S

REGIMENTAL DOCUMENTS

NAME ARMSTRONG. Henry. REGT. No. 201531 UNIT 95th Battn. H. Q. FILE No. X29531-1

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133 or 51)		M			DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
1	~~TRAINING HISTORY SHEET (M.F.W. 113)~~ Record sheet.					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465)		H			CATEGORY
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
4	CARDS					
Yes	PAY-SHEETS					
1	MFW. 125					
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						2.

W. 2589
85M.—1-23
1772-39-1377

Original

ATTESTATION PAPER.

No. 201531

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? — Henry Armstrong.
2. In what Town, Township or Parish, and in what Country were you born? — London, England.
3. What is the name of your next-of kin? — Florence Armstrong, Wife.
4. What is the address of your next-of-kin? — 162 Barrington Ave., Toronto. Ont.
5. What is the date of your birth? — 31 Dec. 1882.
6. What is your Trade or Calling? — Labourer.
7. Are you married? — Yes.
8. Are you willing to be vaccinated or re-vaccinated? — Yes.
9. Do you now belong to the Active Militia? — Yes. Q.O.R.
10. Have you ever served in any Military Force? If so, state particulars of former Service. — Yes. Essex 3 Batt. 2 Years England.
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.

Henry Armstrong (Signature of Man.)

A Donaldson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Henry Armstrong, do solemnly declare that the above answers made by me to the above questions 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.

Henry Armstrong (Signature of Recruit)

Date 16 November 1915. A Donaldson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henry Armstrong, 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.

Henry Armstrong (Signature of Recruit)

Date 16 November 1915. A Donaldson (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 this 16th day of November 1915.

(Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Wm C. Mitchell (Approving Officer) MAJOR

95th (O.S.) BATTN. C.E.F.

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of Henry Armstrong, on Enlistment.

Apparent Age 32 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 5½ ins.
Chest measurement: Girth when fully expanded	36¾ ins.
Chest measurement: Range of expansion	~~3½~~ ins. 2
Complexion	Fresh
Eyes	Brown
Hair	Brown
Religious denominations: Church of England	C. of E.
Presbyterian	
~~Wesleyan~~ Methodist	
Baptist or Congregationalist	
Other Protestants (Denomination to be stated.)	
Roman Catholic	
Jewish	

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).

Scar on L. Thumb. & L. Elbow

Scar 3" on Palm of L. Hand.

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 h'm* fit for the Canadian Over-Seas Expeditionary Force.

Date 16 November 1915. E. E. Howard Lieut.

Place Toronto. Medical Officer.

*Insert here "fit" or "unfit." Toronto Recruiting Depot.

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.

Henry Armstrong, 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.

J. C. Mitchell MAJOR (Signature of Officer)

Date 28/12 1915 for OC 95th (O.S.) BATTN. C.E.F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 201531 (Rank) L/CPL.

Name (in full) ARMSTRONG HENRY. enlisted in the 95th Bn.

CANADIAN EXPEDITIONARY FORCE at Toronto Ont. on the 16th day of Nov. 1915.

HE served in England and France.

and is now discharged from the service by reason of "Medically Unfit".

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

Age 37.

Height 5' 5½".

Complexion Fresh

Eyes Brown

Hair Brown

Marks or Scars Vacc. scars on left arm.
G.S.W. arm and left leg. 6-11-17

Idy. Armstrong
Signature of Soldier

For Paterson Capt
Issuing Officer
O.C. No. 2 District Depot
Rank

Date of Discharge Jan 22nd 1919.

Appointment

Signed at Toronto Ont. this 22nd day of Jan 19 19

in Military District No. 2.

File Reference No.

JAN 22 1919
DISTRICT DEPOT

M.B.

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.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

On demobilization application for clothing allowance should be made on the back of this certificate which must be completed.

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

A

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

FILE No.
RECEIVED
FEP15
PAYMASTER
MILITIA Council 10.2

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names ..Henry.. 2. Surname ..Armstrong..
3. Rank ..L/Cpl.. 4. Original Unit ..95th Batln.. 5. Reg. No. ..201531..
6. Address, in full, to which future payments of gratuity are to be forwarded ..79 Mulberry Ave. Bracondale Toronto Ontario..
7. Date of enlistment in the C.E.F. ..2nd November 1915..
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..Florence Armstrong..
9. Relationship of such dependent ..Wife..
10. Address, in full, of such dependent ..79 Mulberry Ave Bracondale Toronto Ontario..
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ..No..
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
..Not Applicable..
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? ..Not Applicable..
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service ..Not Applicable..
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ..38 Months 10 Month with 95th Inf Batln 28 Months 3rd Inf Batln..
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..Not Applicable or No..
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ..No..

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... No. .....
..... Not Applicable .....
.....
.....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid .....
..... One payment 70 and 30. by paymaster .....
..... on Discharge .....

20. Have you been issued with a War Service Badge? If so, what class ? ..... No .....

21. Have you, during the present war, served in the Imperial Forces ? ..... No .....

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled .....
..... Not Applicable .....

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ..... No .....
(b) If so, was such reversion in consequence of misconduct or inefficiency? .....

24. Are you now serving in the C.E.F. ..... No ..... If not, give:—(a) Date of discharge
..... 20 January 1919 ..... (b) Reason for discharge .....
..... Demobilization .....
.....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... No .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit.....
3rd Inf Batt from Sept 1916 to November 1917
.....
.....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? No.
(b) If so, are you in receipt of full pay and allowances from that Department? .... No .....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Hy. Armstrong
Place of Residence: 79 Mulberry Lane Bracondale. Toronto
Declared before me at: Toronto
This 14th day of February 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. A Notary Public

---

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

District Paymaster.

Cancelled 25/6/1916

0505-H-1

PAYMASTER. CANADIAN TRAINS DIV. 19 JUN. 1916 SHORNCLIFFE.

M. & D. FORM. A.2.M.

To be rendered in DUPLICATE

CANADIAN EXPEDITIONARY FORCE.

ASSIGNMENT OF PAY (all ranks).

From Paymaster,

of (state unit) 95th (O.S.) BATTN. C.E.F.

Lower Dibgate

To Paymaster, Assigned Pay Branch,
Westminster House, London, S.W.

I beg to notify the following { ~~new assignment~~ / change in Assigned Pay } to take effect from* June 1st 1916 (*See foot-note.)

No. 201531 Rank Pte Name in full H Armstrong

Unit in which serving 95th (O.S.) BATTN. C.E.F. "A" Company

Original Unit

If there is an assignment now in force, state amount $ 25.00

Name of Assignee at present Mrs Florence Armstrong

Address 162 Barrington Ave Toronto Ont

The filing in of the following particulars will cancel all previous assignments unless instructions are given to the contrary.

New amount to be assigned from above date $ 20.00

JUL 18 1916

Name and Address of person to whom new amount is to be paid by Cheque by Mail.

Name Mrs Florence Armstrong

Address 162 Barrington Ave Toronto Ont

NOTE.—Assignments in UNITED KINGDOM can only be made in favour of dependant relatives.

TO BE NOTED.—By Order in Council of the Dominion Government of Canada, dated 23rd January, 1915, on and after 1st April, 1915, all N.C.O.'s and men whose dependents are in receipt of Separation Allowance are compelled to assign an amount not less than 50% of the pay earned by them, unless on receiving the objection of any such N.C.O. or man, the Canadian Government decides, in view of the special fact or circumstance of the case, to waive this condition.

I certify that the above person to whom I wish assignment to be made is a dependant relative.

MAILED TO JUN 30 1916 OTTAWA.

Noted by

Pay Sergeant.

.....
Signature of Assignor.

I have satisfied myself that New Assignee is a dependant relative of Assignor.

.....
Signature of Paymaster.

INSTRUCTIONS.

All new Assignments, changes of Amounts Assigned, Names of Assignees, Addresses, etc., are to be notified on this Form. Changes in the Amounts Assigned and New Assignments can only be carried out once a month, and must be forwarded not later than the **FIRST DAY OF EACH MONTH.** If received after that day the form will be held over by the Chief Paymaster until the following month, but no New Assignments or Changes of Assignments can be made until former Assignment has been in force three months.

H. W. & V., Ld.—6528—5-16.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 2

NAME OF SOLDIER Armstrong - Henry

REGIMENT [illegible] RANK [illegible] No. 201531

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
DISCHARGE EXAM. CASUALTY Co. # 2 D.D. Date JAN 15 1919 Certificate issued for													Ext.										
																						O.C. Canning Capt	

F.B. 465.
10M.—6-18.
1772-39-950.

ORIGINAL

MEDICAL HISTORY SHEET.

ORIGINAL.

A 186

Surname Armstrong *Christian Name* Henry

Examined { on 16th day of November 1915
at Toronto.

Birthplace { City or Town London.
County England.

Apparent age 32 Yrs. 10 Mos.

Trade or occupation Labourer.

Height 5 Feet 5½ Inches.

Weight 141 Lbs.

Chest measurement { Minimum 34¼ inches.
Maximum expansion 36¾ inches.

Physical development Good

Small-Pox Marks Nil

Vaccination Marks { Arm Right. 4 Left.
Number 4

When Vaccinated last 1902

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

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

Approved by A.C. Howard

Rank Lieut. M.O

Toronto Recruiting Depot.

Date	Fit or Unfit	Examined for Re-engagement,	
10/6/16		P.T.a.l.	M.O
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

15 NOV 1917

Date	Result	Vaccinations.	
30/11/15	+	Jordan	M.O.
			M.O.
1	13/5/16	T.A.B. Capt. C.A.M.C.	M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
23/11/15	+	Jordan	M.O.
27/11/15	+	Jordan	M.O.
1/12/15	+	Jordan	M.O.

Enlisted on 16th *day of* November *19*15 *at* Toronto.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	95th Battn. DRAFTED TO 3rd. Battn. 21/9/16.	201531.		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
14 C.C.D.	24-4-18	nil	J.O. Gordon Capt. C.A.M.C.
4 Camp Toronto	15/1/19	nil	D.S. Julian Major

CANADA

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.

150M.—8-15.
H. Q. 1772-39-439.

Surname Armstrong. Christian Name Henry.

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.
Reported from base		9	12	16	13	12	16	Wounded		Rejoined unit. Duplicate Medical History Sheet forwarded to base	A543-A552 JP
War Hosp. GUILDFORD		10	11	17	14	12	17	Shell wds. left arm & left hip	34	Flesh wound only. Has had four doses of A. T. S. Wounds healed. Some stiffness of shoulder. Requires massage.	F.S. Surg. i/c.
MCS & Epsom		14	12	17	25 JAN	1918		-do-	43	All wounds healed. Face & hip recovered. Left shoulder movts are limited. Has had P.T.III & massage since admission. Arm movts now normal. Disch. to Command Depot Di	Lt Col RAMC

Forms
I. 1237
12.

MIL CNV HP.
WOODCOCK PK
EPSOM.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	201531	Capl.	Armstrong	A

Year	Unit.	Age.	Service.
1917.	3-9 Canadians	36	2 yrs.

Station and Date.	Disease S. Wd Arm L. Hip L.
	Wounded Nov 6/17.
	A.T.S = one dose.
	Both wds Excised, B.I.P., Sutured
Nov 10/17	Admitted.
	Wounds healed: Some pain in arm.
Nov 21	A.T.S. 2 500
28	do ——— do
Nov. 10.17.	Wound healed. Still some scar stiffness. Requires
	massage. Transferred to Woodcote Park.
	Has had 4 doses of A T S.
	F. S. Kirk. C.M.P.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239) [P.T.O.

Station and Date.	

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181

Corps 3 Corps Batt Military Hospital Guildford

No. 201531 Rank and Name L/Cpl Armstrong H. Age 36. Service 11/2. 24th.

Disease Date of admission 10-11-12. Date of discharge Result

Dates of Observation	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	24								9.							
Days of Disease																																	
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°																																	
106°																																	
105°																																	
104°																																	
103°																																	
102°																																	
101°																																	
100°																																	
99°																																	
98°																																	
97°																																	
Pulse per Minute																																	
Respirations per Minute																																	
Motions per 24 hours	8	1	1	1	1	1	1	1	1	1	1	1	1																				

Signature In charge of case.

D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☞ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Sapl. Name Armstrong Surname Henry

Unit or Corps 12th Res. (If a soldier) Regtl. No. 201531

Born at London Eng. on, date Dec 31st 1881

Signature (for identification) Hy Armstrong

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. nil

Weight 153 lbs.

Height 5 ft. 6 ins.

2. NUTRITION AND DIATHESIS? Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? nil

4. RESPIRATORY SYSTEM. nil

5. HEART?

Abnormal Sounds? nil

Abnormal Size? nil

Pulse Rate? 62 Intermittence or irregularity? nil

6. ARTERIES.—Any hardening? nil

7. DIGESTIVE SYSTEM? nil

8. GENITO-URINARY SYSTEM? nil

Urinalysis—S.G.? 1010 Reaction? Acid Albumen? Nil Sugar? Nil

9. SKIN, MIDDLE EAR, EYE or any other part? nil

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. nil

11. Opinion as to the health and physical condition of the one examined? Good

Examined at Kinmel Pk Signed Joseph Lees Capt. M.O.

Date 6 12 18 Signed Chilwell Lt. M.O

☞ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M.D. 2

No. 58

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

Regimental No. 201531 Rank Hsa Name Armstrong H

Corps No. 2 District Depot who was* DISCHARGED

On JAN 22 1919 191..., to ... 95c outfit

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 191...

to JAN 22 1919 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		12 00
Advances by Cheques No.			Regt'l. Pay 22 days at $ 1 05 c.	23	10
No. 15766	20	00	Field Allow. 22 days at $ 10 c.	2	20
Assigned Pay and Sep'n Allce. No. 1008	21	30	Separation Allowance* (Monthly)		
Other charges			Other Allowances* Clothing	3	00
Payment on transfer or discharge No. 17[illegible]	7	79	Other Credits*		
Bal. Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit) 1		
Total	99	73	Total	99	73

*Give particulars.

A monthly stoppage of $ 20 (†) has ... (‡) been paid paid on account of Assigned

{Pay for the month of December 191... / and Sep'n Allce. for month of ... 191...} 8

(to) Assignee Mrs Florence Armstrong

(Address) 79 Mulgrave Ave East Toronto

(†) 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.

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

REMARKS:—

State (1) date of enlistment ... 15 Jan 18

(2) if married and if a Separation Allowance Card has been submitted ... Yes # 18

(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 JAN 22 1919

Place TORONTO, ONT.

J Malcolm Cockburn CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT
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

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

No. 56

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

Regimental No. 201531 Rank L/C Name Armstrong H.

No. 2 District Depot. JAN 22 1919

Corps ..... who was* DISCHARGED

On ..... 191..., to 30 Sept Surplus

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 191 9

JAN 22 1919

to ..... 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		5 63
Advances by Cheques No.			Regt'l. Pay 22 days at $ 1 05	23	10
Advances by Cheques No. 1576	22	00	Field Allow. 22 days at $ c 10	2	20
Assigned Pay and Sep'n Allce. No. 1008	24	30	Separation Allowance* (Monthly)	21	30
Other charges			Other Allowances*		
Payment on transfer or discharge No. 1247	74	00	Other Credits* Clothing	25	00
Bal. Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	99	23	Total	99	23

*Give particulars.

A monthly stoppage of $ 2.00 (†) has ..... (‡) been paid paid on account of Assigned Pay for the month of December 191... and Sep'n Allce. for month of ..... 191...

(to) Assignee Mrs Florence Armstrong

(Address) 79 Mulgrave Ave E St Toronto

(†) 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.

Out 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 Do # 18

(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.

JAN 30 1919

Date .....

Place TORONTO, ONT. .....

Malcolm J. O'Reilly ..... CAPT.
Paymaster.

PAYMASTER, No. 2 DISTRICT DEPOT

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

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

DUPLICATE

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins..... 95th (O.S.) BATTN. C.E.F.

(2) Regimental Number 201531

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

(4) Place of Birth..... London England

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

(6) If married, state,
(a) Full name of your wife..... Florence Armstrong

(b) Present Postal Address..... 162 Barrington Ave Toronto Ont

(7) Are you a widower ? ..... —

(8) Have you any children ?..... Yes.

If so, give number of boys and girls..... 1 Boy.

Also their names and ages..... Frank - 13 yrs.

M. F. W. 67
200M.—2-16
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.

Yes.

(15) Are you insured? Yes.

If so, in what Company? Prudential Insurance Co.

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.

F Aylesworth

Officer Commanding.

Date 3/5/16

C Coy

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

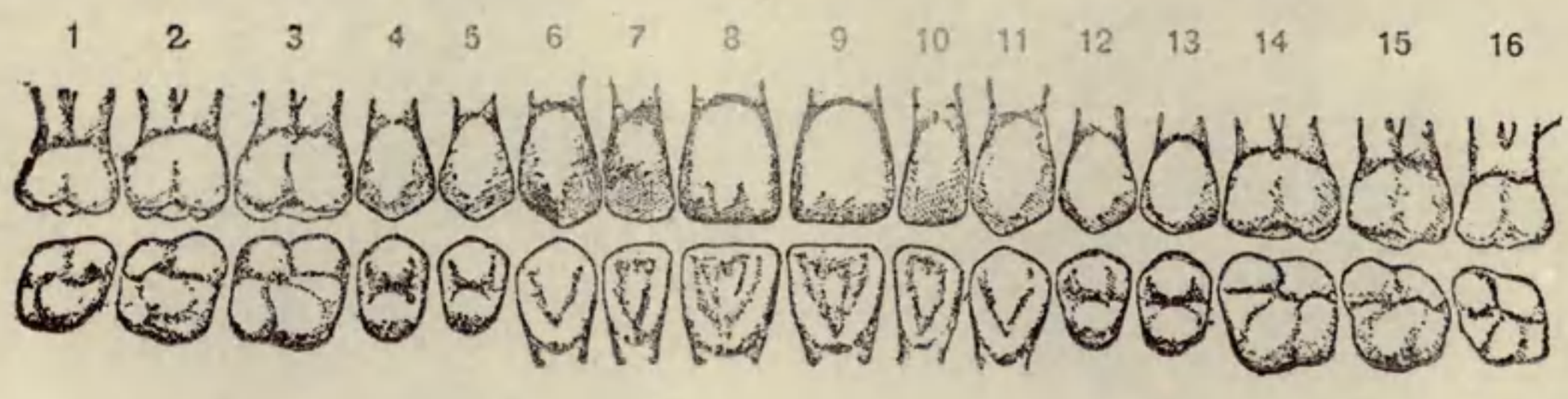
Canadian Printing and Stationery Services, London

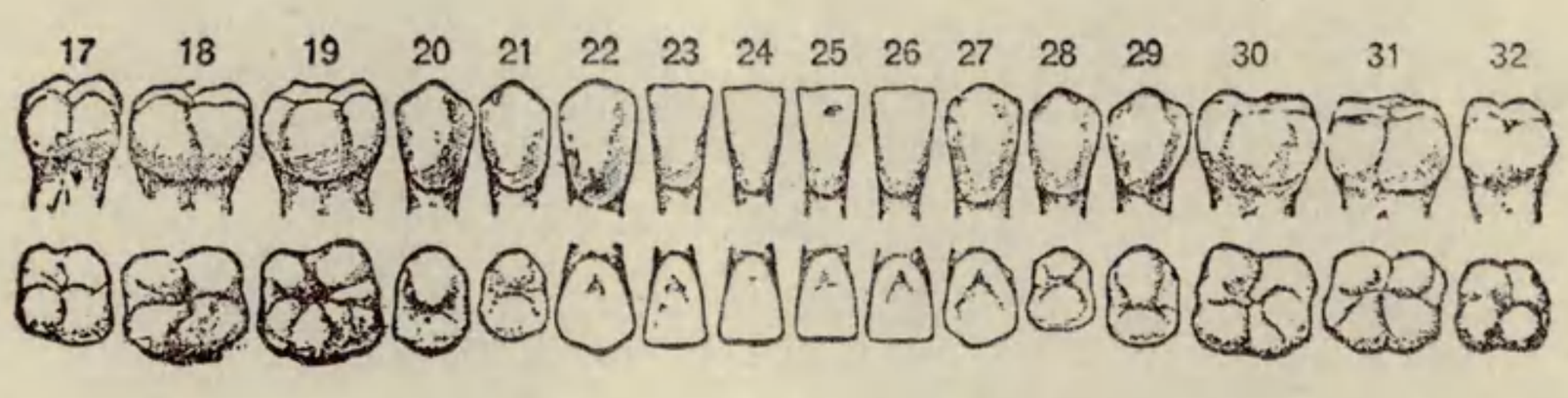
M. D. 2.

NAME OF SOLDIER (Block Letters) ARMSTRONG H.

REGIMENT 3rd Bn. RANK Lcpl. No. 201531.

Date of Examination in England 6/12/18. | Date of Examination in France





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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS — Nil.
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 yes.
- (*c*) In France

Kinmel Park. N. Wales.

Signature of Dental Officer J. H. W. Reid Capt. R.A.D.C.

121

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 201531 Rank P.C. Name Armstrong, Henry
C. E. F.

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

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*) .....

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				
DEC 10 1918	O/S.	T.O.S. No.2 District Depot, Part II, D.O. No. 250. Dis #2 D.D. Jan 22nd 1919 Ptll #18. W Hartcapp For O.C. No. 2 District Depot.			E.C. Roberts Lieut. For O.C. No. 2 District Depot

(*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				

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

M..F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 95th (O.S.) BATTN. C.E.F.

Regimental No. 201531 Rank Cpl. Name Armstrong Henry

Enlisted (a) Nov. 16/915 Terms of Service (a) Duration of War C. E. F. Service reckons from (a) Nov. 16/915.

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) Laborer

CERTIFIED CORRECT. 5 OCT 1916 CAN. RECORDS, LONDON.

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 Canada 3.6.16.			
		Disembarked. England, 8.6.16.			
22.9.16.	C.B.D.	Taken on strength 3rd Bn		22.9.16 PtII.O.57. d/27/9/16	
22.9.16.	"	Left for 3rd Bn		5.10.16 M.R.	
15.10.16	3rd Bn	Joined Unit		9.10.16 B213 D.C.S.452 d 28.10.16	
17.12.16.	"	Wounded	Field.	9.12.16. B213. A.A.479 d 3.1.17.	
31-12-16	"	Rejoined from Hospital		13-12-16 B213. D.R.S.481 d/-15-1-17.	
27-1-17	"	Granted 10 days leave from		22-1-17 B213 Bde. 13 d. 5-2-17	
10-2-17	"	Rejoined from leave		4-2-17 B213.	
16-8-17.	do.	Appointed Lance-Corporal.		1-7-17. K.I.16-18156. P.H.6.88.d 22.8.17.	
10-11-17.	do.	WOUNDED TO HOSPITAL		6-11-17. B 213. D C S.....	
6-11-17.	66 Fd Amb.	G.S.W. Arm & Leg. R.I. Aden. 6-11-17. 6.6.17.		7-11-17. B 3222.	

(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.

Next of kin - Mrs. Florence Armstrong.
162 Barrington Ave.,
Toronto, Canada.

201531 Pte. Armstrong. H.

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				
7-11-17.	2. Asst. Jail.	S.W. Abn. (L) Face & Leg.	Abbn.	7-11-17.	B.3673.
9-11-17.	do.	do.	to England.	9-11-17.	B.3963.
9-11-17.	do.	Invalided ..... Wounded. & Posted to 1st Central Ontario Regtl. Depot, Shorncliffe.	H.S. "Princess Elizabeth"	9-11-17.	W.3083. Pt. II No 123 dd 23-11-17. J. Rhodes Lieut. LIEUT. FOR LT.COL. A.A.G.
18-11-17	160RD	T.O.S. from 3Bn	Sandling	10-11-17	Pt II 254 Actt
30.4.18.		Ceases to be attached on proceeding to 12th Res. Bn.			A.R. Hooper Lieut for Colonel i/c Records. Pt II 270 30.4.18. A.B. Palmer Lieut for Adjutant. 2nd Canadian Command Depôt,
3-5-18	1st.C.O.R.D.	S.O.S. to 12th.Res.Bn.	Witley.	30-4-18	PartII 121
1-5-18	12th.Bn.	T.O.S. 12th.Res.Bn.	Witley.	30-4-18	PartII 104.
4/12/18	Actt	Ecc Kinmel Pk	Part 2 #1		
10/12/18		Ceases to be attd. on transfer to E of Part 2 #2. HMT MELITA EMBKD Dec 10 1918 DISEMBKD			Ellsworth Lt for OC

Chas. Pearson & Son, Ltd., 49, Leadenhall St., E.C.3. Binder and holes in leaves, Pat'd No. 6775, 1906.

ALL DETAILS TO BE FILLED IN.

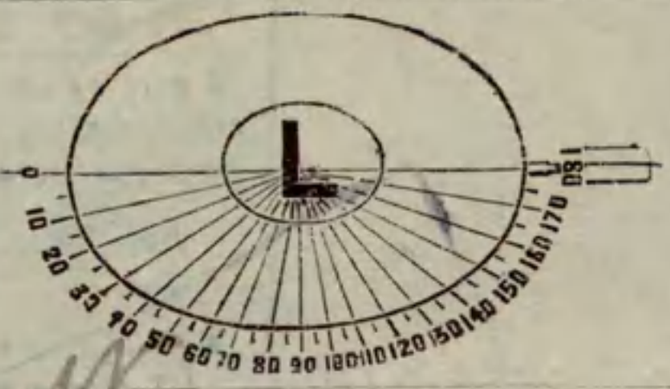
A 186

Date 21/2/18

Address of Ophth. Centre

Regt. No. 201531 *Rank and Name* L/c Armstrong *Age* 21

Unit 95 Bn. *Address of Unit* 1st C.C.D. Shorncliffe



V.A. without Glasses	/	V.A. without Glasses	/

SPH	CYL	PRS.	SPH.	CYL	PRS.
-3.00			-1.50		

V.A. with Glasses	6/9	/	V.A. with Glasses	6/9	/

O.O. WEST CLIFF CANADA

Signature of Ophth. Surgeon E B Tuke.

Frame No.

Alteration (if any)

R.D 69 mm
Bridge 4/8 in. up
2 pr. Spectacles

Soldier's Receipt:
One Pair Spectacles and Case.

Date Apr 8th 1918

ESTABLISHED 1840.

A. HAWES & SON,
Opticians,
79, LEADENHALL STREET,
LONDON, E.C.3.

TEL No. AVENUE 7758.

O. M. F. C.

A copy of the Prescription with all necessary measurements has been registered under

Ref. No. 26 FEB 19[illegible]

DATE 7/2/18

A. HAWES & SON,
EST. 1840.
79, LEADENHALL ST. E.C. 3.

Rec'd 4.3.18

186 Marsh

*Name L. ARMSTRONG, Henry Rank L/Cpl. Regtl. No 201531

Fyle Depot

Original unit ● Present unit 12th Res. M. or S. M Age 35 Religion C/E Ref. H.Q.

Port, ship, and date of arrival Melita. St. John N.B. 18-12-18

Next of kin Wife, Florence Armstrong. 162 Barrington Ave. Toronto

Address on leave Same

Address on discharge 79 Mulberry Ave. Bracondale Ont.

Transportation issued Yes ● No Date Character on discharge

Previous occupation Laborer Date and place of enlistment Toronto 16-11-15

Diagnosis Neuritis Date of Medical Boards 15-1-19

Date. T.O.S.	Remarks	Pt. 2 Order No.
10-12-18	Posted to Cas. Co. Ex. Camp 18-12-18	
	Leave 21-12-18 to 4-1-19	
	Subs. " " "	250
22-1-19	SOS DISCHARGED "MED.UNFIT" 91 days PDP & C.A. (To take OUT-Pat. treat't with I.S.C.)	18

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Armstrong.	H.	201531.

Rank	Unit	Co.	Troop	Batty.
~~Pte~~ L/Cpl.	3 Batt.	12 C.O.		

Hospital: 6 Can. F. Amb. 6-11-17 Date of Admission

Wandsworth Hosp Warren Rd. Guildford Hosp. 10.11.17.

Mil. Conv. Epsom. Hosp. 15-12-17.

Hosp.

Hosp.

Diagnosis: ~~Wd. S~~ Wd. Hand. Lt

Later Diagnosis (if changed) (1) S.W. Arm; L. Leg; Face, N.

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Rejd Unit. 13-12-16. Date
Drs 25. 1. 18

REMARKS

Wd. 9.12.16 S. Rep.

Ch. 8.1.17. A543

" 19-1-17. A552.

" 19.2.17. A576

14-11-17 B62-6

16-11-17. B64. (2)

19-12-17. B92 (3)

1-2-18 B128 (3)

A.M.D. 2 DEPT
Ch. of D.G.M.S. O.M.F.C. London.

E.S.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

L. L. 28912. M. & D. 8558.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

To Whom Mrs. F. Armstrong.
Address 79 Mulberry Park North Bracondale. Toronto, Ont.

SPECIAL REMITTANCE

Rate $ 50.00

By Whom Assigned Armstrong, H.
Regtl. No. 2015-31.
Rank L)C.
Corps 3 Bn.

Sched # 479 27-12-17

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	U 49627	50	- mailed. 23/1/18 -
Feb.				
March				

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No. .....

Name H. Armstrong

Regt'l No. 201531 Rank L/Cpl File Numbers .....

Former Units ..... Original Unit .....

Date of arrival in Canada ..... Boat Melita Port of Disembarkation .....

Rates of Pay:—Regt'l. ..... Field ..... Date of arrival in M.D. .....

Separation Allowance. Date paid to ..... Rate ..... If continued by Chief Paymaster, England .....

Assigned Pay. Date paid to ..... Rate ..... If continued by Chief Paymaster, England .....

Name and address of Beneficiary .....

Pay claimed on English L.P.C. to ..... to be paid by new Unit from .....

Name of new Unit ..... Date L.P.C. forwarded to new Unit .....

L.L. 34682—M. & D. 8645.

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	
		12	-															Pos. Do 250 Subs. Do 250

TRANSFER

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No. .....

Name .....

Regt'l No. ..... Rank ..... File Numbers { ..... / ..... }

Former Units ..... Original Unit .....

Date of arrival in Canada ..... Boat ..... Port of Disembarkation .....

Rates of Pay:—Regt'l ..... Field ..... Date of arrival in M.D. ....

Separation Allowance. Date paid to ..... Rate ..... If continued by Chief Paymaster, England .....

Assigned Pay. Date paid to ..... Rate ..... If continued by Chief Paymaster, England .....

Name and address of Beneficiary { ..... / ..... }

Pay claimed on English L.P.C. to ..... to be paid by new Unit from .....

Name of new Unit ..... Date L.P.C. forwarded to new Unit .....

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	

A.G.R.

R—122

Rank Name ARMSTRONG, Henry Reg'l No. 201531

Unit 95TH. BN. If in perm. Corps, What Unit? Married ~~or Single~~

Place and Date of Enlistment 16th Nov 1915. Toronto. Place of Birth London. England.

Name and Address, Next-of-Kin Florence. Armstrong

162. ~~Barrington Ave~~. Toronto. Canada. Relationship Wife

79 Mulberry Av North Bracondale Toronto

Assigned Pay Monthly $ Payable to RL. 29. 3. 7. 17.

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character 6 seas Cos

N/E R.B. No 16417
File R.L.
Category CAN.OR

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.
			S. S. Olympic		
6		Arrived in England.		18 JUN 1916	A.F.B. 103 THEOKD 28 SEP 16
21-9-16	95th Bn	S.O.S. to 3rd Bn.	Lr. Dibgate	21-9-16	D.O.Pt.II 245
27.9.16	3rd-Bn.	Taken on Strength,	Field	22.9.16	Part-2 O 57
8.1.17.	"	Wounded Reported from Base		9.12.16	C.L. A 543
19.1.17	"	Rejoined Unit		13.12.16	" " 552
19.2.17.	"	Nat of Cas. now reported			" " 576 S Wrhandst.
22-8-17	"	appt. Lance Corporal.	field	1-7-17	P.II 088
13-11-17	"	6. Can Field Amb.	"	6-11-17	C.L. A.62. S.W. Ann.
15-11-17	"	War Hosp Manor Rd	Guildford	10-11-17	C.L. 064 2nd Rm P.II O 1239/23-11-17
18.11.17	1 COYD.	T.O.S. from 3rd Bn	W Sandling	10.11.17	~~C.L.~~ P.II O 254

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.
18-12-17	1 COY 3	Can Con. Hosp.	Epsom	15-12-17	C.L. B92-3.
18-1-18	3.	awarded Military Med.	Field	R1-F1 11/1/18	B.R.C. 04. & L.G. 30389 a/19-11-17
1-2-18	160 M.D.	On Comm 166 D.	Sidcup	25-1-18	W.O 32. { 166 D. D.I.-II.O 82a/2-2-18
1-5-18	12 Res	T.O.S. from 160 M.D.	Ch Welby	30 4-18	P.C. 104 (160 M.D. D.I.-II.O 121 d/3-5-18
3-1-19	12 Res	Boston C.E.F. Canada	—	10-12-18	P.C. 2. M.D. 2
2 1218	12 Res	on Com Kinmel Park	—	5-12-18	P.C. 257 / P.16 31-12-18 2 M.D.C.
31-12-18	2 M.D.C.	Cease attach	Rhyl	10-12-18	P.C. 16 (P.C. 2. 2-1-19 12 Res

L- L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Mrs Florence Armstrong

Address ~~H.S~~ 79 Mulberry Ave ~~62~~ Barrington Ave East Toronto ~~24 Hawk~~ 15 1/7 Ont.

Rate $20.00 2M 26 4/11 1916 D.J.B.

By Whom Assigned Armstrong Hy

Regtl. No. 201531

Rank Ste

Corps 95th Batt C. Coy

PAYMENTS

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

CONSOLIDATED ACCOUNT 4

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—32—819.

Sheet No. 2. Mrs Florence Armstrong Wife

Name of Soldier Armstrong Hy # 201531 95th Batt C. Coy

L. L. Job 310.—Req. 6574.

$20.00

JUN 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		45458	20	
July		11184	20	
Aug.		B10696	20	
Sept.		G5289	20	
Oct.		G19817	20	
Nov.		G24612	20	
Dec.		633309	20	
Jan.	1917	M36438	20	
Feb.		M42279	20	
March		M48240	20	
April		II 260	20	
May		M6245	20	
June		O12884	20	
July		O20170	20	
Aug.		26734	20	
Sept.		O 34028	20	
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

320

20
20-1.
20
20
5
20
20
320

~~148 Bassington Ave.~~
East Toronto, Ont. 24/11/17

79 Mulberry Ave. Toronto Ont. 15/5/19

CANADIAN
ASSIGNED PAY AUDITED
W. Briks
AUDIT CLERK
DATE 15/5/19

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.				

7-12-15

L. L. Job 88773— & D. 6195.

M. F. W. H.
20m.—11-15.
H. Q. 1772-39-818.

254

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Florence Armstrong

Address ~~448~~ ~~162~~ Barrington Ave ~~East~~ Toronto.

79 Mulberry ave Ont.

Relation to Soldier wife, child or mother } North Bracondale. Wife.

Name of Soldier Armstrong Henry

Regtl. No.

Rank Pte.

Corps 9s 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	G26875	26 — 3/	
Feb.		F27549	20	20
March		G30485	20 —	20

CONSOLIDATED 1 ACCOUNT

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Florence Armstrong wife PAYMENTS. Name of Soldier Armstrong Henry Pte

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	D111	20		20
May		J4713	20		20
June		7 [illegible]044	20		20
July		M 9834	20	—	20
Aug.		B 10297	20		20
Sept.		F 14896	20	—	20.
Oct.		F 18346	20		20.
Nov.		F21345	20		20
Dec.		F24814	20		20
Jan.	1917	F28222	20		20
Feb.		F 31133	20		20
March		F 34297	20		20
April		G 268	20		20
May		G3792	20		20
June		H 6578	20		20 4.6578 Remailed address below 9.8.17 T.L.
July	9/5	16-7-16 G 10281	20		20 79-Mulberry Ave. North Bracondale
Aug.		I 13081	20		M 79 Mulberry ave Toronto
Sept.		H 16662	20		B
Oct.			20		T436
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.				

Date of Enlistment

Dec 7/15

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

A 3746

Date of Assignment

1-6-16

OVERSEAS CONTINGENTS

ANOTHER ACCOUNT IN
Special remittance Ledger
.....Ledger
.....Ledger
.....Ledger

RATE OF SEPARATION ALLOWANCE

20	1/12/17 25	30	

PC 32557 1-9-18
PC 2753
MD 4653

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

Mfw 2554 - 9-8-18

No. 201531

Rank Pte Promoted Reverted Discharge

Soldier's Name Henry Armstrong

Battalion 95th Battn

Beneficiary Florence Armstrong

Relationship Wife

Address 79 Mulberry ave East Toronto Ont

PARTICULARS OF ASSIGNMENT wife

Name Florence Armstrong

Address

Change of Address

1

2

3

4

0505-H-37

Date	Cheque No.		Amount S/A	Amount A/P	Total		REMARKS
Sept 30-17			436 00	320 00	756 00		
Oct 17	D50877		20 -	20 -	40 -		MFW 2554 Rec OR 23-11-18
Nov	53165	B	20	20	40	B	
Dec	55529	F	20	20	40	B	
Jan	66998	C	30	20	50	B	
Feb.	93545	B ✓	25	20	45	B	
Mar	100794	G	25 -	20	45 - ✓	B	
Apr	8587	H	25 -	20	45 -	B	
May	7960	C	25	20	45	B	
June	16359	B	25 -	20	45	B	
July	29354	V	25 -	20	45 - ✓		
Aug	a 31903	a	25	20	45		
Sept	38650	A	25 -	20	45 -		
Oct	45287	A	25	20	45	M	
Nov	53376	H	25	20	45	M	
Dec.	63387	A	45	20	65	M	
Jan			821	620			

A/c Closed 31-12-18
Ret'd per Militia
Date 17-12-18 M.F.W. 187 MD 2
A.M. McKay MMD 55546

CANADIAN
ASSIGNED PAY AUDITED
W Binks
AUDIT CLERK
DATE 15/5/19

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—177-239-1141
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. 7993.

No. 201531 Rank Pte Name Armstrong H

T. O. S. Unit 95th Battalion C. E. F

Trnsfd from 2nd Fm. 16-11-15
Do. 16 (16-11-15)

M. D. 2

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc. — Particulars	Authority
1915 Nov 16	1915 Nov 30	L		
1916	Dec	L		
	Jan 1916	L		
	Feb	L		
	Mar	L		
	Apr.	L		
	May	L		
	June			
			o/s. List.	UNIT SAILED MAY 31 1916

REGT'L NO 201531

NAME Armstrong Henry.

H. Q. FILE NO. 649-

RANK AND CORPS ~~L/Cpl. Pte~~ 3rd Bn (Form 95th Bn)

FOLLOWS NO.

FOLLOWS

CABLE No.	DATE	NATURE OF CASUALTY
		6.
07258	6-1-17	Reported wounded Dec 9th 1916.
M635 ~~125~~ 1	14-11-17.	Adm. No 6 Fld Amb. Dispd. Nov 6th 1917
		GSW. Left Arm, Leg, and face ✓

L. L. Job 8885—M. & D. 7146.

M. F. W. 42—25M —4-10-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 543	Rep from base	9-12-16	wounded.
A 552.	Rejoined unit	13-12-16	— " — Rt. Hand Slt ap per 24 L. A 576
A 626	No 6 Can. Gld Amb	6-11-17	SW. Arm L Leg & face, 8-11-12-17
B 642	War Warren Rd. Guildford	10-11-17	S.W. Arm & Leg & Face.
B 92-3	Mil. Conv. " Epsom "	15-12-17	S.W. " " " " " 7-1-18
B 128.	Discharged	25-1-18.	S.W. Arm. L. Leg.

1st C.O.R.

R. 149.

Name Armstrong, Henry *Rank* Pte. *Reg. No.* 201531

Unit 3rd. Batt.

Next of Kin Canada.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
9-12	Reported from Base	Wounded		543 A	7258 O	8-1
13-12	Rejoined Unit	do.	A552			
Note	nature of casualty rptd. as		SW Hand Slt A576			

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

FORM R. 149.
7106—250m—7/2/17.

Henry

Name Armstrong Rank 4CPL Reg. No. 201531

Unit 3rd Bn

Next of Kin Canada CCR

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
6-11	No 6 Can Fld Amb		SW arm & leg & face	A62	M6351	7573
10-11	War Hsl Warrenpt Guildford		do	B64		5655
15 12	Evil Con Lofs Sm		do	B93		8448
25-1-18	Discharged		do	B138		2849
				CCR		

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

SURNAME. Armstrong. M.M. L.G. 30389.

CHRISTIAN NAMES Henry.

REGL. No. 901,531. RANK Pte.

UNIT 95th. Bn.

FORMER CORPS Canada 3rd. Bn. C. O. R.

CARD No. 2 ens X. 6. 8

S.O.S. D.A. 22-1-19 Med. Unit FOLL.

D.D. 18 & 18-1-19 2ND.

NEXT OF KIN.

NAMES IN FULL Armstrong, Mrs. Florence.

RELATIONSHIP TO SOLDIER Wife.

ADDR 79 Mulberry Ave, N. Bracondale, Toronto, Ont.

L.S.a.a.P. 17-5-17.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England. London. DATE Dec: 31st 1882

PLACE OF ATTESTATION Toronto. Ont. DATE Nov. 16th 1915.

Sailed from Halifax 31/5/16 per S.S. "Olympic"

R/C 19-12-18

L. L. 94504. M. & D. 6512.

M. F. W. 32. 250M.—2-16. H. Q. 1772-39-339.

443 3

X.E.S

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

2

Number 201531 Rank L/Cpl

Surname ARMSTRONG

Christian Name Henry

Units 3rd Bn Can Inf Theatre of War France

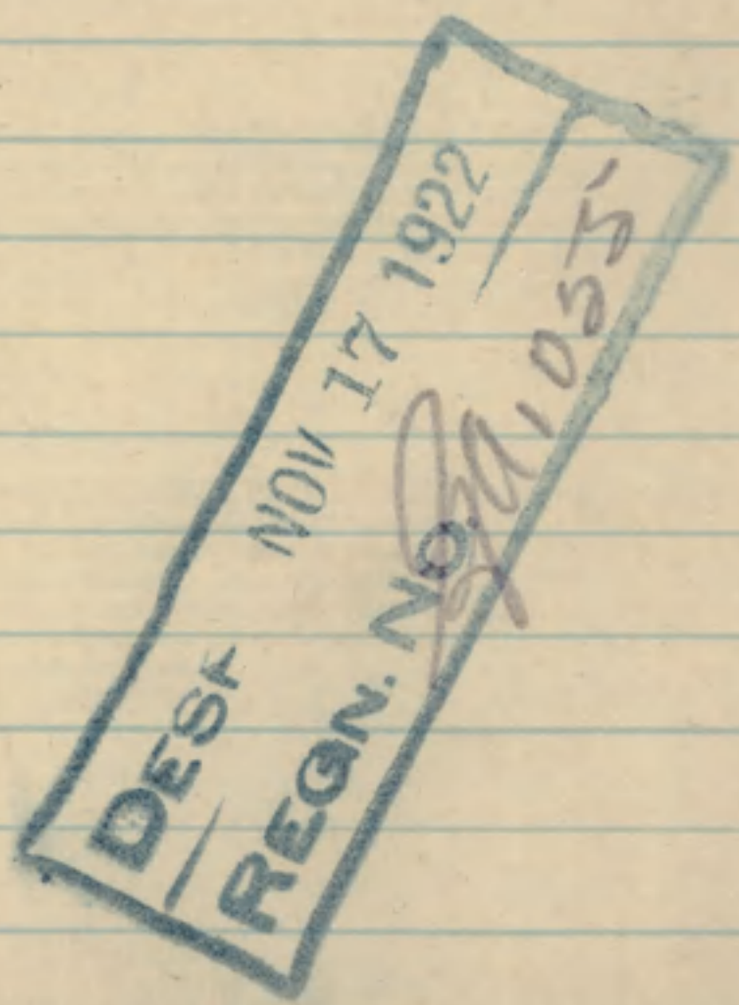
Date of Service 22-9-16

Remarks

Latest Address ~~79 Mulberry Ave. Bracondale, Ont.~~ 54 Aileen Ave., York Twshp. Ont.

Roll No. B Page 20092

10m.-8-21.M


DESF
NOV 17 1922
REGN. NO.

Name. Armstrong, Military Medal
A.

Rank. L./Cpl. Date. 19-11-17.
201531.

Unit. Can. Daf. Auth. L.G. #30389.

noted W.D.

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

M.B.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(**Demobilization.**)

1. No. 201531
2. Rank. L/CPL.
3. Name. Armstrong Henry
4. Unit. 95th Bn. (#2 D.D.).
5. Date of Discharge Jan 22nd 191 Place TORONTO, ONT.
6. Reason for Discharge HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE
7. Authority. D.O. DD. #2 Pt 11 #18.
8. Proposed Residence after Discharge 79 Mulberry Ave. Bracondale Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

Henry Armstrong
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Toronto Ont.

Date Jan22nd 1919.

Signature W. Woodcapt.
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

For
O.C. No. 2 District Depot.

P. 559.
MARRIED OR SINGLE M

PLACE OF BIRTH London Eng

NAME AND ADDRESS OF NEXT OF KIN Mrs Florence Armstrong
19 Mowbray Ave Mt Dracontath
162 Barrington Ave East Toronto ont

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
app L/Sgt	17/9	B088.22/9

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 201531 RANK ~~Pte~~ L/Sgt NAME Armstrong Henry

IF IN PERMT. CORPS WHAT UNIT — UNIT 95th Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Toronto

DATE OF ATTESTATION 16-11-15

TRANSFERRED TO 3rd Bn DATE ~~6-11-16~~ 1-11-16 AUTHORITY 20245 21-9-16

TRANSFERRED TO 1st C.O.R.D. DATE 1/12 AUTHORITY

TRANSFERRED TO DATE AUTHORITY

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE

PAYABLE TO Mrs Florence Armstrong 162 Barrington av Toronto ont RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

150

Checked L.J.A. Kinsman

DATE 1916	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
June	30	1.	30		30	10	3							10	19 10	33	25 16/6/16	70	30/6/16					14 60	4 87			20		39 47	19 10	12 63			Bal from Canada
July	31	1.	31		31	10	3	10								34	10	117	15/11/16						4 87			20		24 87		21 86			
Aug	31		31		31		3	10								34	10	178 31/7/16	226	15/9/16				4 87	4 87			20		29 73		26 23			
Sep	30		30		30		3									33		267 31/8/16	338	15/10/16				4 86	7 30			20		32 16		27 07			Ofd to 3rd Bn Dec 20245
Oct	31		31		31		3	10								34	10											20		20		41 17			
																187	40													146 23				
Nov	30	30	1.	30		30	10	3								33		1156 20/10	1283	5/11	6	9524	C&D 3/10	3 49	2 62	4 36		20		30 47		43 70			
Dec	31			31		31		3	10							34	10	1330 27/11						6 98				20		26 98		50 82			
				21	40			21	40																										
Jan	31	31	1/10	34	10											34	10	1347 23/12	1415	4/1			Boat 24/1/17	9 59	2 61		14 60	20		46 80		38 12			
																186	60							2 62						25 48				
Feb	28			30	80											30	80	1516 15/1						2 36				20		26 98		41 94			
																		1527 27/1	1680	4/3					2 62 ✓									
Mch	31			34	10											34	10	1602 27/2	1673	6/3	1755	20/12	2 nd R.C.	5 23 ✓	2 61 ✓	9 73 ✓		20		48 19		35 85			
																								5 60	33 87	10 09	14 60								
Apl	30			33												33												20		20		48 85			
				361	40									19 10		386	50							56 69	32 31	14 09	14 60	220	00	331 65					

201531

Lieut. Armstrong, Stanley

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
Apl			361	20										19 10	386 50
May	31		34	10											34 10
June	30		33												33
July	31		34	10											34 10
Aug	31	105/10	31	10										155	31 10
Sept	30		34	50											34 50
			539	75										20 65	559 40

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
84	16/4/17						
1	6/4/17	144	3/5/17				
217	2/6/17						
456	12/6/17						
930	1/7						
3320	26/6						
534	24/8						
381	20/9						
437	3/8						

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE
56 50	32 37	14 09	14 60	720 00		337 65	48 85	✓	✓	
3 49 ✓				20		28 79	54 16			
2 67 ✓	2 68 ✓									
2 67 ✓				20		26 24	60 92			
3 57 ✓										
2 68 ✓				20		22 68	72 34			
2 68 ✓				20		22 68	86 86			
2 68										
4 46				20		29 82	91 54			
2 68										
54 12	35 05	14 09	14 60	320		169 86				

wpp 31 days @ 05¢

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
1917		~~91 54~~							91 54 ✓		
	~~wpp 30 days from 2/9/17 to 1/10/17~~	~~1 55~~									
Oct.	Lieut. Pay	34 10						20 ✓			
		35 65		568 3rd Bn 2/9	2 68			20 ✓	161 51 ✓		
Nov	Lieut. Pay	34 50 ✓			~~2 68~~						
				710 3rd Bn 15/9	3 57 ✓			20 ✓			
				682 " 21/9	4 46 ✓						
				623 " 18/9	2 68 ✓						
				634 " 28/9	4 46 ✓						
				R6176 " 26/9	9 73 ✓						
Dec	Lieut. Pay	35 65 ✓						20 ✓			
				R9341. 3rd Bn 13/9	9 73 ✓						
		70 15 ✓		800 3rd Bn 1/9	4 46 ✓				95 57 ✓		
1918 Jan					39 09			40	~~113 46~~		
	Capt.	35 65 ✓		C.C.P.				20 ✓			
				D.H.Q. R.L.67L 17/12/17	9 73 ✓						
				AR Stockwell 13818 20/12/17	50 -				51 89 ✓		
		35 65 ✓			59 73 ✓			20 ✓			
Feb	"	32 20 ✓		C.A.P.				20 ✓			
				AR 3324 15/1/18 Cert'd Pmn	4 87 ✓						
				AR 5376 25/1/18 " "	48 67 ✓				10 15 ✓		
		32 20			53 54			20 ✓			
Mch	"	35 65 ✓		C.A.P.				20 ✓			
	~~wpp 31 days from 25/1/18 to 4/7/18 Pay 3rd ICCW 2/7/18.~~	7 30 ✓		AR 3194 27/7/18 Ref C.C.P.	2 43 ✓						
				CR 3645 12/3/18 "	4 87 ✓				20 93 ✓		
				AR 3960 26/3/18 "	4 87 ✓						
		42 95 ✓			12 17 ✓			20 ✓			

CANADIAN
ASSIGNED PAY AUDITED
E.C. Bradley
AUDIT CLERK
DATE 10/2/19

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.

We concur.--

19. Is the invalid fit for

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

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.)

~~Observation~~ Observation-- 3 months out-patient.

(b) ~~Does not require treatment~~
(c) Should pass under his own control.
(d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

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

Having been found Medically unfit for service. For further treatment under the D.S.C. as an out-patient.

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.

Julian Boyd Major
Alexander Major *President.*

PLACE Toronto, EX. Camp.

DATE Jan 15th 1919.

} Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

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

President.

PLACE.....

DATE.....

} Members

APPROVED BY

Assistant Director of Medical Services.

DATE 17-1-19

APPROVED BY

Director-General of Medical Services.

DATE.....

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 Toronto, Ont. Exhibition Camp. DATE Jan 15. 1919.

1. (a) Unit 2 D.D. (b) Regimental No. 201531 (c) Rank L/ Cpl.

(d) Surname ARMSTRONG (e) Christian name ~~Henry~~ Henry

(f) Home address 79 Mulberry Ave. Bracondale, Ont.

(g) Next of Kin Mrs Florence Armstrong (h) Relationship Wife.

(i) Address of Next of Kin ~~Wife~~ 79 Mulberry Ave. Bracondale, Ont.

2. Age last birthday 37 Date of birth 31 st Dec. 1881.

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto, Ont. (b) Date Nov. 2, 1915.

4. Personal description:

(a) Height 5 ft. 5½ " (b) Weight 136 (Stripped) (c) Complexion Fresh.

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Scar on left thumb & Left Elbow, Scar 3" on palm of L. Hand. 1" scar on left shoulder & small scar ~~mmx~~ outer side left hip.

5. Former trade or occupation Laborer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).		Years	Days
		3	74

		Periods	
		From	To
Canada		Nov. 2-1915	Nov 1916
England		May 1916	Sept 1916
France or other theatres of War		Sept 1916	Nov 1917
~~Canada~~ England.	X	Nov 1917	To-date.

7. Original disease, or injury

Neuritis.

(a) Date of origin Since enlistment (b) Place of origin France.

(c) Cause Active Service conditions,

M. F. B. 227.
300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Partial loss of function of Right radial nerve.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

ENTRY OBJECTIVE— Apparent severe soreness & pain on deep pressure over ant. radial surface of right forearm at outer side to of head of ulna one inch below bend of elbow—also posteriorly at outer wide and 1" below tip of olecranon process. Spasm of muscles prevents complete extension of forearm by about 10%. About 25% loss of gripping power in right hand. Gripping with hand makes whole arm shake & tremble. SUBJECTIVE— Dull aching pain along radial side of forearm aggravated by wet weather & use of arm. Forearm feels weak & shaky.

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

Nervous System No. Cardio-Vascular System No. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (Albumen and Sugar will be excluded.)

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems No. Any other general condition Yes.

Urine— No Albumen; no sugar.
No hernia, Hemorrhoids, Varicocele or Varicose veins.
Shrapnel wound of left shoulder & left hip Nov. 1917. No disability.

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

About 2 months after he landed in France, he began to have twinges of of darting pain down radial side of forearm. At first these were very slight but condition has been getting worse gradually until he now complains of a constant dull ache in radial position of right arm soreness & loss of power. Seems to be worse in wet & forearm, soreness changeable weather

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*).)

Wounded with shrapnel Nov. 6th 1917, at Passchendale.
Hospital for 6 wks. Complete recovery.

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

1" scar left shoulder & small scar of left hip— Small scar on left thumb & elbow. 3" linear scar palm of left hand.

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.)
Not Applicable.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No— A & B.
The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 months at least.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)
Massage & Elec. P.T. Epsom for Rt. & Left arm.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)
Observation & treatment of nerve as outpatient.

16. Can the former trade or occupation be resumed? Yes, with limitations.
(If not, briefly state why)

17. Recommendations.
D III. To I.G.C. for observation & treatment.

C M Stafford Capt CAMC
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, Henry Armstrong, 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

H Armstrong 2/Cbl Rank.
Signature of invalid examined.

No. 2 DISTRICT DEPOT

AUDITOR 22 | PAYMASTER

M. OR S. M.

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

REGT. No. 201531. RANK L/C NAME (IN FULL) ARMSTRONG. H (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. DATE EFFECTIVE 1/1/19

TO WHOM PAID Mrs Florence Armstrong RELATIONSHIP wife

ADDRESS 79 Mulberry Ave., East Toronto

20 C

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 1st C.O.R.D., R.C.D. IF IN P.F. WHAT UNIT? 79 Mulberry Av. Bracondale Dur.

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 2/1/15 — TRANSFERRED TO — DATE — AUTHORITY EXHIBITION

ASSIGNED PAY $ 2.00 DATE EFFECTIVE 1/1/19

PAYABLE TO Mrs Florence Armstrong RELATIONSHIP wife ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS ditto

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED to I.S.C.-out patient PLACE Toronto DATE 22/1/19 REASON Mil. AUTHORITY Do. 18 IF ENTITLED TO POST DISCHARGE PAY 30 days

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																				
1919 Jan 22	22	1.15	25	30	35 21	- 30	5 12	03	99	23	15768		17007		17008		20		57	93			21	30							99	23					12.0 G. Bal Dat pay Ltd
183 days			420	00			180	00	600	-							Cheque A						W.S.G.		Cheque A				S.A.						
															DAN 21		1217						10	00	1218				30	00	100					Cheque A. 1218. mailed 24/1/19
															FEB. 19		204632						10	00	204632				30	00	200					A 204632 & 33 mailed 19/2/19.
															Mch 18		207659						10	00	207660				30	00	300					A 207659 & 60 mailed 20/3/19.
															Apr 17		245163						10	00	245164				30	00	400		140	-	60	-
															May 14		343420						10	-	343625				30	-	500	-	70	-	30	-
															17/6/19		661881						10		661882				30		600					W.S.C. PAID IN FULL CAPTAIN FOR PAYMASTER-I.W. SERVICE GRATUITY
			420	00			180	00	600	-													10	-					180		600					

30M-11-18.—L.L. 50677-M. & D. 9553.

TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
		COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

P 820
12474—375m—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	Stopped 1/1/19.	EFFECTIVE DATE:-	
AMOUNT:- 20.00		AMOUNT:-	

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

Mrs Florence Armstrong
167 Barrington ave
Toronto Ontario

NAME:- ARMSTRONG Henry
NUMBER:- 201531

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
B088 22/7	1.7.17	L/Cpl

UNIT AND TRANSFERS

ORIGINAL UNIT:- 95 Bn

DATE ACCOUNT FIRST OPENED:- 1 June 1916

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1.1.18		160DD

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
28/11/18.	3386	12th Res L1.	~~1 15 7~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 65	10		

663

PARTICULARS OF RENDERING NON-EFFECTIVE: ~~Discharged to Canada 31/12/18. Auth. NR 663. L.P.6. Bal. £1 35 50~~

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918											
Mch 31	Balce Forward								20 93		
April	L/Cpl	1 34 50		C a/c				20			
				AR 2135 13/4/18 1 CCD	4 87						
				✓ 728 26/4 ✓	4 87				35 69		
		34 50			9 74			20			
May	L/Cpl pay	35 65		C/A/C				20			
				AR 487 14/5/18 12 Res	12 17						
				AR 657 20-5-18 12 Res	9 73				19 44		
		21 65			21 90			20			
June	L/Cpl.	34 50		Cap.				20			
				AR 885-14/6/18-12 Res	1460						
				✓ 1033 26/6/18 ✓	4 87				14 47		
		34 50			19 47			20			
July	L/Cpl.	35 65		C.a/c				20			
				AR 1251 11/7 12 Res.	9 73						
				✓ 1340 19/7 ✓	9 73				1066		
		35 65			19 46			20			
Aug	L/Cpl pay	35 65		C a/c.				20	26 31		
				AR 1712 14/8 ✓	4 87				21 44		
				✓ 1611 29/8 Frenchams	2 43				19 01		
		35 65			7 30			20			
Sept	Do	34 50		C a/c				20	33 51		
				AR 2170 12/9/18 12 Res	7 30						
				AR 2443 25/9 ✓	4 87				21 34		
		34 50			12 17			20			
Oct	L/Cpl pay.	35 65		C a/c.				20			
				AR 2589. 9/10/18. ✓	7 30						
				AR 2836. 25/10/18. ✓	19 47				10 22		
		35 65		Forward -	26 77			20			

NUMBER 201531 RANK L/Cpl. NAME ARMSTRONG. Henry.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									10 22		
Nov.	L/Cpl. Pay.	34 50		Can. ap.				20			
				A/3386. 29/11/18. 12th Res.	4 87						
Dec.	.	35 65		Can. ap.				20			
		70 15			4 87			40	35 50		

CANADIAN
ASSIGNED PAY AUDITED
E.A. Bradley
AUDIT CLERK
DATE 13/3/19