Pte NAME ASH THOMAS REGT. NO. 931277 UNIT 72 Coush Co. H. Q. FILE NO. 14467

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
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	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)					
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1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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10-13
25-13
27-13
3

ORIGINAL 93127

ATTESTATION PAPER

No. 2 CONSTRUCTION, B'n. C.E.F.

No.
Folio

"..... " ..... of .....

QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name ? ..... Thomas Ash
2. In what Township or parish, and in or near what Town and in what County or Country were you born ? ..... In or near the Town of ..... in the County of Big Tracadie N.S. in .....
3. *What is the name of your next of kin ? ..... Mrs Thomas Ash (Mother)
4. *What is the address of your next of kin ? ..... Big Tracadie N.S.
5. What is the date of your birth ? ..... ~~15~~ 25th December 1898.
6. What is your trade or calling ? ..... Farmer
7. Are you an apprentice ? ..... no
8. Are you married ? ..... yes
9. Are you willing to be vaccinated or re-vaccinated? ..... no
10. Do you now belong to the Active Militia ? ..... no
11. Have you ever served in His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police ? †† .....

†† If so, state particulars of former Service, and produce Certificate of Discharge. or transfer to Army Reserve.

12. Do you understand that enlistment into the Permanent Force does not involve your discharge from the Army Reserve, but that if required for duty as an Army Reservist you will be discharged from the Permanent Force ? .... yes
13. Have you ever been rejected as unfit for His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police?.... no
14. Do you understand the nature and terms of your engagement?.. ..... yes
15. Are you willing to be attested to serve in the .... or for General Service for the term of..... ..... yes

(Signature of Man) X Thomas Ash

(Witness) John Lambert

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, X Thomas Ash, do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and that I am willing to be attested for the term of period of war, provided His Majesty should so long require my services, or until legally discharged.

X Thomas Ash { Signature of Man. } John Lambert { Signature of Witness. }

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, X Thomas Ash, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to his Majesty.

Witness my hand.

(Signature of Man) X Thomas Ash

(Witness Present) R. R. McLean

The above questions were asked of the said Thomas Ash and answered by him in my presence, as herein recorded ; and the said Thomas Ash made the above Declaration and Oath before me at Bathurst this 22 day of September One Thousand Nine Hundred and sixteen at 2.30 o'clock P.M.

† Signature of Commanding Officer of Squadron, Battery or Company, or Justice of the Peace. } D H Sutherland Lt. Col.

* To be verified in the month of January in *each year*.

† But only at the Headquarters of the Corps for Permanent Units, and in cases where the Commanding Officer has taken the same oath before a Justice of the Peace. (*See* K. R. & O. for the C. M., and the Militia Act.)

M. F. B. 235.

25M.-2-16.
H. Q 1772-39-87.

[OVER]

Description of A. E. Thomas on Enlistment.

Apparent Age 18 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 8½ ins.
Weight	152 lbs.
Chest measurement. Girth when fully expanded	37 ins.
Chest measurement. Range of expansion	3 ins.
Complexion	
Eyes	Dark
Hair	
Religious denomination. Church of England	
Presbyterian	
Methodist	
Baptist and ~~Congregationalist~~	C. of E.
Roman Catholic	
Jewish	
Other Protestants (Denomination to be stated.)	

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Permanent Force,

Date September 21 191 6 .....

Place Truro N.S. H. V. Kent Major A.M.C.
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the following Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING OR ADMINISTERING THE CORPS

Thomas A.E. ..... 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.

C. H. Reis Capt .....(Signature of Officer)

OCT 23 1916

Date 21/9/16 ..... 191 .

Statement of the Services of No. 93127 Name Thomas Ash

Corps	Squadron, Battery or Company, etc.	PROMOTIONS, DEDUCTIONS CASUALTIES, &c.	RANK	DATE	Service towards Deferred Pay		Service towards completion of engagement		Signature of Officers certifying correctness of Entries.
					Years.	Days	Years	Days	
No 2 Constn Bn C.E.F.		Services towards engagement reckons from..... Joined at							

MILITARY HISTORY SHEET.

1. Service at Home and Abroad (including former service of re-enlisted men, when allowed to reckon towards Deferred Pay or Pension).

COUNTRY	FROM	TO	YEARS	DAYS	N. B.—The country only to be shown—it is not necessary to show separately the services in the different stations of the same country.

	Initials of Officers.
2. Passed classes of Instruction	
3. Campaigns.....	
4. Wounded	
5. Effects of wounds	
6. Special instances of gallant conduct.....	
7. Medals, Decorations and Annuities	

9. Particulars as to Marriage.....

(a) Christian and surname of woman to whom married and whether spinster or widow; (b) Place and date of marriage; (c) Name of officiating Minister or Registrar, and (d) Name of two Witnesses.				Date of being placed on Married Roll	Initials of Officers.
(a)	(b)	(c)	(d)		

10. Particulars as to Children .....

Christian Name	Date and Place of Birth	Date and Place of Baptism, and Name of Officiating Minister

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931271 (Rank) Private

Name (in full) Thomas Ash enlisted in

the No. 2 Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Truro. N.S. on the 22nd

day of September 1916

HE served in France

and is now discharged from the service by reason of Being

medically unfit

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

Age 20 yrs. 3 mos.

Height 5 ft. 10 inches

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars Scar three inches by one and one half centre ~~inches~~ left shin.

Thomas Ashe his + mark
H.J.L.

Signature of Soldier

C W MacAdam CAPTAIN.

Issuing Officer

O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

Rank

Appointment

Date of Discharge March 26, 1919

Signed at Halifax. N.S. this 26th day of March 1919

in Military District No. Six

File Reference No.

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

M. F. W. 39a
200m.—2-18.
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 particulars called for on the back of this certificate will not be considered unless completed.

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District.

MEDICAL HISTORY SHEET.

Surname..... *Christian Name*.....

Examined { on ..... day of ..... 191.....
at .....

Birthplace { City or Town .....
County .....

Apparent age.....

Trade or occupation.....

Height..... Feet..... Inches.

Weight..... Lbs.

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

Physical development.....

Small-Pox Marks.....

Vaccination Marks { Arm Right. Left.
Number.....

When Vaccinated last.....

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

.....

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

.....

.....

.....

Approved by

.....

Rank..... M.O.

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

Date.	Result.	Vaccinations.
		..... M.O.
		..... M.O.
		..... M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		..... M.O.
		..... M.O.
		..... M.O.

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

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Christian Name

Surname

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.
Pine Hill		8	1	19	21	3	19	Nephritis		Puffiness under eyes pain across back, swelling of feet on walking. albumen present. Has improved in last two months and now feels quite well. Boarded Bat E Discharged to 6 D.D.	D Drury Lieut

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 ..... No. 2 CONSTRUCTION Bn. C.E.F.

(2) Regimental Number 931271

(3) Full Name of Soldier ..... Thomas Ash

(4) Place of Birth ..... Big Tracadee City, Nova Scotia

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

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

(b) Present Postal Address X

(7) Are you a widower ? X

(8) Have you any children ? X

If so, give number of boys and girls X

Also their names and ages X

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

If so, state name and address

(10) Is your Mother alive ? Yes

If so, state name and address Mrs Thomas Ash, Big Tracadie City Nova Scotia

(11) If your Mother is a widow Yes

Are you her sole support, or not ? No

(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 ? No

If so, in what Company ?

Have you made arrangements for payment of your Insurance premium

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

No. 2 CONSTRUCTION BATT'N C.E.F. ORDERLY ROOM

Date MAR 16 1917

A. Davie Capt

Lieut-Col.
No. 2 Construction Batt'n. C. E. F.
Officer Commanding.

CHESTER WAR HOSPITAL.
Patient's Serial No. to be quoted in all communications.

Forms I. 1237 12

Expeditionary Force - France.

Army Form I. 1237.

Serial No. F.C.T. 285.

MEDICAL CASE SHEET.*

MEDICAL.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
308.	931271.	Pte.	Ash,	Francis.,

Year 1918.

Unit. att. Can. Forest. Corps. No.2, Canadaian, Construction Co.

Age. 20 yrs.

Service. 1 yr. 5 mos. 9 mos.

How Contracted. (1) Service in the Field (2) Other Service (3) Not on Service

HOOLE BANK AUXILIARY CHESTER MILITARY HOSPITAL

Station and Date.

Disease Nephritis.

Admitted from a Hospital Train, 3/3/18. at 6:45, p.m.

Religion. Bapt.

Next of Kin. Mrs. Jane Ash (Mother) Up. Big Tracadia, Guysboro' Co., N.S., Canada.

Date of Onset of Illness. 1/11/1917. Date. Lejoux, France.

Station and hospitals where treatment given. Jura Hospital, The Detention, Paris.

3/3/1918. History-Condition on admission etc.

Began feeling weak in October and soon after face, hands & feet became swollen. Appetite failed. Had severe occipital headache. Previous to this time he had good health.

On admission here had no outward symptoms of disease, other than weakness, and diminished quantity of urine. 4.3.18. Urinalysis shows a slight trace of albumen.

4/3/18. Treatment. Kept in bed. Milk diet. Iron mist.t.i.d. Record of urine.

PROGRESS NOTES.

4/3/1918. Urinalysis:-
Sp.Gr. 1001
Reaction. Alkaline
Albumen. Trace.

HOOLE BANK AUXILIARY 16-4-1918 CHESTER MILITARY HOSPITAL

Urinalysis — Sp. Gr. 1001
Reaction alkaline
albumen Nil
14 ups. On Regular diet. Gaining weight no Temperature
Labour Tgy. Passing Normal amt of Urine

* 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.	PROGRESS NOTES.
23.4.18	Urine test, Albumen present
24	" " Albumen. Slightly increased
25	" " Albumen Less
26	" " Albumen Less
29.4.18	Slight increase of albumen.
2.6.18	Still Some Albumen
	E Cuell D Sowell
13..6.18	Improving. Still a trace of Alb.
23.7.18	Still Some Albumen.

Forms
II 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	931271	Pte.	Ash	J.

Year	Unit.	Age.	Service.
1918	2nd C.R.T.	20	1y 9m / 1y 1y

THE KING'S CANADIAN RED CROSS SPECIAL HOSPITAL,
BUSHY PARK, HAMPTON HILL.

Station and Date. Disease Nephritis.

Bushy Park
29. 7. 18

Born at Tracadie N.S.

Singlr; ~~Married~~ Occupation. Farmer.

Next of Kin: (mother) Mrs. Jane Ash
Tracadie
N.S

Enlisted Truro N.S. On 18. 9. 16

England May 1917 Overseas June 1917. ~~Jan 1918~~

P.T.

21. 11. 17	Swiss Aeft.	Reported sick - headache & backache urine "alb ++" marked "nephrites"
	Jura Hospital	
	Rouen 10 Gen.	
2. 2. 18	Chester War Hosp.	Bed 1 week. "alb. still a trace"
29. 7. 18	Bushy Park	weight

Family Hist. - Nil

Past. Hist. - Pneumonia 1916. Hospital 2 wks.

Present Ill. In Nov. 1917. Pains in back of head & neck, backache, followed by swelling of face body & legs. Had frequency, polyuria. Reported sick 21-11-17 Had shortness of breath. Hosp. Nephritis.

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	
	No complaint now.
	Physical Exam. General condition fair
	Color (slightly pale sallow) Weight normal 164.
	Heart & Lungs. neg. B.P. 134-80.
	Lungs. neg Abdo. acc. +
	Eyes Pupils. W.P.E.Gms
	Ward IV Genito Uri. Cons. Caries
	(D.N.C.)
	Pyorrea - chronic gingivitis.
6-8-18	Slight general weakness, backache & headache
	at times, dyspnoea on exertion
	Board waiting a/53 179. D.N.C.
	W.P.E.Gms
24-8-18	Discharged Cons.
	No complaint. Cond. dis;

CASE HISTORY SHEET.

Pine Hill Hospital. Halifax Station

No. 931271 Rank Pte Name Thomas ash Age 20

Unit 6 DD Completed years of service { Where and how long } .....

Date of admission 8-1-19 Date of discharge MAR 21 1919

Diagnosis Nephritis Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE

8-1-19. Has been under treatment since February 18. Looks well now. Is anaemic. Some puffiness under eyes and face as well if he walks much. Tongue badly coated. Albumen present in urine.

12/3/19. Has improved considerably in last two months.
B. P. 145 & 112 D.
Albumen .05% no casts.
Boarded Cat E.

FAMILY HISTORY Nil

(Tuberculosis, mental or nervous diseases.)

TREATMENT General Convol.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Has slight pain across back which is worse on lying down. Gets well a little on walking much.

(and disposal made of case.) Discharged to 6 DD. Cat E.

Date March 20-19 D Drury Capt
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

6 D Depot
Shelburne Bks

32928

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 6

No. 931271

NAME OF SOLDIER Cpl J.

REGIMENT 2nd C.P.D. RANK Pte

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 from the Service.

	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	Prophylaxis	OPERATOR	Military District	REMARKS	
Condition on first Examination	Fair	18-3-19																				Capt Cann	6	Cavities	14. 15
																								Extractions	2. 3. 30

M[illegible]5
150[illegible]10-18
1772-39-95

Forms
I. 1237
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Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	931271	Pte	Ash	F.

Unit. | Age. | Service.

Year

URINE ANALYSIS.

THE KING'S CANADIAN RED CROSS SPECIAL HOSPITAL,
Station BUSHY PARK, HAMPTON HILL.

Date.	Disease.	QUANTITY DAY.	QUANTITY NIGHT.	QUANTITY TOTAL.	S.G.	Reaction	CASTS.	BLOOD	SUGAR	REMARKS
1918										
July 30				1016		Acid	+	few	— — — —	0	PO_4
August 2nd		24	32	56,	1020	1022	Acid	+	— — — — — —	—	PO_4 x Uric
" 5th		26	27	53,	1022	1022	Acid	+	— — — — — —	—	PO_4
" 7th					1020		Acid	+	— — — — — —	—	PO_4

T. B. Ellis.
Capt. R.A.M.C.

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	URINE ANALYSIS.								
	QUANTITY		S.G.	Reac-	CASTS.		BLOOD		
	DAY.	NIGHT.	TOTAL.	tion.	ALB.	Hyal.	Gran.	RBC.	SUGAR.	REMARKS.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 2 Can-Const Coy Military Hospital Dfenera

No. 931271 Rank and Name Ash T. Pte Age 19 Service 1/12

Disease _____ Date of admission 23-2-18 Date of discharge _____ Result _____

Dates of Observation	23	24	25	26	27	28	1	2	3	4
Days of Disease										
Temperature, Fahrenheit — Time A.M. P.M.										
Pulse per Minute	72	80	84	88	84	88	88	84	88	80	82	76
Respirations per Minute										
Motions per 24 Hours										

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

On admission

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature, Fahrenheit — 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

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature_____ In charge of case.

5949

Army Form W. 3212. (in books of 100.)

Regtl. No., Rank and Name Pte Ash Corps C.A.C.

Disease Dysentery Hospital

To Officer i/c Laboratory. Ward

Please carry out an examination of the accompanying specimen of

with special regard to Agent

Date 28/12/16 O.B.Cameron

O. i/c Ward.

LABORATORY REPORT.

7

Faintly alkaline

Albumen marked

Deposit. few Blood cells (white)

one Hyaline Casts.

Many Phosphates.

Date of Examination

O. i/c Laboratory.

W9915 –M1029 200,000 11/16 HWV(M1276) Forms/W3212/2

Pt. Ch

Albumen

NATIONAL LABOR CORPS

ENGINE REPORT

Name Ash .05% No. 3276 Corps C.R.T.

Ward ..... Date 1/2/19

Received from Pine Hill

Volume .....

Sp. Gr. 1013

Reaction Neutral

Albumin Present

Blood Nil

Chorion Nil

Bile Nil

Deposit 1 large No. of Tripple phosphate Crystals, no casts,

Examined by Ab Brahaja

Capt.

M. F. W. 257
10m.-3-18.

2772-39-1314

REPORT

Name Ash T. No. 93127 Corps C.R.T.

Ward..... Date 1/2/19

Received from Pine Hill

Volume .....

Sp. Gr. 1013

Reaction Neutral

Albumin Present

Blood Nil

Glucose Nil

Bile Nil

Deposit Many No. 9 Triple phosphate crystals, no casts;

Examined by R.L. Mahabir Capt.

M. F. W. 2537
15m.—5-18
1772-39-1314

A.W.W.2

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

M. F. W. 54. (A. F. B. 102.)
350m.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, ~~Regiment or Corps~~ No 2 Const. Battn. C.E.F.

Regimental No. 931271 Rank Pte Name Thomas Ash

Enlisted (*a*) 7-8-9-16 Terms of Service (*a*) Period of war & 6 months and six months after Service reckons from (*a*) 22-9-16

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*) .....

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 from Canada	Halifax N.S.	25/3/17	
		Disembarked England	Liverpool	7/4/17	Seaford.
16/5/17	CAN. RECORDS, LONDON.	Proceeded Overseas	Seaford	17/5/17	2 D.H. 2227
					A Gayferlapt for Capt & Adjt
		Landed in France 17-5-17 N.R.			
		Forfeits 5 days pay for Absence with Iron Rations	Fld.	31.5.17	B256; O.130 26.7.17
31-5-17	OC.				
25.10.17	Jura Hosp	Influenza	adm	25.10.17	W30 34/a8386
31-11-17.	OC.	Rejd Unit from Hospital		31-10-17	B31 3
31-10-17	OC Jura Hosp	Influenza Discharge to duty		31-10-17	~~B31 3~~ W30 34/B806.

(*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.

CERTIFIED CORRECT. 6 JUN. 1917 CAN. RECORDS, LONDON.

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				
24-1-17	accnts	adm hospital		31-11-17	B213.
31-11-17	Jura hosp	Nephritis acute. adm.		31-11-17	W3034/B9203
19-1-18	oc Jura hosp	Still in hosp (State report)		19-1-18	RG16/28630
24.2.18.	S Gen	Nephritis adm to S Gen hosp		24/2/18	W3034/D24683.
22.2.18	oc Jura Hosp	Nephritis (chr) To B D Hosp Paris.		22.2.18	W3034/D4857
1-3-18.	oc H. Ship St Andrew	Invalided Sick" to Nova Scotia Royal	and Posted Depot Bramshott	1.3.18	a 7W3083/4850 d/1-3-18 P27s No 13. d/8-3-18
1-3-18.	OC S Gen Hosp.	Nephritis to England.		1-3-18.	W3034/25683
9.3.18	W&RO	T.S. posted from 2 CCC	Bramshott	1.3.18	Pro 628 13/8/18

A.P. Johnston Capt for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

H. H. Moody ..... LIEUT.
FOR LT. COL. I/C RECORDS, C.C. C.E.F.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT
SEP 24 1918
H.M.T. "K"
S/L/T/G NO. 64
Embarked ... LONDON ...
Disembarked ... QUEBEC ...
OCT 7 1918.

HOSPITAL REPRESENTATIVE,
KING'S CANADIAN RED CROSS
CONVALESCENT HOSPITAL, BUSHEY PARK
SEP 24 1918

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. .....

Regimental No. 931271. Rank Pte. C. E. F. Name Ash, T.

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				
24-9-18	Ozeas	TAKEN ON STRENGTH NO. 6 DISTRICT DEPOT	Halifax	00/83	Geo. T. Shaw CAPTAIN ADJUTANT NO. 6 DISTRICT DEPOT
7-10-18.		Posted D. Casy Co.			
21-3-19		Trans. to Cas. Coy. Halifax 21-3-19		H.S. D. 0.81.	J.A. Moore Engineer, [illegible] D. C. HOSPITAL SECTION No. 6 DISTRICT DEPOT.
28-3-19		DISCHARGED at Halifax, N. S	D.O. 85		S.W. Fisher Major CAPTAIN. D. C. DISCHARGE SECTION No. 6 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				

Form R 122.
2353—100M—9-12-16.

J.P. Rank — Name ASH, Thomas — Reg'l No. 931271.

Unit No2. Const. Bn. — If in perm. Corps What Unit? — Married or Single Single.

Place and Date of Enlistment Truro. 22nd Sept.1916. — Place of Birth Big Tracadie.N.S.

Name and Address, Next-of-Kin Mrs. Thomas Ash.

Big Tracadie . N.S. — Relationship Mother.

Assigned Pay Monthly $ — Payable to — Relationship

Separation Allowance $ — Payable to — Relationship PE.

Discharge, Date and Place — Reason — Character

N/E. R.B. No 4846
File R.L.
Category M.V.Can

N/E

H. W. V., Ld.—9546-16.

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.
	do	Arrived in England via S.S. Southland		7.4.17	A.F.B. 103 CHECKED 28 MAY 1917 Pte A.w.o.w.
14.6.17	No.2. C.C.C.	Arrived in France	Field	17.5.17	Fm DO 115
2-11-17.	MSR.	Jura Hospl La Joux	Jura (26m)	25.10.17	CCA 53. Influenza.
9-11-17	"	Disch'd from Hosp.	" "	31.10.17	" 59. "
1.12.17	"	Jura Hospl Champagnole	Jura "	21-11-17	" 28 "
9.3.18	No.2.C.C.C	"No 5" Reported to NSRD	" "	1.3.18	Pass ID 2RO Pass 62 9/3/18
5.10.18.	2nd C.C.C.	Invalided to Canada	Pte	24.9.18.	GZB. 336.
9-10-18	NS RD	SOS on Trn. to Canada	Pte Bshott	24-9-18	AFD 2446

N/S

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.					

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H.Q. 1772-39-819

To Whom Mrs Jane Ash,

Address Upper Big Tracadie,
Guysboro.
N.S.

Rate $20.00

By Whom Assigned Ash, Thos.

Regtl. No. 931271

Rank Pte

Corps 2 Constrn Btn.

APR 1917

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 2 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2.

Mrs Jane Ash (Assignee)

Name of Soldier Ash, Thos.

L. L. Job 5470—Req. 6888.

PAYMENTS. 93/271 - Pte - 2 Construn Btn - $20.00

APR 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		I 4658	20	
May		C. 62 82	20	20 45
June		P 12973	20	20 Ch
July		P 20861	20	Cu
Aug.		P 26856	20	Cu
Sept.		P 33556	20	Cu
Oct.				$120 ✓
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE ....

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.				

18-9-16.

130

L. L. Job 1503.—M. & D. 6834.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 177-39-818.

SEPARATION ALLOWANCE

Name Mrs. Jane Ash,
Address Upper Big Tracadie,
Guysboro Cty.
N.S.

Relation to Soldier wife, child or mother } Widowed mother.

Name of Soldier Ash. Thomas.
Regtl. No. 931271.
Rank Pte.
Corps 2. Cons. Bn.

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED 4 ACCOUNT

18-9-16.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—6-16.
1772—39—818.

Sheet No. 2. Mrs. Jane Ash. Wid. mother. Name of Soldier Ash. Thos. Pte.

L. L. Job 4503.—Req. 6832.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.		F24220	48		48
Dec.		K27120	20		20
Jan.	1917	G28010	20		20
Feb.		G31136	20		20
March		34281	20	8	20
April		H161	20	9	20
May		H3322	20	↑	20
June		I 6592	20		20
July		A9768	20		20
Aug.		J 13048	20		(20)
Sept.		I16477	20		(20)
Oct.			20		20
Nov.					148
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.				

9-6-21. Follow 24216

Date of Enlistment 18/9/16 1/3/16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A 5372

Date of Assignment Apr 1917

RATE OF SEPARATION ALLOWANCE

~~20.~~	4/12/17 25.		

PG 3257

RATE OF ASSIGNMENT

$ 20.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 931271

Rank Pte Promoted Reverted Discharge

Soldier's Name Thos. Ash

Battalion 2. Canadian Battn

Beneficiary Mrs. Jane Ash.

Relationship Mid. Mother.

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Jane Ash

Address Upper Big Tracadie.

Change of Address Guysboro. N. S.

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Sept 30-17		248	120	$368 00	
Oct.	B 51366	20 -	20 -	40 -	
Nov	D 52541	20	20	40	K
Dec	C 60873	20	20	40	m
Jany.	O 60227	30	20	50	c
Feb.	B 94074	25	20	45	A
Mar	A 90419	25	20	45	A
Apr	I 7140	25	20	45	A
May	~~C 8496~~	~~25~~	~~20~~	~~45~~	
June		~~25~~	~~20~~	~~45~~	
July	K 694		60	60	A
Aug.	A 32457	25	20	45	A
Sept	A 39251	25	20	45	A
OCT	4 45888	25	20	45	6
NOV	M 6853	~~25~~	20	20	6
Dec	B 65743		20	20	6
Jan	~~B 73114~~		~~20~~	~~20~~	6
		413	420	833	

REMARKS 549-F-3

Suspend A/c from 1.5.18 awaiting S.D. and J.R.D. 9/5/19

M.D.6. A/c [redacted]

Ret'd per Khyber

Date 9-10-18 F.X. 15-10-18

M.R.O. 57995 Clerk J.H. Charleton

M.R.O. 2. A 9/5/18

C8496 Cancelled (see above)

M.R.O. Re-Ins 8-7-18 N 401 A.B.O. 222 Ind.

Wd 26-7-18 adv. May June July. S.A. closed Ruling as B. 3/7/18 from 1.5.18

M.R.O. 16397

S.A. $ 1/5-00 recovered by holding S.A. payments on acct of James Ash No 4050682

for Aug - Sept + Oct. 1918 M.R.O. [redacted] 20560

A-6853 - mailed 25-11-18

12252 2468 Cancelled

ENTERED IN AUDITOR JUL 10 1918 VOUCHER SECTION

CANADIAN ASSIGNED PAY AUDITED Observation AUDIT CLERK DATE 15/5/19

ACCOUNT CORRECTED

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 1668.

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—1772-38-1141
L. L. 22320—M. & D. 1483.

*Name [redacted] Ash, Thomas Rank Pte. Regtl. No. 931271

Original unit 2nd. C.R. Present unit do Fyle Depot

M. or S. Age 18 Religion Bapt. Ref. H.Q. 74-A-197

Port, ship and date of arrival Quebec--Kyyber.. 7-10-18

Next of kin Mrs. Thos. Ash., Mother.

Address on leave Big Tracadie.., N.S.

Address on discharge "

Transportation issued Yes / No Date Character on discharge

Previous occupation farmer Date and place of enlistment Truro, N.S. Sept. 21st. 1916

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
24-9-18	T.O.S. No.6 District Depot.	DD DO 183
" 7-10-18	T.O.S. Hospital Section " Pine Hill	HS DO 184
22-3-19.	Trans. to Cas.Coy, Cat. "E", 21-3-19;	HS DO. 81.
28-3-19	DISCHARGED at Halifax, N. S	R.O 85

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

(over)

Date.	Remarks	Pt. 2 [redacted] No.

M. F. W. 192
150m.—5-18
1772-39-1243

FORM D M S 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. No.
ASH.	T.	931271.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	N.S. 2CON.			

HOSPITAL — DATE OF ADMISSION

Jura Hospt. La Joux Jura. 25-10-17.
Jura Hosp. Champagnole (Jura) 21.11.17
8 Gen. Rouen. HOSP. 24.2.18.
Chester War. Chester. 3.3.18.
2. K. C. R. C. Bushy Pk. HOSP. 30.7.18.
3. HOSP.
4. OSP

DIAGNOSIS Influ'za.
1. Nephritis Acute Hq

2.

3

Invalided to Canada 24.9.18

DISPOSITION — DATE

C.L. 3-11-17. A53 — Dis 31-10-17

REMARKS

10-11-17 a 59-4
3.12.17 @ 98 (2)
2.3.18 A152.
6.3.18 B 156.
3.8.18 B 281.
5.10.18 B 336 -4.

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

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

No. 931271. RANK Pte NAME Ash. Thomas.

T. O. S. 18-9-16 UNIT No 2. Construction Battalion

D.O. 33. 22-9-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Sept. 18	Sept 30	m.		
	Oct.	m.		
	Nov.	m	96 hrs det. Forfeits 7 days pay	D.O. 85. 23-11-16
	Dec.	✓		
1917	Jan 1917	✓		
	Feb.	✓		
	Mar.	m		

ASH, Thomas
Pte.
C.O.R.C.C.

931271

649-A-14332

medals	desp.	
cross	nil	married after discharge mother dead

E.M.W

Number 931271 Rank Pte Sgt.

Surname ASH

Christian Name Thomas

Units C.O.R.C.C Theatre of War France

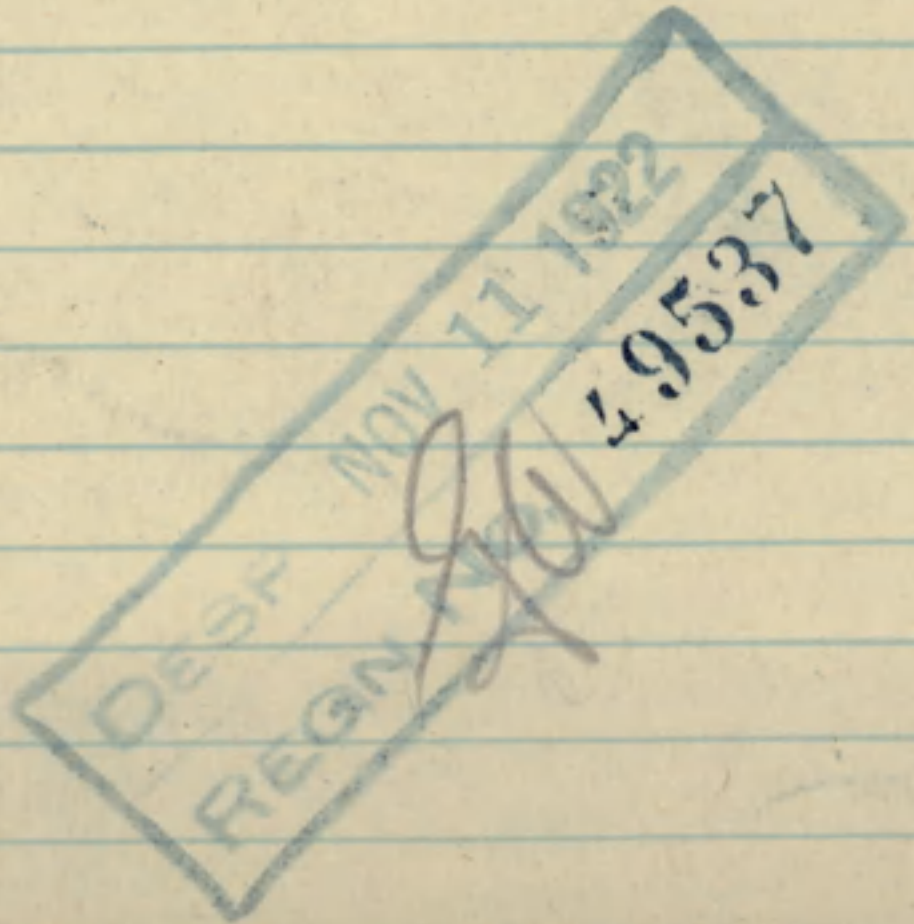
Date of Service 17/5/17

Remarks

Latest Address Gracadie
Guysboro Co
N.S

Roll No. B. Page 20253

10m.-8-21.


NOV 11 1922
49537

NAME Ash T.

REGT'L NO. 931271

H. Q. FILE NO. 649.

RANK AND CORPS Pte. 2 Con.

CABLE	
NO.	DATE

NATURE OF CASUALTY

FOLLOWS NO.

FOLLOWS

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 53 (1)	Jura La Joux Jura.	25-10-17	Influenza.) Nova S. Reg
A-59 41	Discharged	31-10-17	" " " "
A 78 2	Jura. Champagnole Jura.	21-11-17.	Nephritis Acute
A/5-2.	No 8 Gen. Rouen.	24-2-18.	" "
B/5-5.	Chester War. Chester	3-3-18.	" "
B 281.	King Lan Kleptec: Bushy	8.30-7-18	" "
B 336.	Invalided to Can	24-9-18	" "

FORM R. 149.
7106—250m -7/2/17.

St Thomas

Name ASH Rank Pte Reg. No. 931271

Unit 2nd Const Co

Next of Kin Canada

Evd

Date	Movement	Place	Casualty	List No	Notified N/K O.	W.O. List
25.10.17	Jura Hosp La Joux	(Jura)	Influenza	A 53		
R 223	H.O. List 7a 15652					
31.10.17	Disch	do	do	A 59		
R 223	H.O. No 15986					
21.11.17	Jura Hosp Champagnole (Jura)		Nephritis acute	A 78		
R 223	H.O. 16447					
1918						
24-2	S. & H. Rouen			A 152		
		13662				
3-3-18.	Chester War Hosp.	Chester.	"	B 155		
30-7	K.C.R.C. Sp. Bushy Pk.			B 281		23168
24-9	Inv. to Canada			B 336		2498

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

Reg. No. 93127. Name Ash. Thomas

Rank Pte. Corps 2 Construction Age 18 Service

Ledger No. 2166 - 3500 Serial No. 32928

24

HOSPITALS	DATE	DIAGNOSIS
Gen Hosp Lemn NS.	5.12.16	Tonsilitis. L.
Do Ditto	22.12.16	"
Pine Hill Halifax	9.10.18	Debility
Do	?	"
" "	8/19	Nephritis
Discharged	21.2.19	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263	
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a	
or			
Field Conduct Sheet	"	W. 178	
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia form	B. 313	
Casualty Form	"	W. 54	
Medical Report for Invalid§	"	B. 227	
Dental History Sheet	"	B. 465	
Last Pay Certificate	"	W. 44	
Duplicate Discharge Certificate	"	W. 39A	
‡Form of Will	"	W. 82	

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

War Service Badge Issued. Class. A No. 143743

C 61844

M. 25-5-35

Proceedings on Discharge.

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

MEDICAL DOCUMENTS FORWARDED TO S. C. B. P. C. ON 7-4-19

No. 931271

Rank Pte

Surname Ash

Christian name Thomas

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) No. 2 Constr Co.

Date of discharge March 28. 1919

Place of discharge Halifax, N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 20 years 3 months.

Height 5 feet 10 inches.

Complexion Dark

Eyes Brown

Hair Black

Trade Farmer

Intended place of residence (To be given as fully as practicable.) Tracadie / Guysboro. N.S.

Descriptive marks

Scar 3" x 1½ centre left thigh.

2. The above-named man is discharged in consequence of

Authority for discharge Medically unfit

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

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

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the Soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

K.C.D. 5-2-20

Deceased Jan 29 35 A-14 352 649

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery*, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

.....
Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Halifax N.S. Thomas Clarke his + mark H.J.L. *(Signature of Soldier.)*

(Date) Mar 26th 19. H.J. Leggett *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

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

.....*(Signature of Soldier.)*

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) Halifax N.S.

(Date) March 28, 1919

(Signature) .....LIEUT. COL.
No. 6 DISTRICT DEPOT.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Nil

Thomas Clarke his + mark H.J.L.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

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.)

No.

(*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.)

Yes.

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

Place Stellarton N.S. — President.

Date 12/3/19. — 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..... } Members

Date.....

APPROVED BY — *Assistant Director of Medical Services.*

Date 15-3-19

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.

Pine Hill Con Hosp.

Station Halifax Date 12. 3. 19

1. 1 (*a*) Unit 106 dis Dpot (*b*) Regimental No. 931271 (*c*) Rank Pte

(*d*) Surname Ash (*e*) Christian name Thomas

(*f*) Home address Tracadie Guys Co N.S.

(*g*) Next of Kin Mrs Jane Ash (*h*) Relationship mother

(*i*) Address of Next of Kin Tracadie Guys Co N.S.

2. Age last birthday 20 Date of birth Sept. 8th 1898

3. Enlistment, or Appointment (if an Officer) (*a*) Place Truro N.S. (*b*) Date Sep 18th 1916

4. Personal description:

(*a*) Height 5-10 (*b*) Weight 160 (stripped) (*c*) Complexion negro

(*d*) Colour of hair black (*e*) Colour of eyes brown (*f*) Identification marks, Scars, etc. Scar 3" x 1/2 centre L. Shin A A 443

5. Former trade or occupation farmer.

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
	2	175

	Periods	
	From	To
Canada	Sep 18th 1916 Sep 3rd 1918	march 10th 1917 present
England	march 20th 1917 Feb 19th 1918	april 1st 1917 Aug 25th 1918
France or other theatres of War	April 1st 1917	Feb 19th 1918

7. Original disease, or injury Nephritis

(*a*) Date of origin Dec 1916 (*b*) Place of origin France.

(*c*) Cause Exposure

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.)

Chronic Nephritis. Patient has small quantity albumen (.05%) no casts. General condition good.

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.)

Patient complains of severe pain in back, worse when lying down. Has swelling of feet after prolonged standing. No shortness of breath on exertion. Says he feels well. Appetite good. Passes water frequently.
Urine Ex. at present shows Albumen .05%
no casts.
B.P. Sys 145 - D. 112.

(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 as above (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

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

Evacuated from France 3.3.18 Acute Nephritis. Had been in hospital in France for three months. And for two months before that (on duty) had pain in back and swelling of feet. Invalided to Canada Sep 3/18. There ever since. Condition has remained stationary since admission here

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).)

Insulelis (Truro NS) 10.12.16 — 22.12.16

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

nil.

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.)

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

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

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

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

M. H. S. Lerwick.

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)

no.

16. Can the former trade or occupation be resumed? no.
(If not, briefly state why)

17. Recommendations

Cat E.

E.K. MacLeod Major
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 Thomas Ash x his mark 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 none

T. Ash. Pte x his mark Rank.
Signature of invalid examined.

P 820
12474—375M—13-2-16.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1st April 1917.	EFFECTIVE DATE:-	
AMOUNT:-	20/-	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 Jane Ash - Mother.
Upper Big Tracadie, N.S.
as Pay Stopped ℔ 1.9.18

NAME:- Ash, Thomas.
NUMBER:- 931271.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2nd Construction Bn
DATE ACCOUNT FIRST OPENED:- 1st April 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
do 62 9/3/18	1/4/18.	25/4/18.	NSRD.
		27/10/18	NBC
			Canada Clev

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
~~4/8/18~~	~~2241~~	~~Bushy Pr £10-0-0~~	~~48/7~~				
~~SF 8/8/18~~		~~To 20/8/18 = 12 days~~		8/76			

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- As to leave 21/8/18 Bushy HR 16 9/32 23/8/18 Ledger Bal# 124.06 LP6 Bal# 84.15

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									Checked		
Mar	BALANCE FORWARD.								75 22		
April	1st pay	33/-		Ass Pay				20/-	~~75~~ 88 22		
May	P P	33 34/10		Can Am pay				20 20/-			
				HR 10252 28/5/18 London	9/73				92 59		
June	P P	34/10 33		Can Am pay	9/73			20 20			
				HR 16783 29/6 Lon	9/73				95 86		
		33			9/73			20			
July	✓	34/0		Cap.				20	109 96		
		34/0						20			
AUG	✓	34/10		Cap				20	124 06		
				M 2241 9/8/18 Bushy	48/7				75 39		
		34/10			48/7			20			
				2816 9/9 Bushy (Echo) H.	4/87				70 52		
Feb-19	S. F. 8/8/18 to 20/8/18. 12 days		8/76		4/87				49 28		

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 15-5-19

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

P. 559
MARRIED OR SINGLE S.

PLACE OF BIRTH Big Tracadie N.S.

NAME AND ADDRESS OF NEXT OF KIN Mrs Thos. Ash
Big Tracadie N.S.

RELATIONSHIP OF NEXT OF KIN Mother.

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
Invalided to Eng. per SS	1-3-18.	60 13 - 8/18.

ADMISSIONS TO HOSPITAL, &C.

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

REG'L NO. 93127 RANK NAME Cash Thomas

IF IN PERMT. CORPS } WHAT UNIT UNIT 2 Can Bn TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Truro N.S. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 22 Feb 16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 11/4/17

PAYABLE TO Mrs Jane Ash, Upper Big Tracadie, N.S. RELATIONSHIP Mother

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)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														8 30	8 30																8 20				Real from Canada.
Apr 1/18	30	1.10	33	00											33 00												20		20 -	21 30		21 30		
MAY	1-31	31	-	34	10										34 10	30 3	1-5 15-4							9 74 / 4 87 /				20		34 61	20 79		20 79		
JUN	1-30	30	"	33	00										33 00	58	14/18							4 86 /				20		24 86	28 93		28 93		
July	1-31	31	--	34	10										34 10													20	5 50	25 50	37 53		37 53		Trnfrd: 5 dis pg 21-5-17 Do. 120. 26-7-17.
Aug	1-31	31	-	34	10										34 10													20		20 -	51 63		51 63		
Sep.	1-30	30	-	33	-										33 -													20 -		37 85	46 78				
				201	30									8 30	209 60									19 47		17 85		120 -	5 50	162 82	46 78				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sep	Bal	~~46 78~~ 46 78							46 78		
Oct	P.P.	34 10		AR566 2-11 Remit Trn Att C.F.C.	3 57		- 20				
				" 455 13 " -- - -- -	3 57			53 74			
		34 10			7 14		20				

Pte 931271 Ash. T 20[00] c

DATE	PAY: No. OF DAYS	PAY: RATE	PAY: AMOUNT $	PAY: AMOUNT c.	FIELD ALLOWANCE: No. OF DAYS	FIELD ALLOWANCE: RATE	FIELD ALLOWANCE: AMOUNT $	FIELD ALLOWANCE: AMOUNT c.	WORKING OR SPECIAL PAY: No. OF DAYS	WORKING OR SPECIAL PAY: RATE	WORKING OR SPECIAL PAY: AMOUNT $	WORKING OR SPECIAL PAY: AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1: No.	1: DATE	2: No.	2: DATE	3: No.	3: DATE	4: No.	4: DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE: CREDIT	BALANCE: DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH PARTICULARS	43.1				CR.2				PARTICULARS					DR.1	DR.2	3&4	CR.4	BALANCE																
	Oct Bal																	53	74															
Nov.	T.P.				33	-										20																		
									A.R.515. 28/9/17. C.F.C.					3	57																			
									" 839. 12/10/17 "					3	57																			
DEC	"				34	10			" 1079 10/11/17 "					3	57			20	70	13														
					87	10								10	74			40																
JAN	1918	TP			34	10												20																
									A.R. 1249. 23/1/17 2 Cents Ban					12	49																			
									DN. A.R 615. 11/2/17. C.F.C.					3	57																			
									A.R. 1423. 24/2/17 2 Cents "					7	14					61	03													
					$4	10	-	-						23	20	-	-	-	20															
FEB					30	80			Assigned Pay									20																
									A.R. 592 4/1/18. C.F.C. Jura					3	57																			
					30	80								3	57			20	68	26														
MAR 1918	"				34	10			Ass Pay									20																
									A.R 1903 14/2. Jura C.F.C.					7	14																			
					34	10								7	14			20	75	22														

AUDITOR | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. 93171 | RANK Pte | NAME (IN FULL) Ash S.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 2nd DRS | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE 5/5/19 | AUTHORITY 5.B.36

ASSIGNED PAY $ 20 00 | DATE EFFECTIVE 1/1/19

PAYABLE TO Mrs Jane ash | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Upp Bay Brocadie Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 28-3-19 | REASON | AUTHORITY D.O. 85 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT									27	30																										27	30	
1/1/19	31	1 10	34	10					27	30																												
31/1/19									61	40																												
1/2/19	28	1 10	30	80	63	38			94	18																												
28/2/19																																						
1-3-19																																						
28-3-19	28	1 10	30	80	35	00			85	23					21283		17666 45	23			65	80			17665 40	00			1895				1895		85	23		1 x CK # 17665 8 days $40
									151	03																							151	03				
															21284						70												70		70			
			Wpg	d a																																		
	152		350	00					350	00							War Service Gratuity										Wpg	d a							Soldier Dependent			
																											70	00							280	00		
																											60	00			10	00			210			
																											70								140			
									40	00	60463				2/6/19												100	00			80	00			60	00		
			350	00					390	00																	300	00			90	00	390	00	Nil.			

Certified that all payments due on this acct. have been paid.

[signature] CAPT.

For Senior Officer Pay Services, M. D. 6

Stat. Obs. # 8
155345 24/4/19
217661 23-5-19
O.C. A.R. Recredited
Bal. due Estate 1/4 to 31/12/19
Received by M.O.M.P.6.

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL 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		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.			$	C.	$	C.	$	C.	