpt | Etaples | Tonsillitis | a122 | | HA 18849 |
| | Two Entries | | | | | |

No. 1090171 RANK Pte NAME Saunders, A. T.

T. O. S. 11-1-17. UNIT 25-3rd. Battalion, C.E.F.
(D.O.# 160 of 16-1-17)

M. D. 3

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1917 | 1917 | | | |
| Jan 11 | Jan 31 | ✓ | | |
| Fee | | ✓ | | |
| Mar | | ✓ | | |

NAME Saunders, A. T.

REGT'L No. 1090171

H. Q. FILE No. 649.

RANK AND CORPS Pte. 5th. Can. Res.

FOLLOWS No. Bn.

FOLLOWS

| CABLE | | NATURE OF CASUALTY |
|---|---|---|
| NO. | DATE | |

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

| LIST No. | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| 122 | Can. Etchinghill Lymington | 3-8-17 | V.D. G |
| X 11 | ex " " " | 12-9-17 | V.D. G (disch) 1st Can Ont Reg |
| a-122.") | No. 7. Can. Gen. Etaples. | 14-1-18. | N.Y.D. (Mild) "Q" |
| a-122.") | Discharged." | 19-1-18. | Tonsillitis. |

No. 649504. RANK Pte. NAME Saunders. A. J.

T. O. S. UNIT 159th Battalion C.E.F.

M. D. 2.

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1916. Sept. 22. | 1916. Oct. 25. | n | Dischgd by Med Bd | D0149-24-10-16. |
| | | | C. not closed | n. |

UNIT SAILED
OCT 31 1916

FORM R. 149.
106—250m—7/2/17.

*Name* SAUNDERS *Rank* PTE *Reg. No.* 1090171

*Unit* Arthur Thomas 5th Canadian Reserve Battn

*Next of Kin* Canada

| Date 1917 | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| Aug 3 | Can Hsp Etchinghill | | V D G | 122 | | |
| 12 9 | Discharged. | | | C11 | | 104 |