

10-12-18

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids..... 1

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

M & W - 113 - 1

M & W 290 - 1

M & C Form 132 - 1

M & B 465 - 1

M & B 3130 - 1

M. F. W. 62.
60M.-9-16.
H. Q. 1772-39-985.

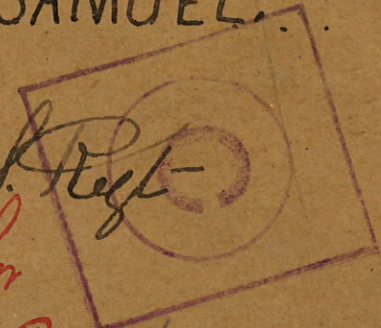
Name **SELF** GEORGE. SAMUEL.

Regt. No. 3180367 Rank Pte

Corps 13th Depot - Dn. N. S. Regt

Med unfit further treatment by J.S.C

1/3/20



PUBLIC RECORDS OFFICE



11617

482489

2-23
1-29

*Comp Dis to B.P.C. on M. & W. 2300
Ref B.P.C - Spec 632
of 22-8-19 Lined.*

632

632. Ex. Card destroyed $\frac{10}{12}$
18.

This space to be for numbers.

Proceedings on Discharge.

15-11-33

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

No.	3180367
Rank	Private
Surname	SELF
Christian name	George Samuel
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	1st Depot Battalion, N.S. Regiment
Date of discharge	Nov. 23rd. 1918.
Place of discharge	Halifax, N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 21 years 11 months.
 Height 5 feet 4 inches.
 Complexion **Fair**
 Eyes **Lt. Blue**
 Hair **Lt. Brown**
 Trade **Fisherman**

Descriptive marks



-Nil-

Intended place of residence } **Port Dufferin West**
 (To be given as fully as practicable.) } **Halifax Co. N.S.**

2. The above-named man is discharged in consequence of **being Category E.**
for further treatment by I.S.C.

Authority for discharge **6D. 59-S-879**

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.

3. Conduct and character while in the service have been, according to the records, etc.

Good

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.)

Fisherman

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

Handwritten signature/initials: K. L. H. G. M. B.

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

-Nil-

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

6. Medals and Decorations.....

-Nil-

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) Halifax, N.S.

O.S. Heard.

Major for Lt-Col.

(Date) Nov. 23rd, 1918.

Commanding 1st. Depot Batt. N.S. Regt.

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) Halifax, N.S. *George Selff* (Signature of Soldier.)

(Date) Nov. 23rd, 1918. *J.G. Kent Sgt.* (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.

George S Selff (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed).....years 282 days.

Total.....years 282 days.

11. Confirmation of Discharge.

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

(Place) Halifax, N.S.

O.S. Heard.

(Signature) Major for Lt. Col.

(Date) Nov. 23rd, 1918.

O.C. 1st. Depot Batt. N.S.R.

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.)

List of Discharge Documents

George S. Jeff
J. G. Kent Sgt (Witness)

Medical History Sheet	W. 307	Medical Report for Invalids	W. 307
Special History Sheet	W. 407	Medical Report for Invalids	W. 307
Final Pay Certificate	W. 44	Medical Report for Invalids	W. 307
Discharge Certificate	W. 307	Medical Report for Invalids	W. 307
Form of Will	W. 307	Medical Report for Invalids	W. 307
Form of Discharge	W. 307	Medical Report for Invalids	W. 307
Medical History Sheet	W. 307	Medical Report for Invalids	W. 307
Special History Sheet	W. 407	Medical Report for Invalids	W. 307
Final Pay Certificate	W. 44	Medical Report for Invalids	W. 307
Discharge Certificate	W. 307	Medical Report for Invalids	W. 307
Form of Will	W. 307	Medical Report for Invalids	W. 307
Form of Discharge	W. 307	Medical Report for Invalids	W. 307

Documents not accompanying this form should be copied into...

I hereby certify that the following documents are unimportant...

Official Copy...

7. R. - In the case of a man discharged as a result of the date and number of the discharge certificate...

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263
Squadron } Battery } Company }	Conduct Sheet, " B. 263a
or	
Field Conduct Sheet	" W. 178
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.

Attestation Paper	Militia Form W. 23
or	
Particulars of Recruit	" W. 133
Proceedings on Discharge	" B. 218

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.

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.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname **Selff**

2. Christian name **George Samuel**

3. Present address **Port Dufferin, N. S.
Kingston Station, Kingston, N. S.**

4. Military Service Act letter and number **605171 GC.**

5. Date of birth **22nd November, 1896.**

6. Place of birth (town, township or county and country) **Port Dufferin, N. S.**

7. Married, widower or single **Single.**

8. Religion **Church of England.**

9. Trade or calling **Fisherman**

10. Name of next-of-kin **Joseph Selff**

11. Relationship of next-of-kin **Fath er.**

12. Address of next-of-kin **Port Dufferin, N. S.
Halifax Co.**

13. Whether at present a member of the Active Militia **No.**

14. Particulars of previous military or naval service, if any **No.**

15. Medical Examination under Military Service Act:—

(a) Place **Halifax, N. S.** (b) Date **7/11/17.** (c) Category **"A-2"**

REPLICATED

Sufficient Address

Sufficient Address E.M.A.

DECLARATION OF RECRUIT

I, **George Samuel Selff**, do solemnly declare that the above particulars refer to me, and are true.

George Samuel Selff (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	21 yrs	3 mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.	
Height	5 ft	4 ins.		
Chest measurement	fully expanded	31 ins.		
	range of expansion	24 ins.		
Complexion	Fair.			Nil.
Eyes	Light Blue.			
Hair	Light Brown.			

G L Mackay Lt-Col.,
O. C. 1st Depot Btln.
Nova Scotia Regt.

Place **Halifax, N. S.** Date **15/2/18.**

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. file.

OTTAWA 4, ONTARIO.
Date JANUARY 27, 1966.

Attention of

P.A.

NAME SEIFF George S.

SERVICE 3180637 W.W. LC.P.C. No. 139953
NUMBER W.V.A. No.

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. CAMP HILL HOSPITAL, JANUARY 26, 1966.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death JANUARY 25, 1966.

Cause of Death

Place of Death CAMP HILL HOSPITAL, HALIFAX, NOVA SCOTIA.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~FAX~~
~~BOX~~
H.O.

} Destroy form if advice of death already received.

E.O. Richards
for
Chief, Central Registry

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

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps **1st DEPOT BATTALION, Nova Scotia Regiment.**

Regimental No. **3180367**. Rank **Pte.** Name **Siliff, George Samuel**
C. E. F.

Enlisted (a) **15.2.18** Terms of Service (a) **Period of war** Service reckons from (a) **15.2.18**

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

Extended Re-engaged Qualification (b) **(Fisherman)**

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				
		S, O, S, Category "E" and on transfer to I, S, C, Auth. 6D, 59-S-879.	Halifax, N, S,	23-11-18.	

O.S. Heard.
Major,
for.O.C. 1st Depot Bn, N,S, Regt,-

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3180367. (Rank) Private,

Name (in full) George Samuel SELFF. enlisted in
the 1st Depot Bn, N, S, Regiment,

CANADIAN EXPEDITIONARY FORCE at Halifax, N, S, on the fifteenth
day of February 19 18

HE served in 1st Depot Bn, N, S, Regt. Canada,

and is now discharged from the service by reason of being in Category "E" and for
further treatment under care of I,S,C, (Auth 6d, 59-S-879).

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

Age 21. years 11 months,

Height 5 ft. 4 inches,

Complexion Fair,

Eyes Light Blue

Hair Light Brown,

George S. Selff.

Signature of Soldier

Marks or Scars.....

None,

(Signed). O. G. Heard.

Issuing Officer

Major.

Rank

Date of Discharge November 23rd. 1918.

A/Adjt. 1st Depot Bn, N, S, Regt,
Appointment

Signed at Halifax, Nova Scotia, this Six, day of 19

in Military District No. Six,

File Reference No.

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. 3180367 (Rank) Private, Name SELFF. George, Samuel.
Unit 1st Depot Bn, N, S, Regiment,
Address on Discharge Port Dufferin, N, S,
Character and Conduct Good,
Former Occupation Fisherman,
Special Qualifications of Value in Civil Life
Fisherman,
Medals and Decorations None,
Remarks None,
Signed at Halifax, N, S, this twenty-third day of November, 19 18

(Signed) O. G. Heard,

Name of Officer

Major,

Rank

A/Adj. 1st Depot Bn N, S, Regt,
Appointment

CASE HISTORY SHEET.

No. 8180367 Rank 1st Lt. Name Sgt. George Age 21

Unit 4th Cavalry Completed years of service 2 Where and how long

Date of admission 12-4-18 Date of discharge Aug 14/19

Diagnosis Pneumonia complicated with pleurisy Place of origin Portland, N.J.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

patient admitted to Hospital with temp 102.5; dull pain in sides, condition of lower lobe of left lung; dullness on percussion
 13-4-18 Temp 103.5; pulse 106. - rusty sputum streaked with blood.

27-4-18. T 97° P 104 R 40. Dulness ext. ^{right} left lung and base. Improving. ^{fast}

1-5-18 Temp. norm. Complaint of pain in left side, sputum contains a little blood. Exam of chest bronchial breathing ^{fast} right side in front, dulness lower lobe behind, hyperresonance above this; bronchial breathing small fraction sub left axilla.

May 27/18 pain in right side aspirating needle inserted showed presence of pus.

May 28 patient operated upon sub costal incision entered to improve

June 1-31/18 patient's condition continued to improve

July 1-21/18 very much improvement was - right thorax still draining

Aug 1-14/18 patient still continues to improve

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

TREATMENT.

(Especially any specific or special form.) Pyrogen, Homeoprotect, Bacterin '1918,

CONDITION ON DISCHARGE.

(and disposal made of case.) patient very much improved but slight discharge from right thorax patient transferred to military hospital of Halle,

Date Aug 14/18 W. G. Fordway Medical Officer i/c case. Jul 1918

CASE HISTORY SHEET.

No. 3180367 Rank Pte Name Geo. S. Self Age 22
 Unit 1st M.S.R. Completed years of service 9 months } C.
Where and how long
 Date of admission 26.8.18 Date of discharge 1.11.18
 Diagnosis T.B. lung Place of origin Halifax

CONDITION ON ADMISSION AND PROGRESS OF CASE

He was admitted as a convalescent from emphysema with the wound still discharging. He is of wretched physique & looks very pale & cachectic. The chest measures only 29 1/2 inches while the expansion is only 3/4 of an inch. There is impaired resonance over the upper lobes of both lungs with tubular breathing & increased W.R. Rales can be heard all over these lobes. The emphysema opens up occasionally.

FAMILY HISTORY none

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

General Convalescent
 Daily dressing.

CONDITION ON DISCHARGE

(and disposal made of case.)

His disability is progressive. He has been boarded in Cpt H for transfer to the I.S.C. in order to receive Sanatorium Treatment

Date

1/11/18

To. Mauburn
 32k
 7th November

John Cameron
 Medical Officer i/c case.

Capt
 C.A.M.
 30466

CLINICAL CHART

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 1st Depot Battalion

Hospital Station Pine Hill

No. 3180367 Rank and Name

Pte Self, George Age

Service

Disease

September

Date of Admission

Date of Discharge

Result

Case Book

Folio

Dates of Observation	27		28		29		30		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27	
	Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time									
Temperature Fahrenheit	a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.									
107°	8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2											
106°	8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2											
105°	8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2									
104°	8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2									
103°	8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2									
102°	8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2									
101°	8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2									
100°	8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2									
99°	8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2									
98°	8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2									
97°	8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2		8 6 4 2									
Minute	86 94 80		68 76 74		18 80 18		18 80 20		18 82 18		60 76 78		72 76 72		96 72 18		80 78 80		80 80 86																																											
Minute	20 20 20		18 16		18 18		18 20		18 18		20 19		18 18		18 18		18 18		18 18																																											

out of building

out of building

Signature

In charge of case.

9th 1918

RANK.
Pte.

REG.NO.
3180367

HOSPITAL.
Pine Hill

DATE.
1-10-18.

PART EXAM.
Chest.

X RAY EXAM. SHOWS.

Adhesion and thickening of the right pleura. A few calcified glands. Slight infiltration of the right chest. (Peri Bronchial)

L. B. Moore M.O., i/c

X RAY DEPT.

CENTRAL LABORATORY OF HYGIENE

MILITARY HOSPITAL, HALIFAX, N.S.

Sept 29th 1918

1/c Rime Shell Hoop

IT IS REPORTED FOR YOUR INFORMATION, PLEASE THAT THE EXAMINATION OF SPUTUM IN THE CASE OF

Pat. of Self 1st. S. R.

WAS FOUND TO CONTAIN no TUBERCLE BACILLI, AND IS ~~THEREFORE~~ ~~FOR TUBERCULOSIS.~~

K. Mahalik

CAPT. A.M.C.

1/c LABORATORY OF HYGIENE

LABORATORY OF HYGIENE

CENTRAL LABORATORY OF HYGIENE,

DEPARTMENT OF MILITIA AND DEFENCE,

oOo

Report on Water Sample from :

Source of Sample :

Name and remarks of officer supervising collection :

Date of Collection : Analysis started

Bacteriological Examination :

Count on Gelatine in

CASE
Rank
Complete
Unit
Date of admission

Medical Chart
Date of Examination
Rank
Number of Specimens
Case Book

REFERENCE,
HYGIENE,

CASE HISTORY SHEET.

Hospital. Wahpton Station.

0717

Rank Pvt

Name Self J

Age 20

Unit Dep't 9th

Completed years of service 4 1/2

Where and how long e

Date of admission 14-8-18

Date of discharge 26-8-18

Diagnosis Empyema

Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Has been operated upon for empyema and tube has been removed.

There is a large amount of pus discharging from sinus and a rubber tube is inserted which allows now adequate drainage.

General condition very good.

26/8/18-

Sinus leading into 8th intercostal space in R. ^{ant.} axillary line - about 5 inches. slight sero-purulent discharge. General condition improving.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

negative

TREATMENT

(Especially any specific or special form.)

Drainage tube in cavity.

Dressings
Iodine

CONDITION ON DISCHARGE

(and disposal made of case.)

Improving
transfer to "Pine Hill"

Date Aug 26/18

McMiller, Capt
Medical Officer i/c case. amc

CLINICAL CHART

Urine Anal

Straw

Normal

Acid

1022

Nil. faeces trace

Red nil

Micro: Calcium oxalates rare
epithelial cell.

Laboratory

Walt Mi

Result of Urine Anal

Name: Pte. Self, 3180367, 1st Depot

Colour: Show

Odour: Normal

Re-action: acid

Spg. Gravity: 1.022

Albumen: ~~Trace~~ Vanthure

Bile: ml

Deposit:

Microscopically: Calcium

oxalates, rare epithelial cell

Capt. AMC.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 1st Regt U.S.R.

Hospital Station Hawkeye S

No. 3180307

Rank and Name PT Sep J.

Age 26

Service 7/12 C.

Disease Empyema

Date of Admission 4.8.18

Date of Discharge 26.8.18

Result

Case Book

Folio

Dates of Observation	14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		1		2	
	Days of Disease		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME	
Temperature Fahrenheit	TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME			
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.				
107°	8	4	2																																					
106°	8	6	4	2																																				
105°	8	6	4	2																																				
104°	8	6	4	2																																				
103°	8	6	4	2																																				
102°	8	6	4	2																																				
101°	8	6	4	2																																				
100°	8	6	4	2																																				
99°	8	6	4	2																																				
98°	8	6	4	2																																				
97°	8	6	4	2																																				
96°																																								

Signature W. Miller Capt In charge of case.

For Mr. Joseph Keef

Pat Kluffman West

W. Co.

N.S.

Date of admission	Date of discharge	Rank and name of patient	Reg. No.	Service	Case Book	Initials
1862	1863					
1863	1864					
1864	1865					
1865	1866					
1866	1867					
1867	1868					
1868	1869					
1869	1870					
1870	1871					
1871	1872					
1872	1873					
1873	1874					
1874	1875					
1875	1876					
1876	1877					
1877	1878					
1878	1879					
1879	1880					
1880	1881					
1881	1882					
1882	1883					
1883	1884					
1884	1885					
1885	1886					
1886	1887					
1887	1888					
1888	1889					
1889	1890					
1890	1891					
1891	1892					
1892	1893					
1893	1894					
1894	1895					
1895	1896					
1896	1897					
1897	1898					
1898	1899					
1899	1900					

Corps Hospital No. 31
 Date of Admission: 1862
 Date of Discharge: 1863
 Rank and Name of Patient: [Faint]
 Reg. No.: [Faint]
 Service: [Faint]
 Case Book: [Faint]
 Initials: [Faint]

21
 [Faint handwritten notes and numbers]

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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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.

Pine Hill Hospital

STATION..... *Halifax* DATE..... *28/x/18*

1. 1 (a) Unit..... *12th N.S. Regt* (b) Regimental No..... *3180367* (c) Rank..... *Pte.*

(d) Surname..... *Self* (e) Christian name..... *George S.*

2. Age last birthday..... *22* Date of birth..... *Nov. 22nd 1895*

3. Enlisted at..... *Halifax* on..... *Feb. 16th 1918*

4. Personal description:—

(a) Height..... *5ft 5* (b) Weight..... *112½* (c) Complexion..... *Pale*

(d) Colour of hair..... *Red* (e) Colour of eyes..... *grey* (f) Identification marks..... *Emphysema*

Scar on R Side

5. Address after discharge (for the use of the Board of Pension Commissioners)..... *Port Dufferin*

6. Former trade or occupation..... *Frohmeyer*

MILITARY DISTRICT No. 4
 HALIFAX, N. S.
 OCT 29
 595-879
 Years..... *6* Days.....

7. (a) Service

	PERIODS	
	From	To
<i>12th N.S. Regt.</i>	<i>Feb. 1918</i>	<i>Date</i>

(b) Has he been overseas?..... *no* 8. Original disease or disability..... *Emphysema*

(a) Date of origin..... *Apr. 1918* (b) Place of origin..... *Halifax*

(c) Cause*..... *Followed pneumonia*

(d) Present disease or disability..... *T.B. lungs.*

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

He looks pale & cachectic & is much underweight. The chest measurement is 29½ inches & the expansion is only ¾ of an inch. The chest is flattened with overhanging shoulders. There is unpaired

9. Present condition.—(Continued.)

resonance Over the upper lobes of both lungs with tubular breathing & occasional rales especially in damp weather X ray report shows slight peribronchial infiltration of the right side of chest. The emphysema wound has been healed for a 2 month. Diminished breath sounds & resonance over this are

(b) Are the following systems normal? If not, briefly state abnormality.....

Nervous..... *yes* Digestive..... *yes* Respiratory..... *as noted* Cardiac..... *yes*

Genito-Urinary..... *yes* Skin, Middle Ear, Eye or any other part..... *yes*

The sputum is negative for TB & Temp. Chart was taken for a fortnight during which the Temp. recorded 99 on one occasion (evening).

10. History: (a) of Condition referred to in "a" section 9.

none additional

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

none additional

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

not applicable

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

no

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

Indefinite

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

*Ainherst Hospital 4 1/2 months
Station Hosp. Halifax 2 weeks
Pine Hill Halifax 2 months*

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(If the answer is "yes" state nature of treatment required and probable duration)

yes in a Sanatorium
Duration indefinite

16. Can the former trade or occupation be resumed?

(If not, briefly state why.)

not at present

17. Recommendations

That Pte G Self be transferred to the I.S.C. in Cat. E in order to receive Sanatorium Treatment

John Cameron
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned G Self 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

G Self

G Self

Signature of soldier 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 criticized.

Yes

19. Is the soldier fit for

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

20. It is certified that the soldier

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

in a Sanatorium

- (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).

OPINION OF THE MEDICAL BOARD—(Continued).

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

Category E to I.S.C.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE *Salisbury MS*

DATE *28-10-18*

H. J. Schaffer M.D. President.

R. F. O'Brien Captains Members.

APPROVED BY

APPROVED BY

[Signature]
APPROVED
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE *30-10-18*

DATE

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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE

DATE

President.

Members.

MILITARY SERVICE ACT, 1917.

3180367

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Self Christian name George Samuel
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 10605171
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) Port Dufferin West Halifax Co

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7 day of November 1917, by the undersigned medical board sitting at Port Halifax N.S.

- 5. Age as stated 20 Years 11 1/2 Months.
- 6. Apparent age 20 Years _____ Months
- 7. Height 5 Feet 4 Inches.
- 8. Weight 110 Pounds.
- 9. Chest measurement { Minimum 28 1/4 Ins. Maximum 31 Ins.
- 10. Complexion Fair { Eyes Light Blue Hair Light Brown
- 11. Physical development Fair { Good Fair Poor
- 12. Smallpox marks None

- 13. Number of vaccination marks { Right arm None Left arm None
- 14. When vaccinated last None

- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease None
- 16. Slight defects but not sufficient to cause rejection None

The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis } (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A.ii

Francis A R Gow W. R. Weston W. W. Weston
 _____ Capt. Member. _____ President. _____ Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
16-2-18	<u>Immune</u>	M.O.	16-3-18	<u>Immune</u>	M.O.
		M.O.	28-2-18	<u>Immune</u>	M.O.
		M.O.	7-3-18	<u>Immune</u>	M.O.

Joined 15 day of July 1918 at Halifax N.S.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>1st DBz. N.S.R.</u>	<u>51805671</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
		<u>no entry</u>	

N. B.—This sheet is 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.

Signature of Man George Samuel

Temporary

MEDICAL HISTORY SHEET

Surname *Self* Christian Name *George S*

Examined { on day of 191	Approved by		
at	Rank		
Birthplace { City or Town	M.O.		
	County		
Apparent age	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
Trade or occupation			M.O.
Height feet Inches			M.O.
Weight lbs.			M.O.
Chest measurement { Minimum inches			M.O.
	Maximum expansion inches		M.O.
Physical development			M.O.
Small-pox Marks			M.O.
Vaccination Marks { Arm Right Left	Date	Result	VACCINATIONS
	Number		
When Vaccinated last			M.O.
(a) Marks indicating congenital peculiarities or previous disease			M.O.
			M.O.
(b) Slight defects but not sufficient to cause rejection	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
			M.O.
			M.O.
			M.O.

Enlisted on day of 191 at

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
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.

Christian Name

Surname

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Pine Hill Halifax		26	8	18	1	11	18	T.B. lungs	67	Transfer to I. S. C. for Sanatorium Treatment	John Cameron Capt R.M.C.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 5100367 Rank Pte. Name Soliff, G. S.

Corps. 1st Depot Bn., B.S. Regt. who was* S. O. S.

23-11-18 191... to Invalided Soldiers' Commission
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-11-18 191...
 to 23-11-18 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	60	
Advances } No.....			Reg'tl Pay <u>23</u> days at \$ <u>1</u> c.....	23	
by } No.....			Field Allow. <u>23</u> days at \$..... c.....	10	20
Cheques } No.....			Separation Allowances* (Monthly).....		
Assigned Pay and Sep'n Allee. No. <u>8886</u>	20		Other Allowances* <u>Clothing.</u>	35	
Other charges <u>Red Cross, etc.</u>		10	Other Credits*.....		
Payment on transfer or discharge No. <u>8888</u>	65	20	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	120	30	Total.....	120	30

* Give particulars.

A monthly stoppage of \$ 20.00 (†) has..... (‡) been paid on account of Assigned
 Pay for the month of November, 1918 } (to) Assignee Mrs. Joseph Soliff,
 and Sep'n Allee. for month of Nov 1918 }
 (Address) West Fort Dufferin, Halifax Co., N. S.

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

- State (1) date of enlistment 18-2-18
 (2) if married and if a Separation Allowance Card has been submitted no
 (3) cause of discharge Category "A" authority 52, 51-2-277; B.S.C. 11-225.
 (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date November 25th, 1918.

Place Halifax, N. S.

A. A. Cameron
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

SURNAME.

Selff. (649-8-22415)

6

CARD NO.

6

CHRISTIAN NAMES

George Samuel

95.c.

FOLL.

S.O.S. 23-11-18. D. 0325-723-11-18

REGL. NO.

3180 367

RANK

Pte.

UNIT

1st. Apo. Bn. N. S. Regt.

T. O. S. *Feb. 14. 1918*

FORMER CORPS

nil.

D. O. Part II No. *45*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Selff, Joseph

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Port Dufferin, Halifax Co. N. S.

COUNTRY OF BIRTH

Canada, Port Dufferin

DATE

Nov. 22nd. 1896.

PLACE OF ATTESTATION

Halifax N. S.

DATE

Feb. 15th. 1918

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

M.S.A.

NAME SELIFF, George Samuel

REGIMENTAL NO. 3180367

RANK pte.

ENLISTED AT Halifax, N.S.

PROMOTIONS, &c.
AND DATE

DATE Ordered 15-2-18

IF SERVED PREVIOUSLY, STATE UNIT. &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Single
Joseph Seliff
Port, d'Arferia
Wid
18
11
no

605171
R. 298
R. 298
18
11
no

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	

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

REGT. No. 3180367

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.
ADDRESS					1st Lt. B.
					PLACE OF ATTESTATION
					DATE OF ATTESTATION
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$
TO WHOM PAID	RELATIONSHIP				PAYABLE TO
ADDRESS					Post-
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
					DISCHARGED PLACE

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTH CHAR	
	NO. OF DAYS	RATE	AMOUNT						COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$
			\$	C.	\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE					
1918																			
Nov						60	00												
	23	110	25	30	30	00		120	30			35	60	20			20	00	10
	31	day			40	00		70	00								70		
					70			70									70		
all Payments made																			

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

REGT. No. 3180367 RANK Plb NAME (IN FULL) *Perff G. S.*

SHIP ORIGINAL UNIT C.E.F. *1st Lt. B.* 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 \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *Port- Vufferin (West)
Halifax Co. N.S.* *Same.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE *X* DATE *23-11-18* REASON *I S C.* AUTHORITY *Des from PCR 14-6-19* IF ENTITLED TO POST DISCHARGE PAY *P.M. 1-5-861 2297*

ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3		\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
C.	NO.	DATE	C.	NO.	DATE	C.	NO.	DATE	C.	NO.	DATE													
																								<i>Cn Prover a/c</i>
																								<i>Clothing a/c.</i>
																								<i># 1778614 26-11-19</i>

Handwritten entries in table:

- Row 1: *30* (COL. NO. 3), *35-61.20* (COL. NO. 1), *20.00* (ASSIGNED PAY), *10* (REGI-MENTAL CHARGES), *120.30* (TOTAL DEBITS)
- Row 2: *70* (ASSIGNED PAY), *70* (TOTAL DEBITS), *rl* (BALANCE CREDIT)
- Row 3: *70* (ASSIGNED PAY), *70* (TOTAL DEBITS)

Handwritten notes:

- all Payments made.*
- Account* (circled)
- W. Williams* (signature)



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