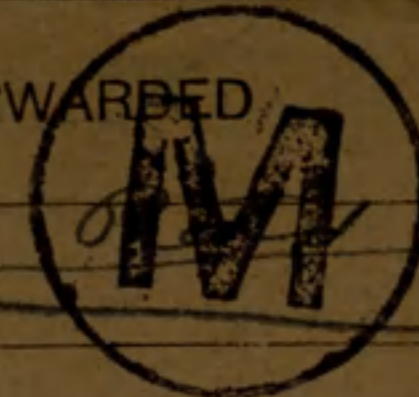
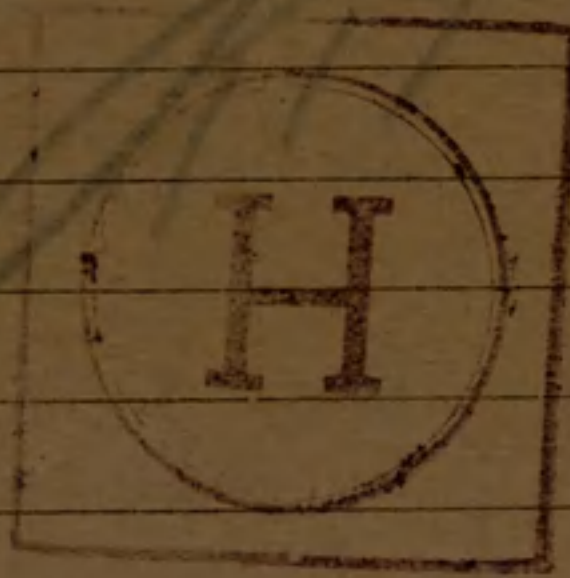


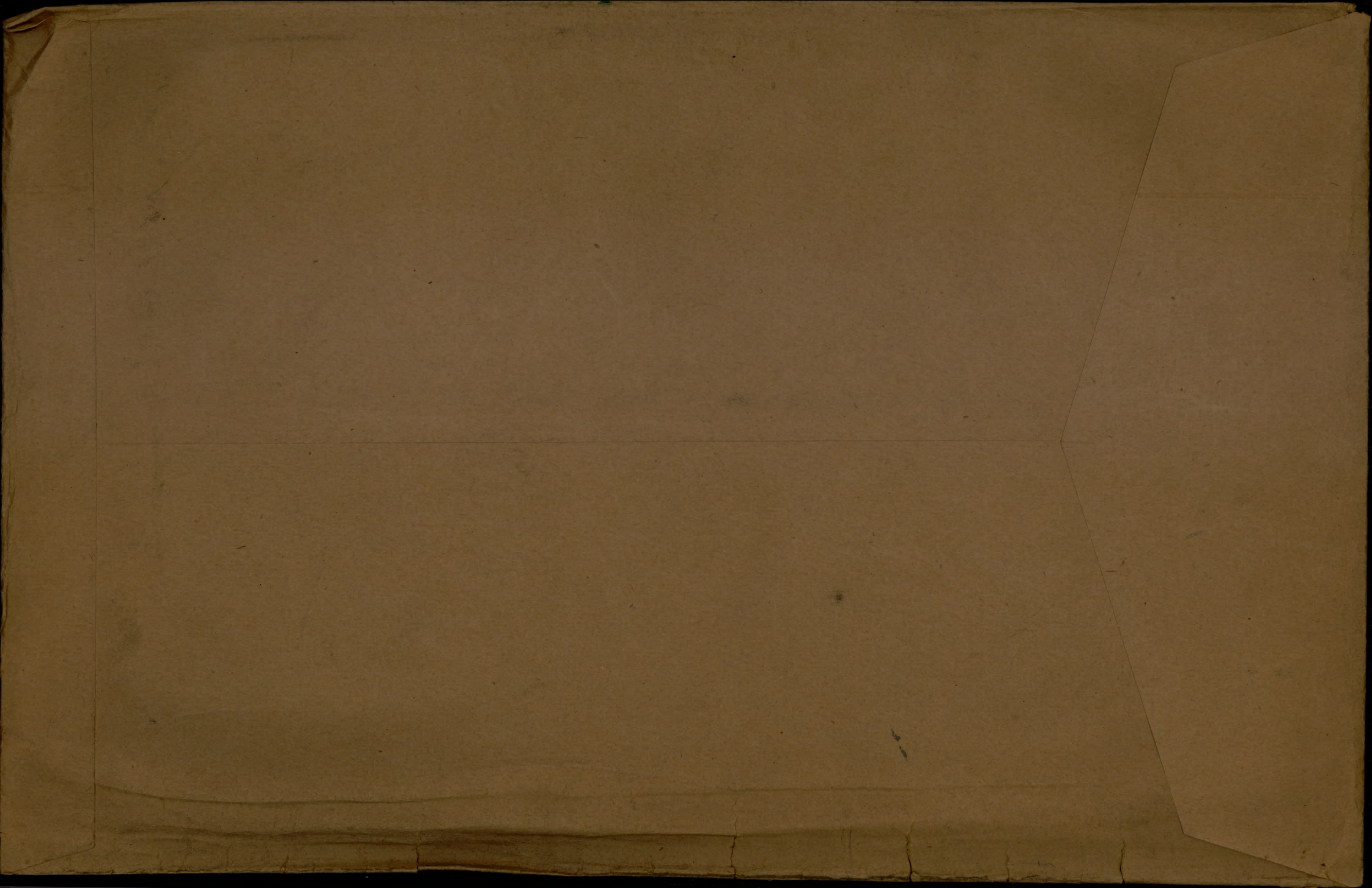
REGIMENTAL DOCUMENTS

NAME *ARNOTT, FREDERICK Wood* REGT. NO. *Lieut* UNIT *16th 13th* H. Q. FILE NO. *X3943*

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
32 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>Plw.</i> 	<i>22 5/19</i>	<i>Plw 81328</i>	DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
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
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Disch</i>
1 MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>M.F.W. 2591</i>				<i>6-13</i>	
1 <i>Disch Cert</i>				<i>6-13</i>	
1 <i>Misc</i>				<i>5-13</i>	
1 <i>A.F.A. 45</i>				<i>1</i>	
1 <i>M.F.W. 7</i>					
1 <i>ca cert</i>					
1 <i>R 149</i>					
1 <i>Misc</i>					
1 <i>part</i>					



Ref: S. Cronica 25619



Unit 164th Bn C.E.F. Rank Lieut Name J. W. Arnott

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Arnott.
- (b) What are your Christian Names? Frederick Wood
2. (a) Where were you born? (State place and country) Halifax, Canada.
- (b) What is your present address? Milton Ont
3. What is the date of your birth? January 30th 1880
4. What is (a) the name of your next-of-kin? Mrs R. T. Klump.
- (b) the address of your next-of-kin? Sherman Ave. Hamilton, Ont.
- (c) the relationship of your next-of-kin? Sister
5. What is your profession or occupation? Accountant
6. What is your religion? C.E.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 20th Halton Rifles.
9. State particulars of any former Military Service. R.C.R., Luxon Field Force 3 years
one year 4th Ottawa
one year 5th Royal Scots
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

J. W. Arnott. (Signature of Officer.)
Lieut

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date April 6th 1916

Place Millton

*Insert here "fit" or "unfit"

Robt. G. G. [Signature]
Medical Officer.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

J. N. 2-55

R. A. P.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Lieutenant

(Name in full)..... Frederick Wood Smith,

Enlisted in..... 16th Battalion.

CANADIAN EXPEDITIONARY FORCE, on the..... ~~.....~~

day of..... 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... 16th Battalion.

CANADIAN EXPEDITIONARY FORCE on the..... seventh..... day

of..... February..... 1916

He SERVED in CANADA,..... England and France with the 16th Battalion,

2nd Res. Battalion., 116th Battalion., 2nd Central Ontario Regiment., 8th

Res. Battalion., & "O" Wing, C.C.C. Witley.
and was STRUCK OFF THE STRENGTH on the..... fifth..... day

of..... July..... 1916 by reason of..... General Demobilization

Dated at Ottawa, this..... fourteenth..... day

of..... May..... 1918..... 1920.

RES

..... Major.
for Director of Personal Services.

W.S.

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) ARNOTT F.W.

REGIMENT 116th BN RANK LIEUT. No. _____

Date of Examination in England APR 28 1919 Date of Examination in France _____

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 20
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada Yes
- (b) In England Yes
- (c) In France Yes

Signature of Dental Officer [Handwritten Signature]

(9) Is your Father alive?.....Yes.....

If so, state name and address George Arnott, St. Johns, Newfoundland.

(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.

(15) Are you insured?.....Yes.....

If so, in what Company? Prudential Life Insurance Company of Newark N.J.

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.

Ray D. Mill
Lieut. Col,
188 Battalion C. F. P.
Officer Commanding.

Date August 16th, 1916.

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...164th Halton and Dufferin.....
Overseas Battalion C.E.F.

(2) Regimental Number...Lieutenant.....

(3) Full Name of Soldier...Frederick Wood Arnott.....

(4) Place of Birth...Halifax, Canada.....

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

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

 (b) Present Postal Address.....

(7) Are you a widower?.....No.....

() Have you any children?.....No.....
 If so, give number of boys and girls.....
 Also their names and ages.....

DUPLICATE

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Arnott Christian Name Frederick Wood

Examined { on 25 day of May 1916
at Sheburns Ont.

Approved by S. J. White

Birthplace { City or Town Halifax
County Nova Scotia

Rank _____ M.O.

Apparent age 36

Trade or occupation Accountant

Height 5 Feet 8 1/4 Inches.

Weight 158 Lbs.

Chest measurement { Minimum 31 inches.

{ Maximum expansion 35 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right 0 Left 2
Number Two

When Vaccinated last 1906

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
<u>1/9/16</u>	<u>+</u>	<u>Plow</u>
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>20/3/16</u>	<u>+</u>	<u>Plow by</u>
<u>30/3/16</u>	<u>+</u>	<u>Plow</u>
		M.O.
		M.O.
		M.O.

Enlisted on 7 day of February 1916 at Sheburns Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>164th Bn.</u>	<u>Capt</u>		<u>7-2-16</u>
Transferred to	<u>2nd CANADIAN RESERVE BATTALION.</u>			<u>APR 23 1917</u>

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.

MEDICAL HISTORY SHEET.

Surname Arnott Christian Name Frederick Wood

Examined { on 25 day of May 1916
 at Shebburne, Ont
 Birthplace { City or Town Halifax
 County Nova Scotia

Approved by S. White
 Rank _____ M.O.

Apparent age 36
 Trade or occupation Accountant
 Height 5 Feet 8 1/2 Inches.
 Weight 158 Lbs.
 Chest measurement { Minimum 31 inches.
 Maximum expansion 35 inches.
 Physical development Good
 Small-Pox Marks None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right 0 Left 2
 Number Two

Date.	Result.	VACCINATIONS.
<u>11/9/16</u>	<u>+</u>	<u>Dist</u>
		M.O.
<u>T.A.B. 25. 1. 18. 2013</u>		
		M.O.

When Vaccinated last 1906
 (a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>22/3/16</u>	<u>+</u>	<u>Photo</u>
		M.O.
<u>30/3/16</u>	<u>+</u>	<u>Photo</u>
		M.O.
<u>14/7/17</u>	<u>TAB</u>	<u>Photo</u>
		M.O.

Enlisted on 7th day of February 1916 at Shebburne

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment				<u>APR 23 1916</u>
Transferred to	<u>2nd Can. Exp. Bn.</u>			<u>27-5-17</u>
	<u>116th Bn.</u>			<u>26-2-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Military Base</u>	<u>27-5-18</u>	<u>Trunk pain</u>	<u>Examinated May Cat. A</u>

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

CANADIAN

Surname Amott.

Christian Name Frederick Wood

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Royal Free Hosp.		7	5	18	17	5	18	Trench fever fixed	10	Arch 22. 4. 18 - 2 relapses - Aron tonvaliscent	W. Richard
106. 08 Maitland bath		16	5	18				Trench fever.		Condition now very good. No suspicious symptoms of recurrence.	

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>T237</i>	Regimental No.	Rank.	Surname.	Christian Name.
		LIEUT.	ARNOTT	F. W.
Year <i>1918</i>	Unit.		Age.	Service.
	116th Can. Batt.		37	38 Months
Station and Date.	Disease <u>TRENCH FEVER</u>			
C.C.O.H.	Complaint - Trench fever,			
Matlock Bath, Derbyshire. 16-5-18.	Onset:- 22-4-18 France. Sent to Le Toquet - 2 relapses while there. Evac. to Royal Free Hosp. 7-5-18 and transferred to C.C.O.H. 16-5-18. In France 3 mons. Service 38 mons. Previous health good. No Malaria.			
	Present Cond:- Feeling pretty good. Some loss of weight. Appetite fair. Bowels constipated. Sleeps well. Tongue fairly clean.			
	Examination:- Heart & Lungs neg. G.U. - No subjective symptoms.			
	Treatment:- P.T. - Iron, Ar. & Strych. pills p.c. (Room 24)			
<i>18-5-18</i>	<i>Cont. about same -</i>			
<i>23-5-18</i>	<i>Feeling pretty good, bowels more regular.</i>			
<i>27-5-18</i>	<i>Bordered A <i>[Signature]</i></i>			
<i>June 3</i>	<i>Discharged <i>[Signature]</i></i>			

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

Station
and Date.

O'WING

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. Rank LIEUT Surname ARNOTT
(Given name in full) FREDERICK WOOD
Unit or Corps (116th Bn) "O" Wing CCC Birthplace HALIFAX N.S.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

I. GENERAL DESCRIPTION:

Physique good Weight 155 lbs. Height 5 ft. 8³/₄ in. Colour of Eyes blue
Nutrition good
Pulse 75 Regular
Condition of arteries best
Vision Rt. 6/12 Left 6/12
Hearing (conversational voice) Rt. 21 ft.
Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
nil

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of Mentality no Muscular System no Digestive System no
Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

7-5-18 French fever (no) No disability now
Apr 27-18 Gas no No disability now

A. D. M. S. HEADQUARTERS
CANADIAN FORCES
10 APR. 1919
WITLEY, SURREY

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)
Date 10-4-19 Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [Signature]
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)
Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature
(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

CONFIDENTIAL.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station C.C.O. Hospital, Matlock Bath, Derby.

Date 27-5-18.

1. Rank and Name LIEUT. ARNOTT, F.W.
2. Unit 116th Bn. 2nd C.O.R.D. Witley, Surrey.
3. Age 37 4. Total Service 38 Mos. War Service { (a) at home 21 Mos.
(b) abroad 17 Mos. (France 3 Mo).
5. Address 2nd C.O.R.D. Depot. 8th Reserve. Witley.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability TRENCH FEVER.
7. Date of origin of disability 22-4-18.
8. Place of origin of disability France.
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

This officer was evacuated to Royal Free Hosp. 7-5-18 from France suffering from general pains, pyrexia. Last T. 5-5-18. Transferred to C.C.O.H. 16-5-18. On admission condition very good. No special symptoms. Personal History:— Always good health.

OPINION OF THE MEDICAL BOARD.

I concur in the findings of the Board of Medical Officers here recorded.
[Signature]
Captain, D.A.D.M.S.
D.M.S.

- NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.
- (ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
 - (iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.
 - (iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? No.
(b) in the service? Yes.
11. Was it attributable to military service? Yes.
If so, to what specific military conditions is it attributed? Infection.

[Enteric Fever, Dysentery, Malaria, etc., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? N.A.
If so, by what specific military conditions? N.A.

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? No.

14. What is the officer's present condition? General conditions very good.
Heart and Lungs normal. Appetite good. He is somewhat constipated
but has no other subjective symptoms.

15. To what degree is the officer disabled at the present time? -----
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or nil.)

16. Is the disability permanent? No.

17. If not permanent, how soon is re-examination recommended? ----- months.

18. Is it necessary that the officer should be re-examined by the same Board? No.

19. What treatment is the officer receiving, and where, and from whom? Tonic at
Canadian Convalescent Officers' Hospital,
Matlock Bath, Derby.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? No.

21. Does the officer require the constant attendance of another person? No.

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

- A.—Fit for general service. ----- Yes. Category "A".
- B.—Fit for service in a garrison or labour unit abroad. ----- Not Applicable.
- C.—Fit for home service:—
 - (i) Active duty with troops.
 - (ii) Sedentary employment only.
- D.—For admission to a command depot.
- E.—Requiring indoor hospital treatment:—
 - (i) In an officers' military or auxiliary convalescent hospital.
 - (ii) In an officers' hospital.
- F.—Permanently unfit for any further military service.

Not Applicable.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with? } Not Applicable.

Perry G. Goldsmith, Lieut-Col. C.A.M.C. President.

W.J. McAlister, Major, C.A.M.C.

J.N. Taylor, Capt. C.A.M.C.

} Members.

EYE, EAR, NOSE & THROAT CLINIC.

Witley Camp,
Surrey.

Date **SEP 27 1918** 1918.

Reg. No. Rank *Lieut* Name *Arnott*

Unit *8 Rec*

WITHOUT GLASSES.

WITH GLASSES.
(as per prescription
below).
SPH. CYL. AXIS.

VISUAL ACUITY. R:- with

VISUAL ACUITY. L:- with

Category recommended is :-

Glasses not ordered.

Remarks:-

*R. Glasses prescribed
L. Fine Sulph. 1.00
L. i. d.*

B. Palmer

Capt. C.A.M.C.
Eye & Ear Specialist.
Witley Camp, Surrey.

Price 50c

Date.....

Name.....

Address.....

WITH GLASS
(see set of instructions
below)
No. 100

WITHOUT GLASS

with

ISSUE NO. 100

with

ISSUE NO. 100

ISSUE NO. 100

ISSUE NO. 100

ISSUE NO. 100

CONFIDENTIAL.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Maxwell Park

Date 27-1-18.

Rank and Name Lieut. ARYOTT F.W.

2. Unit 116 Bn. 2nd C.O.R. N. Witley.

3. Age 37 4. Total Service 35mo. War Service { (a) at home 2/mo.
(b) abroad 17 mo (France 3mo)

5. Address 2nd C.O.R. Depot. 5th Reserve. Witley.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability France fever.

7. Date of origin of disability 22-4-18.

8. Place of origin of disability France

9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

This officer was evacuated to Royal Free Hosp. 7-5-18 from France suffering from general pains, pyrexia. Lat T. 5-5-18. Transferred to C. C. D.I. 16-5-18. On admission condition very good. No special symptoms. Previous hist. — Always good health.

OPINION OF THE MEDICAL BOARD

I concur in the findings of the Board of Medical Officers here recorded.
[Signature]
Captain, D.A.D.M.S.
for
D.M.S.

NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.
(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.
(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.
(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? No
(b) in the service? Yes

11. Was it attributable to military service? Yes
If so, to what specific military conditions is it attributed? Defection

[Enteric Fever, Dysentery, Malaria, etc., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? N.A.

If so, by what specific military conditions? N.A.

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? No.

14. What is the officer's present condition?

General condition improved. Heart & lungs normal. appetite good. He is somewhat emaciated but has no other subjective symptoms.

15. To what degree is the officer disabled at the present time?

(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or nil.)

16. Is the disability permanent?

17. If not permanent, how soon is re-examination recommended? months.

18. Is it necessary that the officer should be re-examined by the same Board?

19. What treatment is the officer receiving, and where, and from whom?

C. C. H. Marlborough Bath

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature?

21. Does the officer require the constant attendance of another person?

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

- A.—Fit for general service.
- B.—Fit for service in a garrison or labour unit abroad.
- C.—Fit for home service:—
 - (i) Active duty with troops.
 - (ii) Sedentary employment only.
- D.—For admission to a command depot.
- E.—Requiring indoor hospital treatment:—
 - (i) In an officers' military or auxiliary convalescent hospital.
 - (ii) In an officers' hospital.
- F.—Permanently unfit for any further military service.

yes
N.A.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with?

W. J. P. ... President.

... Maj.
J. Taylor, Capt. Members.

CERTIFIED CORRECT
 14 APR 1949
 CANADIAN RECORDS SERVICE

2 Col
 W.D.

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

M. F. W. 54. (A. F. B. 103.)
 250M.—1-16.
 H. Q. 1772-35-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 164th O/S Battalion C.E.F.

Regimental No. _____ Rank Lieutenant Name Arnott, Frederick Wood,

Enlisted (a) 17.11.16 Terms of Service (a) C.E.F. Service reckons from (a) 17.11.16

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) Accountant

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				
1917					
Apr. 16		Embarked at Halifax for overseas.	Halifax	18.4.17	
		Arrived	England	22.4.17	
APR 26 1917	164th	Transferred to 2nd Can Reserve Battalion	Ottawa	APR 23 1917	Pr. 2 D. P. # 53. J. J. Allen Adjutant 164th Battalion C. E. F.
25.4.17	2nd Res.	Taken on strength of 2nd. Can. Res. Bn.	E. Sandling	23.4.17	Pt. 2 DO# 97.
7-6-17	2nd Res.	Transferred to 164th Bn.	E. Sandling	27-5-17	Pt. 2 DO. 140 C. R. Beer CAPT ADJUTANT 2ND CANADIAN RESERVE BATTALION
12-7-17	164th Bn	Taken on strength	Witley	30-6-17	Pt 2 DO. 26
24.2.18	164th Bn	Transferred to 116th Bn	Witley	26-2-18	Pt 2 DO. # 10 J. J. Allen Adjutant 164th Battalion C. E. F.

who has been engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 Smith, 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				
28-2-18.	3 C 1 B D.	Taken on strength of 116th. Ldn. Bn. Both on arrival & name.	3 C. 1 B D.	28/2/18.	NR. Pt II Cds 19 of 7/3/18. (Conduct NR 244)
9-3-18	3 C 1 B D.	To. C. C. R. C.	—	9/3/18	NR 253.
"	c. c. r. c.	arrived c. c. r. c.	c. c. r. c.	9/3/18	NR 1043 & NR. 132.
"	c. c. r. c.	To unit	Field	9/3/18.	NR
23/3/18	"	Despatched to Unit	"	23/3/18	NR. 149
30/3/18	O. C. Bn	Arrived Unit	"	"	B 213
23. 4. 18	23 C C S.	P. U. O.	23 C C S.	23/4/18	A 1405 87014
24. 4. 18	1 Red Cross	P. U. O. Sch.	1 Red Cross	24/4/18	W 9006 87202
27. 4. 18	O. C. Bn.	Adm. to Hospital	—	23. 4. 18	B 213 Part II O. No 37 d/8/5/18
7. 5. 18	1 Red Cross	P. U. O. ^{to} England	1 Red Cross	7. 5. 18	W 318 F 174
7-5-18	O. C. A. T. Elizabeth	Invalided (Sick) and Princess detached to 2nd C.O.R.D. Witley.	1 Red Cross	7-5-18	W. 3083/5347 n. Pt. 11 O. No. 38 dated 11-5-18.
13. 5. 18	2nd 6 OR Depot	Having been admitted to Royal Free Hospital London is 2 OS on posting from	Hatley	7. 5. 18	Pt II 50 113
6. 6. 18	"	Cases shown patient in Hosp shown on form from 3. 6. 18. to 24. 6. 18	"	3. 6. 18	" " " 132
14. 6. 18	"	Struck off strength on posting to 8 Res Bn (Gen General Service) & continuing to be shown on form from 3-6-18 to 24. 6. 18	"	3. 6. 18	" " " 139

[Signature]
 for Lt-Col, A.A.G. Can Sect.
 G.H.Q., 3rd Echelon. Lieut.

[Signature]
 Lieut. Record Office
 for B. 2nd C. and Report

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

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps _____

Regimental No. _____ Rank Lieut. Name Arnott, Frederick Wood
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				
16-6-18	8 th Res.	S.O.S. on posting from 2 nd C.O.R.D.	Witley	2/6/18	D.O. # 167.
31-3-19	8th Res.	S.O.S. to "O" Wing, C.C.C., Witley.	Witley	31-3-19	D.O. #90.
1-4-19	"O" Wing	T.O.S. from 8th Res. Bn.	Witley	1-4-19	D.O. #1.
2-5-19	do.	S.O.S. to 2 nd C.O.R.D. & shown on leave to 9-5-19	do.	1-5-19	D.O. # 200. <i>W. H. H. Lieut.</i>
28.5.19	"O" Wing	T.O.S. from 2 nd C.O.R.D.	Witley	28.5.19	D.O. # 49. <i>F. W. Arnott Capt.</i>
7-6-19		T.O.S. this unit (2000) entered from D.O.S. in error.	Witley	7-6-19	ADJUTANT FOR O.G. "O" WING C.C.C.

who _____ ed for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered. [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				
7.6.19.	O'Wing.	T.O.S. ^{DA Group} (20107) on transfer from ^{W. C. W.} B. ORD	Witley	7.6.19.	Do # 51
7.6.19	O'Wing	admitted to service admitted to service in the year 1918 A.T.C.		7.6.19	Do # 51
	"O" WING	S.O.S. C.M.F.C. ON PROCEEDING TO CANADA	WITLEY	June 18 th	D.O. PT. 2 No. F. W. M. S. X Lieut. OFFICER I/c RECORDS, "O" Wing C.C.C.
9-7-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	25/6/19	C.E.F. R.O. No. 2071-19
9-7-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 2	5-7-19	C.E.F. R.O. No. 2071-19
		McIntosh Capt for Director Personal Services		BACup (C 57/20) 27.9.16. M. S. R. 19.12.20	

E.T.

Surname

ARNOTT

Christian Names

Frederick Wood

Rank

Captain

Name and Address of Next-of-Kin

Sister

Promotion

Mrs R.J. Klumpp

Sherman Ave. S. Hamilton. Ontario.

Unit 164th Bn to 2nd Cent. Ont. Regt.

Canada.

Place of birth

Halifax. Canada.

Married (Yes or No)

Appointment

Date of leaving Canada

Date and Cause of Resignation

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

Date	From whom received	Report	Place	Date	REMARKS
12.7.17	164th Bn	164th Bn		30.6.17	164th Bn
28.2.18	"	164th Bn		27.2.18	164th Bn
4.6.18	116th Bn	Having arrived from Eng is 20. S.		28.2.18	164th Bn
8.5.18	do	Evac: to hosp. sick.		23.4.18	164th Bn
29.4.18	A.M.S.	Adm: Duchess of Westminster's hosp: Le. Haugriet		24.4.18	164th Bn
8.5.18	do	Adm: Royal Street hosp: Gray's Inn		7.5.18	164th Bn
11.5.18	116th Bn	Invalided (sick) & det: to 2nd C.O.R.D.		7.5.18	164th Bn
13.5.18	2nd C.O.R.D.	20. S. on posting from 116th Bn		4.5.18	164th Bn
20/5/18	A.M.S.	Adm: can board Home Mailboat Bath		3.16.18	164th Bn
16.6.18	8th Bn	20. S. on post from 2nd C.O.R.D. & returned		3.6.18	164th Bn
14.6.18	2nd C.O.R.D.	S.T. on post to 8th Bn		3.6.18	164th Bn
4.9.18	116th Bn	Having been absent 4 months		23.8.18	164th Bn
1.4.19	b.b.b. of Witley	20. S. on posting from 8th Bn		1.4.19	164th Bn

Unit
2 Central Ontario

H

11-4-17-

M

A.F.B. 103
21 MAY 1918

A.F.B. 103
21 MAY 1918

A.F.B. 103
21 MAY 1918

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
6.5.19.	2 nd Co. R.D.	S.O.S. on posting from "O" Wing b. b. c. Witley		1.5.19	Pt II ord. 102.
29.5.19	"O" Wing Witley	S.O.S. from 2 nd Co. R.D. (b. a. i.)		28.5.19	Pt II ord. 43.
7.6.19.	Do.	S.O.S. on transfer to b. b. c. for R. S. C.		7.6.19	Pt II ord. 51.
21.6.19.	Do.	S.O.S.		17.6.19	Pt II ord. 59.
		Sailed for Canada.		25.6.19	Sailing No 84.
3.6.19.	"O" Wing? b. b. c. Witley	S.O.S. O. M. F. C. on transfer to b. b. c. in Canada.		25.6.19	Pt II ord. 65.

20395

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Number.....

Rank.....

LIEUT *B*

Surname.....

ARNOTT

Christian Names.....

FREDERICK

WOOD

Unit.....

Theatre of War

FRANCE

Date of Service.....

11.4.17

27.2.18

25.6.19

Remarks.....

151 Sherman Ave

Latest Address.....

Go Westinghouse Co

Hamilton Ont
Canada

Roll No.

B Page 3536

116th Bn

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

MAY 1 2 1924

Recd

6449

G.A.

Name **ARNOTT** Rank **Lieut.** Reg. No.
Fredrick Wood.
 Unit **116th Bn.**
 Next of Kin *Canada.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 24-4	Duch. West. Hos. Le Touquet (WO)	PUO Sit.		968		
7-5-18	<i>Royal West. Hos. (WO)</i>			976		
17-5-18 11-3-6	<i>Can. Cont. Off. Ho. Matlock (18196)</i>		<i>Trench Fever</i>	986		
	<i>Discharged 7003</i>			1000		

Surname
ARNOTT

Christian Name
F. W.

Reg. No.

Rank
Lieut.

Unit
116th. Batt'n.

MEDICAL BOARD held at

Date

Serial No.

(1) Buxton Area

27-5-18.

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Trench Fever.

Disposition Recommended

(1) Fit for General service.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Surname. Christian Name.
 ARNOTT F. W.
 Rank. Unit.
 Lieut. 116th. Batt'n.

Date of admission.
 Duchess of Westminster Hosp. Le Touquet. 24-4-18
 Hospital Royal Free Hospital, London. 7-5-18
 H.S. to Canadian Conval. Offs. Hosp. Matlock. 17-5-18
 Transferred Hosp.
 Hosp.
 Hosp.
 Hosp.

Diagnosis. P.U.O.. slt.
 Trench Fever.
av.

Later diagnosis.

Discharged: -3-6-18.
 Date.

Disposition.
 29-4-18 968-2.
 8-5-18 976-3.
 20-5-18 986-2.
 C.L. 5-6-18 1000 Remarks,
 C.L.
 C.L.
 C.L.
 C.L.
 C.L.
 C.L.

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

PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE



HM T. CARONIA
SAILING, No 84
Embarked 25, 6, 19.

1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178)
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Proceedings on Striking-off Strength (M.F.W. 2591).
7. Last Pay Certificate (P. 41)
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

Disposal Certificate

.....Date.....
.....Checked by No.....
.....Group.....

Group..... *B*
Checked by No..... *9*
Date..... *16-6-19*

1. RANK *Lieutenant.*

2. NAME *Arnott, Frederick Wood.*

3. UNIT *"O" Wing, C.C.C., (116th.Bn)*

4. DATE STRUCK OFF STRENGTH _____ PLACE _____

5. REASON *SOS 5-7-19 Ro 2071-19*



6. AUTHORITY _____

7. PROPOSED RESIDENCE *Hamilton, Ontario, Canada.*

C/o Westinghouse Co

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23. *1*
2. Casualty Form, A. F. B. 103 or M. F. W. 54. *2*
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178. *2*
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129. *1*
6. Dental History Sheet, M. F. B. 465. *1*
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

Baronia 2/7/19 ✓ A.91

AUDITOR *Frederick Wood* PAYMASTER

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

M. OR S. REGT. NO. RANK Lieut. NAME (IN FULL) **ARNOTT, Fred** (BLOCK LETTERS SURNAME FIRST)
 NEXT OF KIN RELATIONSHIP ADDRESS PARTICULARS EFFECTIVE DATE AUTHORITY ORIGINAL UNIT C.E.F. PLACE OF ATTESTATION *Bank of Montreal Hamilton Ont* DATE AUTHORITY
 IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)
 DATE OF ATTESTATION *7/2/16* TRANSFERRED TO DATE AUTHORITY
 IS SEPARATION ALLOWANCE PAID? *NO* ✓ DATE EFFECTIVE ASSIGNED PAY \$ DATE EFFECTIVE
 TO WHOM PAID *NO* RELATIONSHIP PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS ADDRESS
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
 DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
5/7/19 *Demol* *D.O.205* *Yes*

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
30/6/19			<i>NIL</i> ✓						<i>24 33 24 33 93.00</i> ✓			<i>6.00</i> ✓					<i>16/6/19 Dr. Mr. Wiley AR 126</i> <i>14/6/19 do do AR 132</i> <i>17/19 Adm. Serv. 1st pay W.S.G.</i> <i>17/19 Mess 20 to 30/6/19</i>	
<i>July</i> 1-5	<i>5</i>	<i>3.00</i>		<i>15</i> ✓								<i>147 66</i> ✓	<i>147 66</i> ✓				<i>T.O.S. D.O. 195.</i>	
<i>1830/19</i>	<i>3</i>		<i>W.S.G.</i> <i>549</i> ✓	<i>549</i> ✓								<i>132 66</i> ✓	<i>132 66</i> ✓				<i>AMOUNT DUE SOLDIER DEPENDENT</i>	
									<i>AR 78 July 30 1042717</i>			<i>93</i> ✓	<i>22560323 34</i>					
									<i>AR 45 Aug 20 1045265</i>			<i>90</i> ✓	<i>315 66 233 34</i>					
									<i>A.R. 117 Sep 16 1047941</i>			<i>93</i> ✓	<i>408 66 140 34</i>					
									<i>AR 138 Oct 10 1462647</i>			<i>50 34</i> ✓	<i>459 00 90 00</i>					
									<i>183 Dec 2 1751762</i>			<i>90</i> ✓	<i>549</i> ✓					
			<i>549</i> ✓	<i>549</i> ✓								<i>549</i> ✓	<i>549</i> ✓					

S. Dudley
FOR PAYMASTER WAR SERVICE CREDIT

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

164 B.

Pay 2
F.A. 1
Messing 1.

Lieut.

Name Arnott
Initials F.W.
Bank of Mont.
Trading Co.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Mar 3	Adv. P & A.	Bank 17401		48 67				
12	Pay R		124					
	paym d.R. to 27 ¹⁰ / ₁₈ L34 mpp	10526		4 87				
		Bank 18382		70 46				
apl 3	Adv. P & A.	" 168		48 67				
12	Pay (R)		120					
23		Bank 834		71 33				
May 2	Advance May P/A	Bank 1365		128 87		Dr 128 87		
5	Adv. 3952 d 27 ¹² / ₁₈ Chamberlain L9 May 10	227		4 87		Dr 124		
	Mar. Pay (R)		124					
19	Adv. June P & A.	Bank		120		Dr 120		
June 18	d R. 6 ¹ / ₁₉ paid on L.P.E. L110 June	126		24 33				
	Pay R.		120			24 33		
July 31	a.R. 0.10. 15, 14 ¹ / ₁₉ End on L.P.E. List 2 fly 10 90.			24 33		Dr 48 66		
	Clgd to Can	Nr. 348		48 66				

Ret'd to Can
L.P.E. to 30¹/₁₉ (Ripon)
L.P.E. Ledger
Transf to C-12
14¹/₁₉ to 7723.

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	Mess. DATE	AUTHORITY	NAME.
Beneficiary	2 nd Res. Co.	May	2.00	Capt.	22.4.14	From Canada	Name <i>Arnott</i>
Address		F. A.	0.60	verts to lieut.	1 st / ₁₇	C.P.M d/23.4.14	Initials <i>H. W.</i>
Amount. \$		M.	1.00			M.O. 108. 17 th / ₁₇	Bank <i>of Montreal</i>
Separation Allowance issued. Yes or No.....							<i>Craf Sq Bch 1/8</i>

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
May 3	Bank tra 1-30 th mess 22-30 th 17	3097		121	50			
19	do	403414	121	50				
23	Pay may (R) Bank	5932	147	25				
June 21	June Pay (R) Bank	7976	142	50				
July 24	July Pay (R) Bank	12984	147	25				
Aug 20	August Pay (R) Bank	17020	147	25				
Sept 19	Sept. Pay (R) Bank	21610	142	50				
Oct 19	Oct Pay R. Bank	26282	147	25				
Nov 5	Rations 2.11 ¹⁰ / ₁₇	7349						
7	O.P. diff. betw. capt & Lt's rates 1/4-2/10/17	108		246	10			
16	Nov. Pay R. Bank	30553	58					
Dec 11	Dec Pay R. Bank	32995	111	60				
14	Jan Pay R. Bank	39302	111	60				
1918 Jan 23	Jan Pay R. Bank	40800	100	80				
Feb 21	Feb. Pay R. Bank		100	80				

1917-18

17/6 94²⁶
lieut's rates in future
Diff. 114/17 Vo 14032.
Show as overdraft.
Recover of put @ \$50⁰⁰
pm. from Nov 15/17

Overdraft 28 Feb to be \$96¹⁰
96

Over

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

164 Ave.

Lieut.

Name *Arnot*

Initials *I.W.*

Bank *of Montreal
Trap. Square*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
------	-------------	---------	-----	-----	-----------------------------	---------	---	----------

1918

*Mar 1 Adv. P. & A.
2nd Mar Pay R.*

An forward

Bank 41199

111 60

61 60

96 10

46 10