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The word "Canada" in a serif font, with a small red maple leaf above the letter "a".

228095

SIN/NAS

TOPP

Surname/Nom

Reginald John

Given names/Prénoms

CANADIAN FORCES
FORCES CANADIENNES

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Box #
483464

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

CF 478 (10/74)
7530-21-870-6931

COMPONENT
ÉLÉMENT

CEF

ATTESTATION PAPER.

201st BATTALION

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your surname? Topp
- 1a. What are your Christian names? Reginald John
- 1b. What is your present address? 149 Rose Ave. Toronto Canada
2. In what Town, Township or Parish, and in what Country were you born? Toronto Canada
3. What is the name of your next-of-kin? Flora Topp
4. What is the address of your next-of-kin? 149 Rose Ave. Toronto Canada
- 4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? Sept. 11th 1897
6. What is your Trade or Calling? Clerk
7. Are you married? Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Reginald John Topp, 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.

Date February 24th 1916 . Reginald J. Topp (Signature of Recruit)
J. A. Babington (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Reginald John Topp, 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.

Date February 24th 1916 . Reginald J. Topp (Signature of Recruit)
J. A. Babington (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 Toronto Canada this 24th day of February 1916 .

(Signature of Justice)

Description of Reginald John Topp on Enlistment.

Apparent Age... 19 years... 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height..... 5 ft. 9 1/2 ins.

Chest measurement { Girth when fully expanded..... 34 ins.

{ Range of expansion..... 3 ins.

Complexion..... Dark

Eyes..... Grey

Hair..... D. Brown

Church of England..... C. of E.

Presbyterian.....

Methodist.....

Baptist or Congregationalist.....

Roman Catholic.....

Jewish.....

Other denominations.....
(Denomination to be stated.)

Small Scar over R. eye

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... February 24th 1916.....191

Place... Toronto Canada

M. R. Polue
 Toronto Recruiting 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.

Reginald John Topp..... 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. W. Kaganaly
 (Signature of Officer)

Date... MAY 3 1916..... 191

ORIGINAL MEDICAL HISTORY SHEET. 228095

Surname Lopp Christian Name Reginald John

Examined on 24th day of February 1916
 at Toronto Canada
 Birthplace { City or Town Toronto County Canada }
 Apparent age 18 Yrs. 5 Mos.
 Trade or occupation Clerk

Height 5 Feet 9 1/4 Inches. M.O.
 Weight 140 1/2 Lbs. M.O.
 Chest measurement { Minimum 31 inches. M.O.
 Maximum expansion 34 inches. M.O.
 Physical development XXXXXX Fair M.O.
 Small-Pox Marks Nil M.O.

Vaccination Marks { Arm Right 1 Left 1
 Number 1
 When Vaccinated last 1901
 (a) Marks indicating congenital peculiarities or previous disease Nil

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

Enlisted on 24th day of February 24th 1916 191 at Toronto Canada

Corps.	REG'T NUMBER	HABITS.	DATE.
<u>170th Battalion</u>	<u>228095</u>		
<u>75th Am</u>			<u>DEC 5 1916</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Warty</u>	<u>20/3/19</u>	<u>adhesion scar</u> <u>shoulder left</u>	<u>Br. Jos. L. Hammond</u> <u>epidemic</u>

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

COPY

FORM OF WILL

I, Reginald John Topp.....(Name in full)
 Regimental Number 228095.....serving in 170th Battalion, C.E.F.
 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

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

absolutely, and my personal estate I bequeath to

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

Mrs. J. G. Topp,
149 Rose Ave.,
Toronto, Ont.,

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT

NOTE this 17th day of October A.D. 1916
This must be signed and Dated by
THE SOLDIER
HIMSELF.

R. J. Topp.....Signature of Soldier.

*N.B. Person's 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.

Signature of First Witness G. J. Bullough.....

Address of Witness 170th Battalion.....

Occupation of Witness Adj......

THE TWO
WITNESSES

Signature of Second Witness J. Fonestar Seal,.....

Address of Witness 170 Battalion Camp Borden,.....

Occupation of Witness Book-keeper.....

MUST
SIGN HERE

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.

STATION Willy Camp DATE 18-3-19
 1. 1 (a) Unit GEN. DEPOT (b) Regimental No. 228095 (c) Rank PTF
 (d) Surname TOPP (e) Christian name ROSCINAID JOHN
 (f) Home address 149 ROSE AVE. TORONTO ONT
 (g) Next of Kin Mrs F.G. TOPP (h) Relationship MOTHER
 (i) Address of Next of Kin 149 ROSE AVE. TORONTO
 2. Age last birthday 21 Date of birth 11-9-1897
 3. Enlistment, or Appointment (if an Officer) (a) Place TORONTO (b) Date 24-2-16
 4. Personal description:
 (a) Height 57-11 (b) Weight 160 (c) Complexion FAIR
 (d) Colour of hair BROWN (e) Colour of eyes GREY (f) Identification marks, Scars, etc. SCAR
L. SHOULDER
 5. Former trade or occupation CLERK

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).

	Periods		Days
	From	To	
Canada	24-2-16	25-10-16	3 1 month
England	25-10-16	5-12-16	
France or other theatres of War	5-12-16	14-1-19	

7. Original disease, or injury Fracture of Left Shoulder

(a) Date of origin April 9 / 1917 (b) Place of origin France
 (c) Cause G. I. W.

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,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit,
- (e) Unfit for service in Categories A, B and C

(Category A)	(Yes or No.)
" B)	(Yes or No.)
" C)	(Yes or No.)
" D)	(Yes or No.)
" E)	(Yes or No.)

B

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. Yes
- (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.)

Respected for Return to Canada
1111 Hamilton, Indianapolis 4611000511-1111

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

PLACE Witley

DATE 20/3/19

[Signature] } President

DATE 20/3/19 } TO BE COMPLETED WHEN TREATMENT IS REFUSED
[Signature] } Members

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.

PLACE Witley
DATE 20/3/19

APPROVED BY [Signature] } President
Assistant Director of Medical Services. } Members

DATE 20/3/19 Director-General of Medical Services.



8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions; e.g. (a) Weakness—light, 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 nonspecific reasons; (d) Any other restrictions in choice of occupation.)

Marked loss of power in Left Shoulder
(Adherent Scar Left Shoulder)

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 abnormal signs, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Scar 6" long running transversely in a curve across upper part of left scapula cutting deeply into muscle and adherent to spine of scapula. There is marked weakness in force of lifting shoulder upwards and weakness in use of arm when it is raised up towards head.

Complains of weakness in lifting force of arm out of joint along whole border of forearm - hand.

R.R. 4228. 46

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No—if the answer to any part is Yes, give a brief description of the present condition.)

- Nervous System *No* Cardio-Vascular System *No* Genito-Urinary System *No*
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
- Special Senses *No* Respiratory System *No* Integumentary System *No*
- Disturbances of Mentality *No* Digestive System *No* Muscular System *No*
- Oseous and Joint Systems *No* Any other general condition *No*

Amalgam. N. Y. 1022. Root *Retained*.
G.C.B.: nil. Sugar: nil.

10. (a) History of the condition referred to in Section 9 (a).

Was wounded in action in April 1917 and became febrile. Was treated in hospital in Germany for five and a half months. He states that he was operated on April 12th '17 and afterwards had several small pieces of bone removed from wound.

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).)

States that fluid was aspirated from eyes chest in Aug 1917.

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

Small scar inner surface left arm.

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

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

No

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

The regimental documents will be referred to. If the answer is in the affirmative, state in percent ages, to what extent the patient is incapacitated by that cessation 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.)

in hospital in Germany for five and a half months.

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

J. H. W. S. G. E. C. C. C.
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, *228043874 J. R. J.* 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

R. R. J. J. J. Rank. Signature of invalid examined.

EYE, EAR, NOSE AND THROAT
Witley Camp, Surrey.

MAR 18 1919

1919

UNIT..... *R.D.M.*
Reg No. 228095 Bank *P.C.* *T.M.* *R.D.*

Diagnosis:-

Remarks:-

*Ear - deaf
normal*

HEARING:-

VOICE.
Whisper.
Watch.

At.

It.

NAME.
NUMBER.
SERIAL BOOK.
FORK 256
FORK. 2048
BONE COND'N

At.

It.

CATEGORY RECOMMENDED:-

CONDITION WAS PRESENT BEFORE ENLISTMENT AND HAS

BEEN CAUSED BY SERVICE.

HAS BEEN AGGRAVATED BY SERVICE.

W. J. ...
Captain. C.A. M.C.
Ear Specialist.
Witley Camp, Surrey.

Embarked "CASSANDRA" 8 - MAY 1919
Re-embarked

M.D. 02 WAR SERVICE RATED CLASS A
S. 98 SERVICE GROUP 26

1 Montreal
Mother
Clerk

2834 SHORT FORM.
PROCEEDINGS ON DISCHARGE.
M.A. OCCUPATIONAL GROUP 3

(Demobilization)
M.A.

1. No.	228095		
2. Rank.	Pte		
3. Name.	TOPP	Reginald	John
4. Unit.	75th Bn	1st C.O.R. Depot	TORONTO Ont.
5. Date of Discharge	MAY 14 1919	Place	TORONTO Ont.
6. Reason for Discharge	1st C.O.R.D. - DEMOBILIZATION		
7. Authority.	No. 2, D.D., Part II, D.O. No. 137.		
8. Proposed Residence after Discharge	149 Rose Ave, TORONTO Ont.		
9.	<p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ?</p> <p><i>R. J. Topp</i> Signature of Soldier.</p>		
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place: No. 2 DISTRICT DEPOT</p> <p>Date: MAY 14 1919</p> <p>TORONTO</p> <p><i>W. Robertson</i> Signature (O. C. Discharging Unit.)</p>		

LIST OF DISCHARGE DOCUMENTS.

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

Group.....
Checked by No. 2011
Date 23 APR 1919

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 225095 (Rank) Pte
Name (in full) Reginald John Tapp enlisted in
the 195th Bn
CANADIAN EXPEDITIONARY FORCE at Leopold on the 26th
day of Feb 1916
HE served in 75th Bn in France & Belgium
and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

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

Age 21
Height 5' 9 1/2"
Complexion Dark
Eyes Grey
Hair Brown
Signature of Soldier R. J. Tapp
Marks or Scars P.O.W 24.1.17
Issuing Officer [Signature]
FOR O.C. No. 2 District Depot.
Rank

Date of Discharge MAY 14 1919

TORONTO

TORONTO

Date MAY 14 1919 1919

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

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

M. F. W. 54
1300M. 10-15.
H.Q. 1772-30-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

~~170th Mississauga Bn. C.E.F.~~ ~~TORONTO LIGHT INFANTRY~~ ~~198th OVERSEAS BATTALION, C. E. F.~~

Regimental No. 228095 Rank Pte. Name Topp, Reginald John.

C. E. F.

Enlisted (a) Feb 24/16 Terms of Service (a) C. E. F. Service reckons from (a) Feb 24/16

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) clerk- Pte.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 33, 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. 33, or other official documents.
Date	From whom received				

CERTIFIED CORRECT.
274 DEC. 1916
RECORDS, LONDON.

Transferred to 198th OVERSEAS BATTALION, C. E. F.
Embkd Canada
Halifax 25-10-16
Arr. England
H. Pool 31-10-16
Proceeded overseas to France
to 75th Bn. Brantford 5-12-16

D.O. # 251
[Signature]

LT COL.
170th MISSISSAUGA BATTALION
C. E. F.

30-12-16	O. C. C. B. D.	Landed in France. Taken on strength ^{25th} Cdn. Bn.	Nom. Roll d/ 6-12-16 P. I. D. O. ^{28th} d/ 12-12-16 Nom Roll d/ 4-3-17
	4th Lt Bn.	Left for unit	
	O. 4th Bn.	Arrived	30-12-16
28-12-16	O. C. C. B. D.	Left to join unit	
10-1-17	- 75th	Joined unit	# 317

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

W. S. B. CLASS A

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				
21/4/17	D.C. 75th	Missing after Action	Field	9/4/17	B.213; p.c.o. 142.
3/5/17	do	D.C.S. 142 cancelled thread Killed in action	do	do	Letter; K.D. 16/5/57 SO. 71 dt 9/5/17
<p><i>J. M. Anderson</i> Lieutenant for Major, adg. Edm. Rec. 3rd Ech. C.A. & C.</p>					
28.6.14	45th	How rep K in a how rep P.O.W. at	Dusseldorf		EXA 248
6.4.14	✓	how rep wd. 7 POW at	✓		EXA 254.
16.8.14	✓	how trans to Barbarian Hospital Hamburg	✓		EXA 288.
30.10.14	100 R.	how trans to	Budmin		no. 50.
5.4.18	45th	How rep K. in a how rep P.O.W. at. Sandheim in Guckelberg			DO 23
14.1.19	100 R.	Rep P.O.W. in Aug		15.1.19	EXB 423
20.1.19	100 RD	TOS. You com before Wilby		15.1.19	DO 16
<p><i>D. Shaw</i> LICU FOR LT; COL; VC RECORDS, C.O. 217</p>					
15.4.19	100 RD	508 to 666 Rhyl IND 2	Ripon	13.4.19	DO 88 Wylentree Hall % Depot Group

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1,
Part I.

Army Form B. 103 (ff.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP 1150 1M 5/18 G.W.P.Co (3,490)

(1)*Substantive rank *Acting rank * <small>[To be entered in pencil to facilitate alteration.]</small> (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [<i>vide</i> A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) R. No.																								
(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) } of conditions of service } (Authority)	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d) (date)	Initials and Rank of an Officer.																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">(15) Category</th> <th style="width: 15%;">Date</th> <th style="width: 15%;">Medical Authority</th> <th style="width: 15%;">Initials and Rank of an Officer</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	(15) Category	Date	Medical Authority	Initials and Rank of an Officer																					(16) (Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)) Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)	
(15) Category	Date	Medical Authority	Initials and Rank of an Officer																							
(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate	(Signature of Posting Officer)																								
(22) Extended { (24) Miscellaneous entries:—	(23) Re-engaged {																									

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoehing-smith, &c.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					

Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No. _____. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No: ~~104 25/4/19~~ 2.5.19

Commanding 2 Wing, Kinmel Park Camp.

Embarked "CASSANDRA" 8 - MAY 1919
 Disembarked

J. J. Allen
 Capt & Adj 3 P. Co

2 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 137

14 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. O. 137

W. C. Kahner

For O. C. No. 2 District Depot

Nothing to be written in this margin.

URINALYSIS REPORT.
(For Board)

69

Reg. No. 207195 Rank 1st Lt
Name Tapp R J. Unit 12 Reg

Sp. Gravity 1.022
Reaction acid Neutral
Albumen Nil
Sugar Nil
Microscopic

[Signature]
Captain, C.A.M.C.
for Major, C.A.M.C.
O.C., Canadian General Laboratory.



C.A.D.C. 5017A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION MD. 2

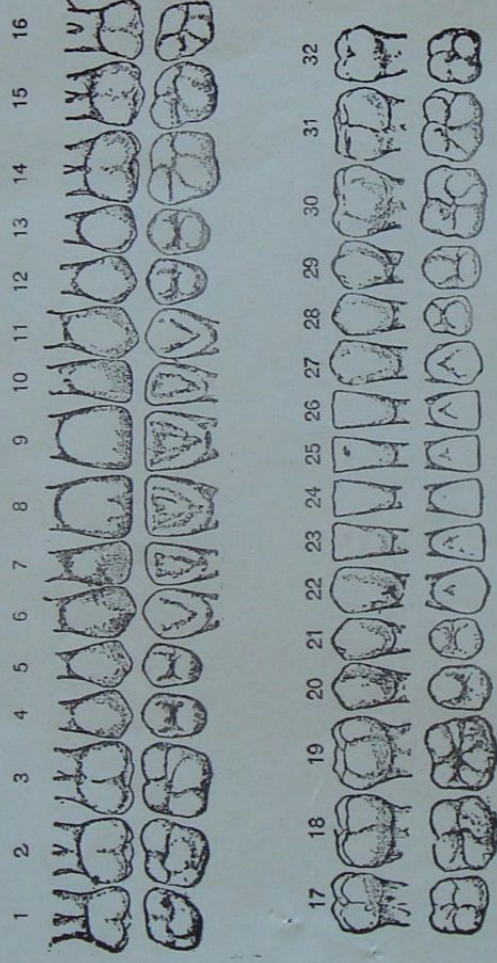
Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) Topp. R.J.
 REGIMENT 75th B.N. RANK Pte. No. 228095-

Date of Examination in England 7-4-19. Date of Examination in France _____



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 29-30.
 2. EXTRACTIONS 30

3. CROWNS
 4. DENTURES
 (a) Full Upper
 (b) Part Upper
 (c) Full Lower
 (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?
 HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)
 (a) In Canada
 (b) In England
 (c) In France

no.

Signature of Dental Officer W. M. Dunclay Capt

KINMEL PARK,
 NORTH WALES

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
6-7-17	75th Bn	Prev. kept Papp as Dusseldorf now rep't			66 2254.
16-8-17		Wounded & Papp as Hautbauf. to Barbaha			66 288.
		Hospital Camborn, a Rhein.			
20-10-17	75th Bn	Now transferred to Dulmen			66 50
5-4-18	75th Bn	Previously rep't. Killed in action 9-4-17. Now rep't. Prisoner of War at Barhein in Neuhlenberg.			66 23
17-1-19	60th Bn	REP. P OF WARR IN ENG			66 433.
20-1-19	60th Bn	W. S. von Bismarck Pappin		15-1-19	66 16
18-3-19	✓	Cross Comm. Ripton. Can att. Dept. Ex.		16-3-19	✓ 62.
16-4-19	M.R. 2	T.O.S. from 1 C.O.R.D.	Rhyl Pte	15-4-19	— 90
2-5-19	M.R. 2	S.O.S to Canada	Rhyl Pte	2-5-19	— 104.

57-1-33
2/5/19

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

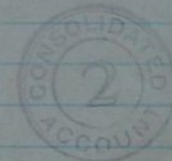
To Whom *Mrs Flora A. Lopp*
Address *149 Rose Ave.,
Scranto
Ont.*
Rate *\$20.00*

By Whom Assigned *Lopp R. J.*
Regtl. No. *228095*
Rank *Plt.*
Corps *170th Btn*

NOV 1 1916

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				



Now Reported Prisoner of War at Düsseldorf
C.L. (4) 28-6-17
#H. Datum
5-7-17

Pensions Notified Date	<i>23-5-17</i>
Killed in Action	Date <i>9-4-17</i>
Died of Wound	
Misc	
O. I. <i>37-16-17</i>	Clerk <i>W. L. ...</i>
Date Noted	<i>23-5-17</i>

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a
 50m.—7-16
 1772—39—819.

Sheet No. 2.
 (Assignee)
 L. L. Job 5470—Req. 6888.

Mrs Elora A. Lopp

PAYMENTS.

Name of Soldier *Lopp R. J.*
#228095 *Pt* *170th Bn*

Month.	Year.	Cheque No.	Am't.	Remarks
	1916			
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>Q 30941</i>	<i>20</i>	<i>140% B.P.X 31-5-17</i>
Dec.		<i>P 36106</i>	<i>20</i>	<i>Suborn 23-5-17</i>
Jan.	1917	<i>B 41910</i>	<i>20</i>	<i>all closed 31-5-17.</i>
Feb.		<i>J 48463</i>	<i>20</i>	
March		<i>U 49247</i>	<i>20</i>	<i>20X</i>
April		<i>P 5423</i>	<i>20</i>	<i>Acct. open. Soldier Present</i>
May		<i>P 12030</i>	<i>20</i>	<i>for at. C.L. 14 28-6-17.</i>
June				
July		<i>A 14388</i>	<i>40</i>	<i>40-L mailed 7/7/17</i>
Aug.		<i>F 37202</i>	<i>20</i>	<i>L</i>
Sept.		<i>P 39766</i>	<i>20</i>	<i>5</i>
Oct.		<i>O 45984</i>	<i>20</i>	<i>20</i>
Nov.		<i>V 53396</i>	<i>20</i>	
Dec.		<i>K 60661</i>	<i>20</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

84#B

w.B.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

na-1-16

RATE OF SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS **T** 4245

RATE OF ASSIGNMENT

20.

PARTICULARS OF SEPARATION ALLOWANCE

No. 228095
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *R. J. Papp*
 Battalion *170th Battrn.*
 Beneficiary
 Relationship
 Address

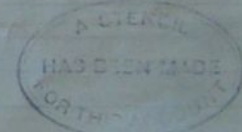
PARTICULARS OF ASSIGNMENT

Name *Mrs Flora A. Papp.*
 Address *149 Rose Ave. Toronto. Ont*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1919</i>					<i>18128-R-3</i>
<i>Jan/18</i>	<i>A 64796</i>		<i>280</i>	<i>280</i>	
<i>Feb.</i>	<i>D 70752</i>		<i>20</i>	<i>20</i>	
<i>Mar.</i>	<i>V 93188</i>		<i>20</i>	<i>20</i>	
<i>Apr.</i>	<i>V 8407</i>		<i>20</i>	<i>20</i>	
<i>May</i>	<i>Y 20651</i>		<i>20</i>	<i>20</i>	
<i>June</i>	<i>P. 25066</i>		<i>20</i>	<i>20</i>	
<i>July</i>	<i>S 22707</i>		<i>20</i>	<i>20</i>	
<i>Aug.</i>	<i>T 36875</i>		<i>20</i>	<i>20</i>	
<i>Sept</i>	<i>P. 45571</i>		<i>20</i>	<i>20</i>	
<i>Oct</i>	<i>S 57307</i>		<i>20</i>	<i>20</i>	
<i>Nov</i>	<i>S 60574</i>		<i>20</i>	<i>20</i>	
<i>Dec</i>	<i>U 66398</i>		<i>20</i>	<i>20</i>	
<i>Jan</i>	<i>V 73910</i>		<i>20</i>	<i>20</i>	
<i>Feb.</i>	<i>R 8162</i>		<i>20</i>	<i>20</i>	
<i>Mar</i>	<i>B 89833</i>		<i>20</i>	<i>20</i>	
<i>Apr</i>	<i>T 1377</i>		<i>20</i>	<i>20</i>	
<i>May</i>	<i>S 7039</i>		<i>20</i>	<i>20</i>	
			<i>620</i>	<i>620</i>	

*Prisoner of War at Dusseldorf.
 Nov. Rept. 15-1-19 per C.O. 426/1 Jan 22-1919*

*A/c Closed 21-5-19.
 Ret'd per Callandra
 Date 12/5/19 - 16-5-19
 Clerk P. Callandra
 MRO RP 7F003 Seathroy*



ASSIGNED PAY		ENGLAND CANADA		SEPARATION ALLOWANCE		ENGLAND OR CANADA		NAME - Topp - Reginald Leo			
EFFECTIVE DATE - 21-1-46		EFFECTIVE DATE -		EFFECTIVE DATE -		EFFECTIVE DATE -		NUMBER - 228095			
AMOUNT - 20.00		AMOUNT -		AMOUNT -		AMOUNT -		PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		NAME, ADDRESS, RELATIONSHIP & AUTHORITY		NAME, ADDRESS, RELATIONSHIP & AUTHORITY		NAME, ADDRESS, RELATIONSHIP & AUTHORITY		DATE EFFECTIVE			
Mrs. Mrs. Clara Topp (Widow)		Mrs. Mrs. Clara Topp (Widow)		Mrs. Mrs. Clara Topp (Widow)		Mrs. Mrs. Clara Topp (Widow)		Pt			
no base pay, service		no base pay, service		no base pay, service		no base pay, service					
Stopped Eff. 1-4-49.		Stopped Eff. 1-4-49.		Stopped Eff. 1-4-49.		Stopped Eff. 1-4-49.					
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS											
DATE OF PAYMENT OF A.M.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT OF A.M.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT OF A.M.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT OF A.M.		
2/19/46	Widow	£0.00	2/19/46	Widow	£0.00	2/19/46	Widow	£0.00	2/19/46		
PARTICULARS OF RENDERING NON-EFFECTIVE											
1918 MONTH	PARTICULARS	CH 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DIFFERENTIAL	REMARKS
	Bates FORWARD										
	Booby	33		Case AC					1850		
		34.10							14820		
		33							21230		
		34.10							22530		
		34.10							22940		
		34.10							25350		
		33							26650		
		33							28060		
		34.10							29470		
		34.10							30880		
		33							32290		
		6820							33700		
		10120							35110		
		3040							36520		
		3410							37930		
		6440							39340		
									40750		
									42160		
									43570		
									44980		
									46390		
									47800		
									49210		
									50620		
									52030		
									53440		
									54850		
									56260		
									57670		
									59080		
									60490		
									61900		
									63310		
									64720		
									66130		
									67540		
									68950		
									70360		
									71770		
									73180		
									74590		
									76000		
									77410		
									78820		
									80230		
									81640		
									83050		
									84460		
									85870		
									87280		
									88690		
									90100		
									91510		
									92920		
									94330		
									95740		
									97150		
									98560		
									10000		

APPROVED BY: [Signature]
CHECKED BY: [Signature]

Hut 24

436.

Corps.	Unit.	Rank.	Reg. No.	Surname.	Christian Names.
Canadian Infantry	75 th .	Pte.	228095	TOPP.	Reginald John.

Date of Capture.	Place Captured.	Last Place of Internment.	Born in the year	Term of Service.	Date of Enlistment.	Married or Single.
9-4-17.	Vimy Ridge	Parchem.	1897.	N. A.	24-2-16.	S.

Medical Category.	Address.	Date of Arrival at the Camp.	Date of Departure from the Camp.	Industrial Group.	Trade or Occupation.
BII	New Milton Hampshire	15-1-19.	16 JAN 1919	37.	Clerk.

For Repatriation Overseas after the War.	
Yes.	Toronto. Ontario.

New Milton.

Surname **Topp.** Christian Name or Names **R. J.** Reg. No. **228095.**
Rank **Pte.** Unit **75th. Bn.** Co. **1st B. Co.** Troop **Batty.**
Hospital Date of Admission

Transferred Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis **CSW. lt. shldr.**

(1) **Later Diagnosis (if changed)**

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.S. 15. 5. 17. A 218 **Pr R Weising** REMARKS
28. 6. 17. A 248 **Pr R Weising** **Pr R Weising** **Pr R Weising** **Pr R Weising**
C.I. 6-7-17. A. 254. **Wd. & pris. of War at** **Dusseldorf.**
" 16. 8. 17. A 188. **Now Rpts transp'd to Baribala. Hospital**
" 31. 10. 17. A 150. **Hamborn. A Rhein**
now moved to Quince.
" 5. 3. 18 A 155-1. **Now moved to Parchim**
in Mecklenburg.
" 17. 1. 19 B 423. **Repatriated, arr. Hypon 15. 1. 19**

A.M.D. 2 Dept.

Dep. of D.G.M.S. O.M.F.O. London

No 228095

RANK Pte.

NAME Topp, Reginald, John.

T. O. S. 24-2-16
D.O. #2 of 3-3-16

UNIT 201st. Battalion, (Toronto Light Infantry)

M. D. 2

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916 Feb. 24	1916 Mar. 31	✓	33 unspecified days	Feb. & Mar. Paylist.
Apr. 1	Apr. 30	✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
			Drano to 198 th Bn 30-9-16	# D.O. 148 of 22-9-16

No. 228095 RANK *Pte.*

NAME *Topp. Riginald.*

T. O. S.

UNIT *198th. Battalion. I. C. E. F.*

*Trans. from 201st. Bn 1-10-16
100197 of 5-10-16*

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Oct 1</i>	<i>1916 Oct 18</i>	<i>✓</i>	<i>Trans. To 170th. Bn. 18-10-16</i>	<i>100208 of 19-10-16</i>

No. 228095

RANK

Pte.

NAME

Topp, R.

J.

T. O. ...

UNIT 170th. Battalion

Trans. from 198th. Bn. D.O. 2/3
of 17-10-16

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PART. YEARS	AUTHORITY
1916 Oct. 19 nov.	1916 Oct. 31	✓ n	J.O.S. 24-2-16	Oct. Paylist
UNIT SAILED OCT 25 1916				

AD.
M

~~13~~

Number 228095 Rank Plt-

Surname TOPP

Christian Name Reginald John

~~V~~

Units 75th Bn Can Inf Theatre of War France

Date of Service 6-12-16

Remarks

Latest Address 149 Rose Ave
Toronto,

Roll No B Page 11660 Ont.

200m-2-21.M.

DESP MAR 4 1922
REGN. N. *BB* 16280



CPW 10/1/19

NAME

Topp, Reginald, John

RANK & NO.

Pte

CORPS

~~201st 198th~~ 170th

ENLISTMENT, PLACE

Toronto, Ont.

DATE

Feb. 24th 1916

FORMER CORPS

Nil.

COUNTRY OF BIRTH

Canada, Toronto, Ont.

NEXT OF KIN

Topp, Mrs. Flora

(Mother)

ADDRESS OF NEXT OF KIN

149 Rose Ave Toronto, Ont.

DISCHARGE, PLACE

DATE

Rel. 13/5/19, 3/6/58 - J. Ple.

Trans. from 201st to 198th Brn. Auth. 201st Brn. 30-9-16.

Trans from 198th to 170th Br. Auth 170th Br. H.R. 25-10-16. (Sailed from Halifax M. F. W. 22, 100 ml - 9-15)

L. L. 85779-M. & D.-6011.

Per. S. S. Lapland. 30-10-16

H Q. 1772-39 830.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

clerk

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

18 YEARS

5 MONTHS

HEIGHT

5 FEET

9 1/4 INCHES

CHEST MEASUREMENT

34 INCHES

EXPANSION

3 INCHES

COMPLEXION

Park

EYES

Grey

HAIR

Light Brown

DISTINGUISHING MARKS

Small scar over right eye

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

July 24th. 1916

Present Address. 149 Rose Ave. Toronto. Ont.

REMARKS:

REGT'L. No. 228095

H. Q. FILE No. 649

NAME *Topp. Rognald John*

RANK AND CORPS *Pte 75th Inf. Bn. (Tom 201st Bn)*

FOLLOWS No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

No.	DATE	NATURE OF CASUALTY
<i>M.3744.</i>	<i>5-5-17.</i>	<i>Rept. missing April, 9th 1917.</i>
<i>M4455</i>	<i>5-15-17</i>	<i>Prev rep missing now reported killed in action April 9th 1917 ✓</i>
<i>M5645</i>	<i>28-6-17</i>	<i>Prev. Rep. killed in Action now P. of W. Busseldorf. London 9-7-17</i>
<i>A. F. B. 247a</i>	<i>9-5-17</i>	<i>as per letter @ Estate Branch Action Apr. 9th, 1917.</i>
<i>Rouen</i>	<i>9-5-17</i>	<i>(see M5645 for later information)</i>
<i>M56836</i>	<i>7-17</i>	<i>Prev. rept. P of W now wounded P. of W, Dusseldorf, GSW L. shldr</i>
<i>#65. 3-5.</i>	<i>6-3-18</i>	<i>Prev. rept. P of Mrs Dulmen now Parchim,</i>

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A203	Reported from Base	9-4-17	missing
A210	Pres rpt missing now rpt action	9-4-17	Killed in
A248	Pres. rept. killed in action at Dusseldorf.		now rept. P of W
A254	Pres. rept. P. of W. at Dusseldorf		now rept. wounded
A288	P. of W. at Dusseldorf		USW L. Shldr
A288	Pres rept wdd & P of W at Dusseldorf		now rept
A504	trans to Barbara Hosp Hamborn a Rhein		now rept
A504	Pres rept P of W at Barbara Hosp Hamborn a Rhein		now moved to Dülmen. (H.L. 30-10-17)
A100	Pres rept P of W. sub in Mucklenburg		now moved to Parchim.

NAME

Topp, Reginald

REGT NO.

228095

RANK AND UNIT

Pte

75th

Ban form 2nd Bn

NEXT OF KIN

Topp, Mrs. Flora

(Mother)

149 Rose Ave Toronto

CABLE

NO.

DATE

NATURE OF CASUALTY

N 632

8-4

19-1-19

P. of W. 15th

arrived Eng. Jan

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

B 423-1

Repat P. of W. arrived in England
now at Ripon 15-1-19

Name **TOPP.** ✓ Rank **Pte.**

Reg. No. 228095.

Unit **Reginald John.
75th Battalion**

Next of Kin **Canada.**

R.I. 25-T-1250

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
9-4.	Reported From Base	MISSING.		A203.	M3744.	7-5.
9-4.	Reported From Base	KILLED IN ACTION.		A210.	M4455.	15-5.
	NOW REPORTED PRISONER OF WAR AT	DUSSELDORF.		A248.	M5645.	28-6.
	NOW WOUNDED & P OF WAR AT DUSSELDORF	GSW. L. Shoulder.		A254.	M5683.	
	<i>Transferred to Barbara Hospital</i>	<i>Hamborn, Rhein</i>			<i>c 288</i>	
	<i>" " Dulmen</i>			<i>A50</i>		<i>7C.</i>
	<i>(Return from soldier)</i>					
	<i>Transf. to PAREHIM in MECKLENBURG</i>	<i>REL 530</i>		<i>A155</i>		
	<i>Transf. to Dulmen Westphalia</i>				<i>H65</i>	
15-1-19.	<i>Rel P. of War from Germany</i>	<i>now at 36</i>		<i>B 173</i>	<i>7-9-15</i>	
	<i>Camp Pipon</i>			<i>H632</i>		