REGIMENTAL DOCUMENTS

NAME ALFORD Joseph REGT. NO. 294770 UNIT 224th Batty H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
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1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
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2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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W. 2589
100m-11-19
1772-39-1377

ORIGINAL

ATTESTATION PAPER.

No. 297770

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Alford
1a. What are your Christian names? ..... Joseph
1b. What is your present address? ..... 811 McPherson Ave
2. In what Town, Township or Parish, and in what Country were you born? ..... Dundas Co Ont
3. What is the name of your next-of kin? ..... Emma May Alford
4. What is the address of your next-of-kin? ..... Wife 811 McPherson Avenue Saskatoon Sask.
4a. What is the relationship of your next-of-kin? ..... Wife
5. What is the date of your birth? ..... July 8th 1871
6. What is your Trade or Calling? ..... Fireman in Elevator
7. Are you married? ..... Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... Yes
10. Have you ever served in any Military Force? ..... Yes
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, Joseph Alford, 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.

Joseph Alford (Signature of Recruit)

Date Mar 28 1916. John Francis Drake (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Alford, 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.

Joseph Alford (Signature of Recruit)

Date Mar 28 1916. John Francis Drake (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 Saskatoon this 29th day of March 1916.

W. Waldron (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-28-861.

Description of Jos. Alford on Enlistment.

Apparent Age 44 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft 6½ ins.

Chest measurement: Girth when fully expanded ..... 36 ins.
Range of expansion .... 3 ins.

Complexion ..... Medium

Eyes ..... Blue

Hair ..... Dark

Religious denominations:
Church of England .....
Presbyterian ..... X .....
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).

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 Mar 28 1916. Saskatoon, Sask

Place ..... 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.

Joseph Alford .....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.

Date Apl. 27 1916

(Signature of Officer)
LIEUT.-COL.
224th CANADIAN FORESTRY BATT'N. C. E. F.

To be made out in duplicate.

ORIGINAL

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.

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(1) Name of Overseas Unit which Soldier joins 224TH OVERSEAS CANADIAN FORESTRY BATTALION

(2) Regimental Number 297770

(3) Full Name of Soldier Joseph Alford

(4) Place of Birth Dundas Co., Ont.

(5) Are you married, or not ? Yes

(6) If married, state,
(a) Full name of your wife Emma Alford

(b) Present Postal Address 811 McPherson Ave, Saskatoon, Sask.

(7) Are you a widower ? No

(8) Have you any children ? Yes

If so, give number of boys and girls 2 boys

Also their names and ages Victor 12 yrs
William 10 "

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

If so, state name and address .....

(10) Is your Mother alive ? No

If so, state name and address.....

.....

(11) If your Mother is a widow.....

Are you her sole support, or not ?.....

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

.....

.....

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

.....

.....

.....

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

..... No

(15) Are you insured ? Yes

If so, in what Company ? Standard Accid.

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

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

Date 8/8/16

Jas J. Price
for O-C ..... LIEUT.-COL.
224th CANADIAN FORESTRY BATT'N, C. E. F.
Officer Commanding.

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. 297770 Rank Pte. Name Alford, Jas.

Corps No. 12 Casualty Unit who was* Discharged

On 5-6-18 191....., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 19-2-16 191...., to 5-6-18 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month L.P.C.	52.	23	Bal. Cr. from prev. month		
Advances by Cheques No			Regt'l Pay 46 days at $ 1 c. 00	46.	00
Advances by Cheques No			Field Allow. 46 days at $ c. 10	4.	60
Assigned Pay and Sep'n Allce. No. 467	40.	00	Separation Allowances* (Monthly)	4.	00
Other charges			Other Allowances* Clothing allce.	20.	50
Payment on transfer or discharge No. 467	70.	47	Other Credits* Under	5.	60
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	60.	00
Total	126.	70	Total	126.	70

*Give particulars. 50.00 1 mth. P.D. Pay paid

A monthly stoppage of $ 10.00 (†) has (‡) been paid on account of Assigned

{Pay for the month of March 191.
and Sep'n Allce. for month of 1-5 April 191.} (to) Assignee Mrs Ella Alford

(Address) 811 McPherson Ave.,

Saskatoon, Sask.

(†) 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 .....

(2) if married and if a Separation Allowance Card has been submitted Yes

(3) cause of discharge..... authority.....

(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 4-4-18

Place Regina, Sask. Geo. Ramsay Capt.

No. 12 Casualty Unit. *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.

100M.—12-17.
H. Q. 1772-39-903.

S.A. closed here 5-6-18.

(6R478) Bpe 32160 DUPLICATE. E

MEDICAL HISTORY SHEET.

Surname Alford *Christian Name* Joseph.

Examined { on 5th day of May 1916
at Gunbee

Birthplace { City or Town Dundas
County Ont

Apparent age 45

Trade or occupation Bushman

Height 5 Feet 5 Inches.

Weight 145 Lbs.

Chest measurement { Minimum 31½ inches.
Maximum expansion 1½ inches.

Physical development Normal

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number 1

When Vaccinated last 7

(*a*) Marks indicating congenital peculiarities or previous disease

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

Approved by
W. A. Hutton
Rank Capt A.M.C. M.O

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

Date	Result	Vaccinations.
1/5/16	OK.	W. A. Hutton Capt A.M.C. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
25/4/16	O.K.	W. A. Hutton M.O.
8/5/16	O.K.	W. A. Hutton M.O.
		M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	224 Bn.	297770		
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.

50M—9-14.
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.

GOVERNMENT OF THE PROVINCE OF SASKATCHEWAN

PROVINCIAL LABORATORY

FILE NO.....

ADDRESS YOUR REPLY TO
THE BACTERIOLOGIST
BUREAU OF PUBLIC HEALTH
REGINA

REGINA, SASK., March 23rd, 1918.

Capt. Wickware,
Regina, Sask.

Sir:-

I have the honor to report that the specimen of urine sent from your office has been examined as requested; the report follows:-

Examination No. 41476. Urine.

Patient.. Pte.Alfred, J. # 297770.

Reaction.....Acid.

Specific gravity....1014.

Albumen.....None.

Sugar.....None.

Casts.....None.

Specimen is normal.

Yours sincerely,

Bacteriologist.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

Military District No. 12
MAR 30
28-a-160
Regina, Sask.

MEDICAL HISTORY OF AN INVALID

NO. 12 CASUALTY UNIT REGINA, SASK.

STATION ..... DATE March 21/1919

1. (a) Unit ..... (b) Regimental No. 297770 (c) Rank Pte

(d) Surname Ashid (e) Christian name Joseph

2. Age last birthday 56 years Date of birth July 8th/1862

3. Enlisted at Saskatoon on March 29/1916

4. Personal description :—

(a) Height 5'. 5" (b) Weight 127 (stripped) (c) Complexion Medium

(d) Colour of hair Grey (e) Colour of eyes Hazel (f) Identification marks Scar on right shin

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

511 McPherson Ave Saskatoon

6. Former trade or occupation Farmer.

7. (a) Service	Years	Days

Periods	
From	To

(b) Has he been overseas ? Yes England (state whether he has been in France or Belgium or both)

8. Present disease or disability (use authorized nomenclature if possible) General debility

(a) Date of origin 1917. (b) Place of origin England

(c) Cause* Training

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Body nourished fairly well developed. Looks aged stated. Complaining of pain in lumbar region especially on damp weather. Thin O.R. looks very much debilitated. Heart is enlarged apex beat in nipple line and in 5th interspace. Shows arterial sclerosis to a fairly marked degree. Chest slightly emphysematous. And he shows signs of age telling on him.

Kidneys are normal. Speculum exam attached.

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

This that he can walk fair well at present. Muscular system in fair condition

M. F. B. 227.
75M.-12-17
177/80-111.

10. History :

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.

Pte O.R. states that he was in Good Condition when he enlisted. but could not stand drill Hours. Says on right foot just behind joint toe. No dis[illegible] Age has told on him lately

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? On duty (Gabelo age)

13. Was a Court of Inquiry held?

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

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

(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.)

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

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

Rest

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

No

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations

Category C.T.

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.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Joseph Alford

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes.
Agree. Should be sent to Canada. Not training since last Board effected in Nov 09

22. Is the soldier 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).~~

23. 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).

(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).

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

Category C III

Return discharge

Thomas Lane Col ..... *President*

Chas S Cox Capt } Members.

John J White, Capt }

STATION Regina

DATE 29-3-18

APPROVED BY

DATE 1-4-18

Thomas Lane Col

Assistant Director of Medical Services.

APPROVED BY

DATE .....

Director-General of Medical Services.

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.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

Form R & O 6045
1238-130M-29/11,16.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Sept 29th 1916.

No. 291770 Rank Pte Name ALFORD J.

Local Unit 105th 676 Overseas Unit. Age 46

Examination held at Stanley Park

DISABILITY.
Overseas—Local.
(scratch one out)

General Senility.

PRESENT CONDITION.

Apparent age 55 Anemia
Anosis & Emphysema

BOARD RECOMMENDS:—

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:—

L P Borden Capt CAMC ..... President.

Members { A D Campbell Capt " .....
.....

APPROVED

24 OCT 1917

Dated at.....1916. .....

.....Captain C.A.M.C.
for A.D.M.S., Canadian Area.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 19[illegible].

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas (Local)
(erase one not)

PRESENT CONDITION.

BOARD RECOMMENDS:-

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:

..... President.

..... Members

.....

Dated at ..... 19[illegible].

APPROVED

..... For A.D.M.S.

R—122

A.G.R. Rank Name ALFORD, Joseph Reg'l No. 297770

Unit 224th Forestry Bn. If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Saskatoon, 28th March, 1916. Place of Birth Dundas Co., Ont.

Name and Address, Next-of-Kin Emma May Alford,

811 McPherson Ave., Saskatoon, Sask. Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No 1377.
File R.L.
Category Can. O.R.

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	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.
		Arrived in England per S.S. Adriatic. 30 MAY 1916			
		Now known as Can. Forestry Corps Auth, Pt. II DO. 1, 22, 11, 16			
		10 5 17 Dist. 1 C F C On Strength Edinburgh 15 17 Pt2 9			
22.11.17	51 Dist. C.F.C.	S.O.S. on posting to 55 Dist. Pte	Nairn	19.11.17	" 138. (T.O.S. of 55 Dist. C.F.C. Pt II O 2 d 28/11/17)
30/1/18	B.D.C.F.C.	Att. for D.D.P.R.&Q. "	S'dale	30/1/18	" 26.
"	55 Dist. C.F.C.	S.O.S. to Base Depot. "	Stirling	29.1.18	" 5.
2.2.18	B.D.C.F.C.	Ceases to be att. and is T.O.S. from 55 Dist. "	S'dale	29.1.18	" 29.
18/2/18	"	On Com. C.D.D. Buxton "	"	16-2-18	" 42
7.3.18	"	Ceases on com. C.D.D. Buxton on S.O.S. on embarkation to Canada for disposal by A.G. "	"	23.2.18	" 57.

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.					

26

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

M. F. W. 54. (A. F. B. 163.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 224th Batt C.E.F.

Regimental No. 297770 Rank Pts Name Alford Joseph

Enlisted (a) 28-3-16 Terms of Service (a) Dofwar C.E.F. Service reckons from (a) 28-3-16

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) Foreman (lumber yard)

Report: Date	Report: From whom received	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.
		Embarked	Halifax	19-5-16	
		Disembarked	England	29-5-16	
22.11.16	O.C.224th	S.O.S. 224th Bn.	London	22.11.16	D.O. Pt II No. 153.
			A. MacDuff		Lt. & A/Adjt 224th C.F.Bn
22.11.16	D.of T.O.	T.O.S. Can.For Corps.	London	22.11.16	D.O. Pt.II No. 1.
			W. J. Wilson		Lt. & Asst/Adjt. C.F.C.
17-11-17	O.C. 51 Dist C.F.C.	S.O.S. 51 Dist C.F.C. to 55 Dist C.F.C. 108 coy	Nairn	19-11-17	Pt. II D.O. 139

[signature] Captain & Adjt.,
for O.C. No. 51 District,
Canadian Forestry Corps.

~~1218 O.S. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 2 Pt.11.D.O.~~

(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.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
19/11/17.	O.C. 51 Dist. C.F.C.	To S.O.S. 55th District, C.F.C. on posting from 51 Dist. (105 Coy)	Stirling	19/11/17.	D.O. Pt. II No. 2 d/ 28/11/17. Capt. & Adjt. 55th District. C.F.C.
30-1-18	55 D.H.Q.. C.F.C.	S.O.S. on posting to C.F.C..B.D.	Stirling	29-1-18	Pt. 2. D.O. 5. d/30-1-18 of 55D.H.Q..C.F.C. Capt & Adjt.
		2-2-18 O.C. C.F.C. T.O.S. Case Depot, C.F.C. Sunningdale		29/1/18	Pt. II D.O. No. 29
18 FEB 1918	TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER NO. 41				Lieut.-Col. Commanding Canadian Discharge Depôt.
23 FEB 1918	EMBARKED FOR CANADA FROM LIVERPOOL				Lieut.-Col. Commanding Canadian Discharge Depôt.

E

MEDICAL HISTORY SHEET.

Surname Alford *Christian Name* Joseph

Examined { on 5th day of May 1916
at Guelph

Birthplace { City or Town Dundas
County Ont.

Apparent age 45

Trade or occupation Bushman

Height 5' Feet 5' Inches.

Weight 145' Lbs.

Chest measurement { Minimum 31½ inches.
Maximum expansion 1½ inches.

Physical development Normal

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number 1

When Vaccinated last 9

(*a*) Marks indicating congenital peculiarities or previous disease

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

Approved by
W. A. Hutton
Rank Capt. M.O

Date	Fit or Unfit	Examined for Re-engagement,
24/8/17	A.3.	Fit M.O
		M.O
		M.O
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
1/5/16	O.K.	W. A. Hutton Capt M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
25/4/16	O.K.	W. A. Hutton M.O.
8/3/16	O.K.	W. A. Hutton M.O.
14/7/17		M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment		294740		
Transferred to..	CANADIAN FORESTRY CORPS.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Standing Sunnydale? Regina	29/4/17 4-2-18. 29-3-18	Senility Arteriosclerosis Gen. Debility	B II .. Ad Campolum B III Capt Cayne Sgd. Standing Board Capt Camp Co 4th Cert

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.

50M—9-14.
H. Q. 1772-39-439.

Surname Ayoola Christian Name Joseph

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.

C.A.D.C.5009-10M.
3494-30-8-17.

297770
Alfred J.
Pte
C. F. C.

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
20.2.18.	Fit			

F. H. Emmi
Capt. C.A.D.C.

Ottawa, Oct. 19/20

From:

The Adjutant-General,
Canadian Militia.

To: J. Alford
211 McPherson Ave
Saskatoon Sask

Sir:

Enclosed herewith please find Military Will executed by you while in the C.E.F., and returned, the same being your own property.

O. L. Jones
Lieut.,
for Lt.-Col.,
Director of Records,
for Adjutant-General.

30-8-20.
EBM.

Form R. & O 6064.
26008—36 Books.

REFER TO FILE.

In reply please quote No. 104085
and date of letter

THE CANADIAN DISCHARGE DEPOT,

BUXTON.

STATEMENT ON DISCHARGE.

STATEMENT OF...Name Alfred J.

Reg. No. 2241 Rank Pte

Unit 4 F.A.B.

Place Buxton Date 21-2-18

To OFFICER i/c, EMBARKATION at Canada

I hereby request my Discharge in

I desire to make the following remarks, on the understanding that this statement may be produced as evidence in any subsequent inquiry, in regard to the following matters:—

Complaints, if any, will be noted hereon, opposite the corresponding headings.

CLOTHING—

FOOD, AND TREATMENT AT DISCHARGE DEPOT—

PAY—

I understand that it is my privilege to make these remarks, and with the exception of the points raised, I hereby affirm that I have no complaints to make regarding my treatment at the Canadian Discharge Depot, Buxton.

I also certify that any delay in the carrying out of my Discharge has been explained to my satisfaction.

Signature

Rank

Witnesses { *(Adjutant, C.D.D., Buxton).*

(O.C., C.D.D. Buxton).

This statement will be prepared in duplicate, and disposed of as follows :—
ORIGINAL—To be forwarded with Discharge Documents.
DUPLICATE—To be filed for reference, by the O.C. Canadian Discharge Depot, BUXTON.

Complaints if any will be noted hereon, opposite the corresponding numbers.

THE CANADIAN DISCHARGE DEPOT,

BOXTON

REFER TO FILE

STATEMENT OF.....Name

Regt. No. Rank

Unit

Place Date

TO OFFICER I/C ENBARKATION AT

I hereby request my Discharge in

accordance with Dispatch received

I am entitled to the following treatment:—

CLOTHING—

I desire to make the following remarks, on the understanding that this statement must be produced as evidence in any subsequent inquiry in regard to

I understand that it is my privilege to make these remarks, and with the exception of the points raised, I hereby affirm that I have no complaints to make

I also certify that my delay in the carrying out of my Discharge has been

explained to my satisfaction.

FAY—

AT DISCHARGE DEPOT—
FOOD AND TREATMENT

Signature

DEPARTMENT OF MILITIA AND DEFENCE.

Headquarters' file reference.....

Regimental number 247770 Rank Pte

Name Alford Joseph

Original Unit 224th Bn.

Units in which served C.F.C., 55 District C.F.C., C.D.D.

Date of enlistment 24-3-16

Date S.O.S. 5-4-18

Service	Canada,	England,	France,	(or other theatre of war)
in months	3½	21	Nil	

Reason S.O.S. Having been placed in Category C(II) as a result of Sickness.

Assessment of character. Very good

Date 20-8-18

Doc. 17. P.S.
500-8/18.

Lt.-Col.,
Director of Records,
for a/Adjutant-General.

Joseph Alford
297770.

The undermentioned "Medical Documents" have been detached from Discharge Documents and forwarded to B. P. C.

Medical History Sheet, M. F. B. #13.....1.....

" " " or A. F. B. 178.....

Proceedings of Medical Board A. F. B. 179..1.....

Dental History Sheet, M. F. B. 465.....

Medical Report D. M. S. 1375.....1.....

Miscellaneous Reports.....

BPC-112

M.H
.....
R. O.

Date.....18/6/18.....

Doc.S.F. 14.
1000
5/18.

Name Alford Enl. 28-3-16

Date of Embarkation for England 19-5-16

Proceeded to France. No. Returned to England.

R./C. 23-2-18

P.R.2855.

6th Kid 17-12-18

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Alford, J.
Surname Christian Name

Regimental Number 297770 Rank Pte.

Unit 224th Bn.

Original Unit

District where paid M. D. #12

Date of Discharge

P. D. P. Filing Number I2-I65-I2

Address (in full) 8II McPherson, Ave.
Saskatoon, Sask.

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
I75 I0	I996	9-8-I8	58 00	I900	9-9-I8	59 I0				58 00	II7 I0

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks:

File No. 216-J-7

WAR SERVICE GRATUITY.

Register No. A670-

Reg. No. 297770 Pte.

Name Joseph Alford.

Address 811 Mac Pherson Ave.
Saskatoon, Sask

Pay Soldier $ 174.90

Thibault
Nivelle

Clerk [illegible]

Dependent Mrs. Emma M Alford. (Wife)

Address Same.

Pay Dependent $ 150.00

Days 153 Rate 100. Due 500.00

Less P.D.P. credited 175.10

Less further Dr. Bal. —
or overpayment.

Net 324.90

R. W.109 18-9-19

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3 25-8-19	12812	501697	174 90		3			
4					4			
5					5 25-8-19	12813.	501698	150 00
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
[illegible]
Date 25/8/19

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.—4-16.
1772—39—818.

P. 23 4/7 48W

Sheet No. 2. Emma May Alford Wife

L. L. Job 310.—Reg. 6574.

PAYMENTS.

Name of Soldier Alford Joseph Pte

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May		O 5270	42 —		42
June		B 1795	20		20
July		J 9918	20		20
Aug.		A 11333	20		20
Sept.		C 14786	20		20
Oct.		C 18300	20		20
Nov.		C 21529	20		20
Dec.		C 25100	20		20
Jan.	1917	C 28495	20		20
Feb.		C 31384	20		20
March		C 34561	20		20
April		1070	20	282	20
May		D 3845	20		20
June		E 6999	20		20
July		D 10880	20		20
Aug.		F 13871	20		[illegible]
Sept.		E 17175	20		B 362 L
Oct.			20		T
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

28—3—16

L- L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

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

SEPARATION ALLOWANCE

Name Emma May Alford
Address 811 McPherson ave
Saskatoon
Sask

Relation to Soldier wife, child or mother } Wife

Name of Soldier Alford Joseph
Regtl. No.
Rank Pte
Corps Forestry Battn
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 ACCOUNT 2

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Name of Soldier Emma Alford wife / Alford J. 297770 224th Bn.

$20.00 MAY 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		M 6428	20	
June		N 9439	20	
July		C 8173	20	
Aug.		A 11331	20	
Sept.		615176	20	
Oct.		C 19558	20	
Nov.		C 24656	20	
Dec.		6 378 61	20	
Jan.	1917	E 36781	20	
Feb.		E 43207	20	
March		E 49271	20	
April		A 7215	20	
May		765741	20	
June		F 13068	20	
July		F 19911	20	
Aug.		26943	20	
Sept.		G 33591	20	
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

P. 65w 20/4/17

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

Wife

To Whom Emma Alford

Address 811. McPherson Ave
Saskatoon
Sask.

Rate $20 00 MAY 1 1916

By Whom Assigned Alford A.

Regtl. No. 297770

Rank Pte

Corps 224th Bn.

PAYMENTS

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

CARD NO.

SURNAME. Alford

CHRISTIAN NAMES Joseph

REGL. NO. 297770 RANK Pte.

UNIT 224th

FORMER CORPS Nil.

S.O.S. Dis 5/4/18 103/1 12

Br.

NEXT OF KIN.

NAMES IN FULL Alford, Mrs. Emma, May

RELATIONSHIP TO SOLDIER Wife

ADDRESS 811 McPherson Ave., Saskatoon Sask.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Dundas Co. Ont. DATE July 8th 1871

PLACE OF ATTESTATION Saskatoon, Sask. DATE Mar 29th 1916

o/c 19-5-16 418/4

R/C. 17/3/18 6/41 #12

L. L. 90589.—M. & D. 6312.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39-889.

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Foreman Lumber Yard RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 44 YEARS - MONTHS

HEIGHT 5 FEET 6 1/2 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Medium EYES Blue HAIR Dark

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Saskatoon, Sask. DATE Mar 28th 1916

Present Address 811 McPherson Ave., Saskatoon, Sask.

No. 297770 RANK Pte NAME Alford Jno

T.O.S. 28-3-16
W.O. 16 of 10-4-16 UNIT 224th Can. Forestry Battalion C.E.F.

M.D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Mar 28	Apr 30	✓		

Medical

nod to Canada - Authority - Combatant Board of Officers,

at Sunningdale date H. 2 1918.

B III

ory

6 III

FILE No. Alford Joseph VOL.

SUBJECT 29770

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
SUR		10/12/32			
P T		12/1/33			
L L		2/4/33			

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

FILE No. VOL.

SUBJECT

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY.

N. D. FORM O.S.S. 5
50M—7-26—(6)

Date of Enlistment 28-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment May 1/16

RATE OF SEPARATION ALLOWANCE

~~$20.~~	25.00 1-12-17		

P.C. 3254

RATE OF ASSIGNMENT

20.			

1/1a11 HSN

PARTICULARS OF SEPARATION ALLOWANCE

No. 297770

Rank Pte. Promoted Reverted Discharge

Soldier's Name J. Alford

Battalion 224th Battn

Beneficiary Mrs. Emma May Alford

Relationship Wife

Address

PARTICULARS OF ASSIGNMENT wife

Name Emma Alford

Address 811 McPherson Ave

Change of Address Saskatoon Sask

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Sep 30/17		362	340	702	
Oct.	D 50142	20	20	40	
Nov	B 52439	20	20	40	m
Dec.	B ~~58533~~ 58534	20	20	40	Br
Jan	Q 65128	30	20	50	M
Feb.	B 91249	25	20	45	
March	G 99475	25	20	45	
		502	460	962	

REMARKS 216-J-7

B 58533 Cancd JGB

M R O 2 B Destroy Noted 22-3-18 Joh

A/c Closed 22/3/18

Ret'd per Munroe

Date 20/3/18 F.X. 22/3/18

Clerk Joh

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character Certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 29770 Army Rank Pte.

Name ~~Joe~~ Alford Joseph.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps C.F.C. Depot.

Battalion, Battery, Company, Depôt, &c. 224th Bn.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 5th April 1918

Place of discharge Regina

1. *Description at the time of discharge.*

Age 36 years 8 months
Height 5 feet 7 inches
Chest measurement { girth when fully expanded ____ ins. / range of expansion ____ ins.
Complexion ____
Eyes ____
Hair ____
Trade Farmer
Intended place of residence (To be given as fully as practicable) { Saskatoon Sask.

Descriptive marks.
Toe missing L. foot
Vacc (c) L. arm

Discharged APR 18 1918 Depot Regina

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

Re

held

Date

2. The above-named man is discharged in consequence of in accordance A.C.I. 15 dy. 31.10.17 having been placed in Category C III on a result of Sickness

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Very Good

4. Character awarded in accordance with King's Regulations :— Very Good

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to* ____

* Strike out if not applicable.

D. D. & L., London, E.C.
A4502 Wt. W17176 M291 500,000 2/16 Sch. 33 Forms B. 268 40

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated). One

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings? No

Classification for service, or proficiency pay... ... ... Class _____

6. Campaigns, Medals and Decorations: Local casualty

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Regina

(Date) 5.4.18

Commanding _____ Batln. Lieut. Regiment.
O/C No. 12 Casualty Unit.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) Regina — Jos Alford (*Signature of Soldier.*)

(Date) 5.4.18 — _____ (*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 at his own request.*

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

_____ (*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) 2 years 8 days.

Further service „ „ _____ (the date of confirmation of discharge) ... ... _____ „ _____ „

Total ... 2 „ 8 „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for 5.4.18 (date)

(Place) Regina

(Date) 5.4.18

Signature _____ Lieut.
O/C No. 12 Casualty Unit.

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

Jos Alford

PART III.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part 1.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at this day of 191

Date of Board

Signatures of the Board

President.

PART I. A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 297770 Rank PTE Surname ALFORD Christian Name JOSEPH

Unit or Corps—(a) Overseas from United Kingdom CAN. FOR. CORPS (b) In United Kingdom CAN. FOR CORPS

Born at—Town DUNDAS County or Province ONTARIO Country CANADA

Date of Birth—Day 8th Month JULY Year 1862 Age 56 yrs. 7 months.

Joined at QUEBEC CANADA Date 5th MAY 1916

Former Trade or Occupation HUSHMAN

Permanent marks or peculiarities that will serve for future identification:—

AMPUTATION OF 4TH TOE LEFT FOOT

Height—feet 5 inches 5 Colour of eyes DARK GREY

Signature of Soldier (*for identification purposes*)

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*). GENERAL THICKENING AND HARDENING OF ARTERIES

Disabilities Group (*b*). ~~SWELLING AND PAIN IN LEFT LEG.~~ L.H.R

Disabilities Group (*c*). APPARENT AGE 57 YRS. OF AGE

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	ARTERIO SCLEROSIS	CANADA	
(*ii.*) As to Group (*b*) above.	~~EMPHYSEMA~~	SCOTLAND	1917 L.H.R
(*iii.*) As to Group (*c*) above.	OVER AGE		

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service? Yes

(*i.*) As to Group (*a*) above? Yes If yes, has Active Service aggravated it? Yes.

(*ii.*) As to Group (*b*) above? No If yes, has Active Service aggravated it? —

(*iii.*) As to Group (*c*) above? ~~No~~ If yes, has Active Service aggravated it? ~~—~~

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above? No

(*ii.*) As to Group (*b*) above? No

(*iii.*) As to Group (*c*) above?

PART I. (*continued*).

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? } Not applicable (*ii.*) While off duty? } Not applicable

(*iii.*) Was a Court of Inquiry held? (*iv.*) Where? (*v.*) When?

(*vi.*) Opinion of the Court?

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.*)

Previous to 8 months ago patient said he just paraded, found he was able to carry on. after this time noticed swelling of left leg, & dull ache & pain constant from foot (left) & numbness of left shoulder. Pains are aggravated by damp weather. Claims that eyesight has deteriorated since being over here.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

Objective symptoms of general hardening of Arteries. Left leg on examination shows no swelling but pain & tenderness on pressure. Man seems to be about 50 years of age. Has had an attack of bronchitis lately. Gums. Influenza last at apex showing evidence of Myocarditis. Apex beat displaced about one inch towards. Other organs negative

8. OPERATION. (*i.*) Was one performed? } Not applicable

(*ii.*) If so, state what.

(*iii.*) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? } Not applicable

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty?

(*b*) Fit for base duty? B III not likely to be raised within six months

(*c*) Invalid to Canada?

(*d*) Discharge from the Service as permanently unfit?

Date of Report 7 Feb 1918 Signed R. Roberts Capt

Station Summerdale Base Depot C.E.F. Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

R.R. Barker Capt C.A.M.C. } Officer i/c Hospital / S.M.O. Brigade } Strike out one of these.

Dated at London Station, on Feb 7 1918

* Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)? no

If not, indicate it.

Myalgia (pains in back, arms and legs.

12. Is the cause of the disability, fully indicated in Part I. (2)? no

If not, indicate it.

Myalgia.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? no / Aggravated? no } (*b*) Misconduct of the Soldier { Caused? no / Aggravated? no }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none,* 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)

15. THE PENSIONABLE DISABILITY—(*see Part I. (8). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none,* $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent?

(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.

Man looks age stated. Is pale and weak physically, but still strong in chest. Complains of pain in shoulders back and arms and left leg. Unable to walk more than a mile without resting. Some sclerosis of vessels (radials) Some cardiac enlargement & impulse. Heart sounds normal. Other systems normal.

19. Recommendation:—(*a*) Fit for duty? no

(*b*) Fit for base duty? B III not likely to be raised in category within six months.

(*c*) Invalid to Canada? no

(*d*) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission. A

Date of Board 4/2/18

Station Summerdale

Signatures of the Board: A.A. McDiarmid Capt A.D.M.S. Canadians, London Area, Ont. M.S. LONDON

President.

Approved J. Adams Capt A.D.M.S.

Dated at Station 13 FEB 1918 191

Captain, O.A.M.C. A.D.M.S. Canadians, London Area

Married or Single: Married

Place of Birth: Dundas Co Ont

Name and Address of Next of Kin: Emma Alford. 811 McPherson Ave. Saskatoon, Sask.

Relationship of Next of Kin: Wife

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ — Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

567 ✓

Reg'l No. 297770 Rank Pte. Name Alford, Joseph

If in Permt. Corps What Unit — Unit 224 Forestry Battn — Transferred to 6th Can Eft. Date 1/3/18 Authority

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation Saskatoon — Transferred to — Date — Authority

Date of Attestation 29/3/16. — Transferred to — Date — Authority

Assigned Pay Monthly ~~$~~ 50 — Date Effective May/16

Payable to Emma Alford, 811 McPherson Ave. Saskatoon. — Relationship

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Stopped — Effective 1-2-18 — Reason Discharged to Canada

Discharge Date and Place Canada 18/2/18 — Reason and Authority AG 3a 1807 a 16/2/18 For disposal

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

SEP 11 1918 — SUPERINTENDENT — OFFICE — BRANCH

P.697-25M.
3989-31-19-17.

297770 Pte Alford -J.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No. of Acq. Roll	Amount Francs	£	S.	$	¢	Place of Payment.	Name of Paymaster.	Remarks.
~~21.1.18~~	H 39			2 10			C.F.C.	[illegible]	
14.2.18	B 1174			1			C.F.C.	A.B. Brown	
				3.10					

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount ¢	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount ¢	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount	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	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
	14 10																												14 10				Acct 31.5.16.
	33 00															101	12/6/16					4 86✓				20 00		24 86	22 24				
	34 10	154	29 6/16	25 7	13 2/16										4 86✓	4 87✓										20 00		29 73	26 61				
	34 10	367		417											19 47✓	7 30✓										20 00		46 77	19 94				
	33			539	15 9/16											2 43✓										20		22 43	24 51				
	34 10			693	8 10/16											9 44✓										20		29 74	28 87				
	33			696	1 7/16											9 73✓										20		29 73	38 14		20		
	34 10	866 3/12													12 17✓										20.		32 17	34 07				
	34 10			871	11/17											9 73✓										20		29 73	38 44				
	30 80														12 17✓											20		20	49 24				
	34 10	1891	27/2												12 16✓	12 16✓										20		56 49	26 85				
	348 50	1402	1/2	1960	20/3										60 83	60 82										200		321 65	26 85				
	348 50														60 83	60 82										200		321 65	26 85				

MARRIED OR SINGLE: Married

PLACE OF BIRTH: Dundas Co Ont

NAME AND ADDRESS OF NEXT OF KIN: Emma Alford. 811 McPherson Ave. Saskatoon, Sask.

RELATIONSHIP OF NEXT OF KIN: Wife

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

CASUALTIES. PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

567 ✓

REG'L NO. 297770 RANK Pte. NAME Alford, Joseph

IF IN PERMT. CORPS WHAT UNIT — UNIT 224th Forestry Battn. TRANSFERRED TO 8th Res Bn Eff. DATE 1/3/18 AUTHORITY

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Saskatoon — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 29/3/16. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY ~~$ 20~~ 30 DATE EFFECTIVE May 1/16

PAYABLE TO Emma Alford, 811 McPherson Ave. Saskatoon. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1-3-18 REASON Discharged to Canada

DISCHARGE DATE AND PLACE Canada 8/1/18 REASON AND AUTHORITY AG 3a 1807 a 10/1/18 For disposal

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
																14 10															14 10				Acct 31.5.16.
June	30	1.00	30	00	30	1.0	3	00								33 00				101	12/16/16			4 86 ✓				20 00		24 86	22 24				
July	31	1.00	31	00	31	1.0	3	10								34 10	1524	29 6/16		257	13 3/16			4 86 ✓	4 87 ✓			20 00		29 73	26 61				
Aug	31	1.00	31	00	31	1.0	3	10								34 10	367			417				19 47 ✓	7 30 ✓			20 00		46 77	10 3 64				
Sept	30		30		30		3									33				539	15 9/16				2 43 ✓			20		22 43	24 51				
Oct	31		31		31		3	10								34 10				693	8 10/16				9 44 ✓			20		29 74	28 87				
Nov.	30		30		30		3									33				696	1 7/16				4 73 ✓			20		29 73	38 14		20		
Dec 1917	31		31		31		3	10								34 10	806	3/12						12 17 ✓				20		32 17	34 07				
Jan.	31	1.00 10	34	10												34 10				871	11/17				9 73 ✓			20		29 73	38 44				
Feb.	28	1.00 10	30	80												30 80												20		20	49 24				
Mch	31		34	10												34 10	1591	27/2						12 17 ✓				20		56 49	26 85				
																348 50	1402	1/2		1960	20/3			12 16 ✓	12 16 ✓			200		32 1 65					
																								60 83	60 82										
																								60 83	60 82			200		321 65	26 85				

297770 Pte Alford Joseph a/Pay $20

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.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1917															348 50									60 83	60 82			200 -		321 65	26 85				
Apl	30	1.10	33												33													20		20	39 85				
															381 50															341 65					
May	31	4	34	10											34 10			55	19/5						12 17			20		32 17	41 78				
June	30	.	33	00											33 00													20		20 .	54 78				
July	31		34	10											34 10													20		20	68 88				
Aug	31		34	10											34 10	262	22/6							12 17				20 -		44 34	58 64				
															33	170	28/5							12 17											
Sept	30	1.10	33	-											~~91 64~~													20 -		20 -	71 64				
															549 80									85 17	72 99			320		478 16					

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
		~~71 64~~							71 64		
Oct.	P Pay	34 10		AP Can				20			
				482 21/8/17 CFC Eng.	12 17				73 57		
		34 10			12 17			20			
Nov 1 Dec 31	P Pay	67 10		AP Can				20			
				aR 18 28/9/17 CFC 51 dist	12 17						
				aR N76 20/10/17 CFC 51 dist	12 17						
				DNAR 368 23/7/17 1-2 Dist CFC	12 16						
				AP Can Dec				20	64 17		
		67 10			36 50			40			
Jan.	P.P.	34 10		aP Can				20			
				aR N306 21/11/17 55 dist CFC	38 93						
		34 10		aR N641 17/12/17 55 dist CFC	14 60				24 74		
					53 53			20			
Feb.	P.P. 1-18	19 80						20	24 54		
				aR 39 108 Co 21/1/18	12 17				12 37		
		19 80			12 17			20			
									12 37		
Mar				DNAR B 1179 CFC BD 15/2/18	4 87				7 50		
					4 87						
June				DN Bal to Can	7 50				nil		
					7 50						

	24 74
	19 80
	44 54
	32 17
	12 37
	7 50 D.N

A 3 M. FORM REN'P. Stkd EFFEC. 1/3/18
DISCHARGED TO Can DATE 18/2/18
PAY BOOK VERIFIED 18/2/18
Cr $4 50
BAL. L.P.C. REN'P. 18/2/18
AUTHY. H G 3a 1807a.

For disposal.

Checked H.V. Williams
L.P.C.