

REGIMENTAL DOCUMENTS

NAME AUCOIN CHARLES THOMAS REGT. NO. 405-0479 UNIT 17 H. Q. FILE NO. \_\_\_\_\_

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

- / ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- / CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 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)
- / MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- / DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- / 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)
- 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)
- / COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)
- / BA 198 5009 A
- / GD3

**M**

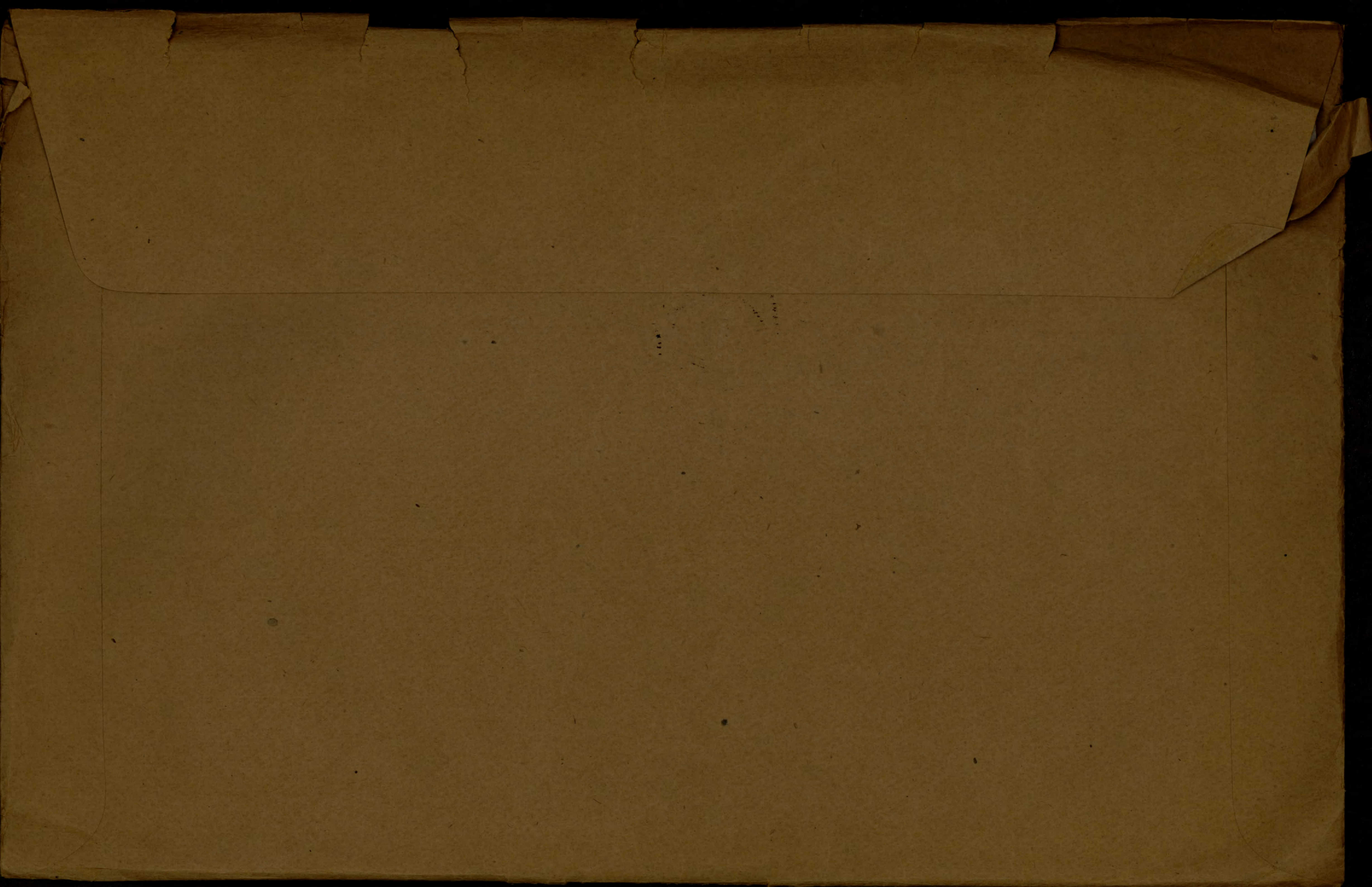
*Also known as AUCCOIN Charles James*

**H**

0 8975

402174

~~409198~~



ORIGINAL

6. M. D. Ist. Nova Scotia. Depot Battalion Regt. No. 4050479.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917
(Class One.)

1. Surname Aucoin
2. Christian name Charles Thomas.
3. Present address Revere Hotel, Halifax, N.S.
4. Military Service Act letter and number Defaulter.
5. Date of birth July 25 1893.
6. Place of birth Easter Harbor, Inverness County, U.B.
7. Married, widower or single Single.
8. Religion Roman Catholic.
9. Trade or calling Clerk.
10. Name of next-of-kin Mrs Helen Doty.
11. Relationship of next-of-kin Mother
12. Address of next-of-kin 182 Madison Street, Malden, Mass.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any No.
15. Medical Examination under Military Service Act:—
(a) Place Sydney, C.B. (b) Date 22/11/18. (c) Category "A-2"

Sufficient Address

U.S.A. [Signature]

DECLARATION OF RECRUIT

I, Charles Thomas Aucoin, do solemnly declare that the above particulars refer to me, and are true.

Chas. Thos. Aucoin (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 24 yrs. 8. mths.
Height 5. ft. 5 3/4 ins.
Chest measurement } fully expanded 38 ins.
range of expansion 2 ins.
Complexion Medium
Eyes Brown
Hair Brown
Distinctive marks, and marks indicating congenial peculiarities or previous disease. Nil.

[Signature] Lt. Col.

O. C. Ist. Depot Btl. Nova Scotia. Regt.

Place Halifax, N.S. Date 17/4/18.

CANADIAN EXPEDITIONARY FORCE

War Service Badge Issued,

DISCHARGE CERTIFICATE

Class. No. 12443

THIS IS TO CERTIFY that No. 4050479 (Rank) Pte

Name (in full) Charles Thomas Aveson enlisted in

the 1st Depot Bn Regt.

CANADIAN EXPEDITIONARY FORCE at Halifax on the 17th

day of April 1918

HE served in 17th Res Bn Eng

Demobilization.

and is now discharged from the service by reason of

Medical Unfitness.

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

Age 35-8

Marks or Scars nil

Height 5-6

Complexion med.

Eyes brown

Hair brown

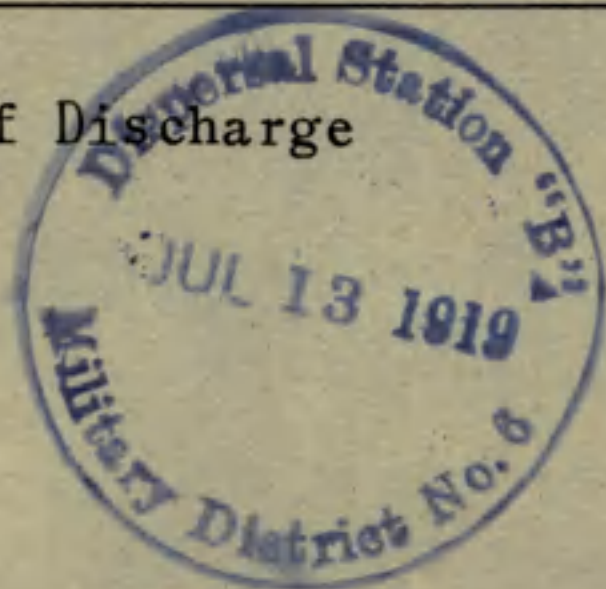
Signature of Soldier.

Signature of Soldier.

Issuing Officer.

Issuing Officer.

Date of Discharge



Rank

Date HALIFAX, N.S. JUL 4 1919

NB - 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.

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

RECEIVED  
MAY 10 1918  
OFFICE OF THE  
SECRETARY OF THE ARMY

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT **6**

NAME OF SOLDIER

*Qu Coin Chas*

REGIMENT *1 Depot Am. Inf. Regt*

RANK *Pfc*

D No. *4050479*



*17. not erupted*

*Feb 1914 Standard*

## INSTRUCTIONS

- On examination the condition of patient's mouth to be marked on diagram in red ink.
- 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 :

- Condition on examination (in red).
- Condition on leaving Canada.
- Condition on discharge.

| Date         | Amalgam | Temporary Filling (a) (G. P. (b) Cement | Cement | Treatment Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhoce | Synthetic Porcelain | Extracting  | Dentures |   |   | Gold Clasp | Gold Filling | Crowns |           | Bridge Work | OPERATOR               | Military Dist. | REMARKS                           |
|--------------|---------|---|--------|---------------------------|--------------|----------|----------------|----------|---------------------|-------------|----------|---|---|------------|--------------|--------|-----------|-------------|------------------------|----------------|-----------------------------------|
|              |         |   |        |                           |              |          |                |          |                     |             | U        | L | P |            |              | Gold   | Porcelain |             |                        |                |                                   |
| 1918         |         |   |        |                           |              |          |                |          |                     | <i>1/19</i> |          |   |   |            |              |        |           |             |                        |                | <i>Cavities 2, 5, 15, 18</i>      |
| <i>May 7</i> |         |   |        |                           |              |          |                |          |                     | <i>2/14</i> |          |   |   |            |              |        |           |             | <i>H. L. Mitchener</i> | <i>6</i>       | <i>For Ext. 3, 14, 29, 30, 31</i> |
| "            |         |   |        |                           |              |          |                |          |                     | <i>2/30</i> |          |   |   |            |              |        |           |             | <i>H. L. Mitchener</i> | <i>6</i>       | <i>not completed</i>              |

INSTRUCTIONS

1. On examination the condition of patients should be reported in the form of a report to the ...

2. On first list of report form of form to be made in the ...

Only such cases to be made on the ...

1. Condition on examination (in ...)

2. Condition on leaving ...

3. Condition on ...

1. On examination the condition of patients should be reported in the form of a report to the ...

13

DEPARTMENT OF MEDICINE  
UNIVERSITY OF TORONTO

# 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. 11030479 Rank Pte Surname AUCOIN  
(Given name in full)  
Charles Thomas  
 Unit or Corps 17th Res. Birthplace Inverness Co. I.R.

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

**1. GENERAL DESCRIPTION:** snt.

Physique good Weight 165 lbs. Height 5-7 in. Colour of Eyes grey  
 Nutrition good  
 Pulse 120 regular  
 Condition of arteries soft  
 Vision Rt. 6/6 Left 6/6  
 Hearing (conversational voice) Rt. 21 ft.  
 Left 21 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
Large brown birth mark  
left chest.

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.**

na



# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Pipers.....(Overseas)

Date 22-3-19.....

Signed L. Sant Jones.....M.O.  
by name

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.)

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

~~DUPLICATE~~  
ORIGINAL  
4050499.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Aucoin Christian name Charles Thomas  
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule \_\_\_\_\_  
3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_  
4. Address (including street and number, if any) 444/1 Maine St. Glace Bay, C.B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22nd. day of November. 1917, by the undersigned medical board sitting at Sydney, C.B.

5. Age as stated 24 Years \_\_\_\_\_ Months. 6. Apparent age 24. Years \_\_\_\_\_ Months  
7. Height 5 Feet 5 3/4 Inches. 8. Weight 160. Pounds.  
9. Chest measurement { Minimum 36 Ins. 10. Complexion Ruddy { Eyes Brown  
Maximum 38 Ins. Hair Brown  
11. Physical development Good. { Good  
Fair  
Poor 12. Smallpox marks None.  
13. Number of vaccination marks { Right arm Nil 14. When vaccinated last 1900.  
Left arm One.  
15. Distinctive marks and marks indicating congenital peculiarities or previous disease \_\_\_\_\_

16. Slight defects but not sufficient to cause rejection \_\_\_\_\_  
The man denies having had { Rheumatism We find no evidence of past { Rheumatism  
Tuberculosis Tuberculosis  
Syphilis Syphilis  
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

"A-2"

D.W. McDonald. Mgr. President.

R. Bruce, M.D. Member.

D.R. McDonald. Member.

| Date           | Result | VACCINATIONS | Date           | Result      | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|--------|--------------|----------------|-------------|---------------------------------|
| <u>23/4/18</u> |        | <u>M.O.</u>  | <u>23/4/18</u> | <u>M.O.</u> |                                 |
|                |        | <u>M.O.</u>  | <u>26/4/18</u> | <u>Good</u> | <u>Quarantine</u>               |
|                |        | <u>M.O.</u>  | <u>4/5/18</u>  | <u>Fair</u> | <u>Quarantine</u>               |

Joined 17th. day of April 1918 at Halifax, N.S.

|                      | CORPS                 | REG'TL NUMBER | HABITS | DATE |
|----------------------|-----------------------|---------------|--------|------|
| Joined on enlistment | <u>1st. Depot Bn.</u> |               |        |      |
| Transferred to.....  | <u>N.S.R.</u>         |               |        |      |
|                      | <u>17 Regs</u>        |               |        |      |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION | DATE | DISEASE | RESULT |
|---------|------|---------|--------|
|         |      |         |        |

N. B.—This sheet is 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.

Signature of Man  
Chas. Aucoin



FORM OF WILL

I, Charles Thomas Aucoin (Name in full)

Regimental Number 4050479 serving in 1st DEPOT BATTALION, Nova Scotia Regiment.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Mrs Helen Woty  
182 Madison St  
Malden Mass U.S.A.  
Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs Helen Woty  
182 Madison St  
Malden Mass U.S.A.  
Name and Address of person or persons to receive personal estate\* (See note).

(Mother)

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

this 19th day of April A.D. 1918

This must be signed and Dated by THE SOLDIER HIMSELF. Chas. Thos. Aucoin Signature of Soldier.

\*N.B. Personal estate includes ~~pay, effects, money in bank, insurance policy~~ in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness Albert E. Lewis Serjt

Address of Witness 1st Depot Batta M.S.R.

THE TWO WITNESSES

Occupation of Witness Soldier

MUST SIGN HERE

Signature of Second Witness Edwin Faraca

Address of Witness 1st Depot Batta M.S.R.

Occupation of Witness Soldier

Red cross  
now here 55

FORM OF WILL

I, John Doe, of the County of Franklin, State of Tennessee, do hereby certify that I am of legal age and sound mind, and am not under any legal disability, and I am of the lawful age to make a will, and I do hereby declare that this is my last will.

I declare that I have not received any thing from any person in consideration of this my last will, and that I have not been influenced by any person in making the same, and that I understand the nature and extent of the property which I own, and the persons to whom I give the same by this my last will, and that I am not making this my last will under any duress, fraud, or undue influence of any person, and that I am not making this my last will in violation of any law, and that I am not making this my last will for the purpose of defrauding any person.

ADDED: I hereby give, devise and bequeath all the real and personal estate which I own, and all the interest which I have in any real or personal estate, unto My wife, Jane Doe, she, her heirs and assigns forever, and I give unto My daughter, Mary Doe, one hundred dollars, to be paid to her at the age of twenty years, and I give unto My son, John Doe, the residue of my estate, to be paid to him at the age of twenty years.

Witness my hand and seal this 1st day of July, 1900.  
John Doe  
Test: Jane Doe  
Mary Doe  
John Doe

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

486

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

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

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

- 1. Christian name Charles Thomas 2. Surname McCorm
- 3. Rank Pte. 4. Original Unit 1st Bnnsr 5. Reg. No. 4050479
- 6. Address, in full, to which future payments of gratuity are to be forwarded  
44 Upper Water St. Halifax N.S.
- 7. Date of enlistment in the C.E.F. Apr. 17. 1918.
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
- 9. Relationship of such dependent.....
- 10. Address, in full, of such dependent.....
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
- 12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
.....
- 13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?.....
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
- 15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served. Canada 4 months 1st Bnsr  
England 9 months - 17th C.R.B.
- 16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no
- 17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no

NOT APPLICABLE

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. *no*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no*

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

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

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*

(b) If so, was such reversion in consequence of misconduct or inefficiency?

24. Are you now serving in the C.E.F.? *no* If not, give: (a) Date of discharge *JUL 13 1919* (b) Reason for discharge

**NOT APPLICABLE  
DEMobilIZATION**

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

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

Signature of Applicant: *C. Clouston*

Place of Residence: *Rivto. Halifax*

Declared before me at: *Halifax* **JUN 1919**

This *2nd* day of *JUN* 19*19*

Questions 12, 13, 14, 20, 24, 25, 26 and 27 not answered.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

*D. H. Sutherland*

**POST DISCHARGE PAY.**

| Date paid. | Paid Soldier | Paid Dependent | War Service Gratuity | Net amount due  |
|------------|--------------|----------------|----------------------|-----------------|
|            |              |                | <i>122 days</i>      | <i>\$280.00</i> |
|            |              |                | <i>Less: unrec.</i>  | <i>70</i>       |
|            |              |                |                      | <i>\$210.00</i> |

Certified Correct.

District Paymaster.

*Can*

*[Handwritten initials]*

Rank \_\_\_\_\_ Name **AUCOIN. Charles Thomas** Reg'l No. **#050479**  
 Unit **32nd Div 1st BN N 8** If in perm. Corps, }  
 What Unit? } Married or Single **Single**  
 Place and Date of Enlistment **Halifax April 17th 18** Place of Birth **Eastern Harbor C.B.**  
 Name and Address, Next-of-Kin **Mrs Helen Doty**  
**182 Madison St. Malden Mass U.S.A.** Relationship **Mother**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to **Pte** Relationship \_\_\_\_\_

W/E. R.B. NS **11625**  
 File R.L. \_\_\_\_\_  
 Category **OR CAN**

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

H. W. & V., Ltd.—9546-16.

| Report.        |                            | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place.           | Date.          | REMARKS<br>Taken from Official Documents. |
|----------------|----------------------------|--|------------------|----------------|---|
| Date.          | From whom received.        |  |                  |                |   |
| <b>22 8 18</b> | <b>17<sup>th</sup> Res</b> | <b>Taken on strength</b>   | <b>Bshott.</b>   | <b>16 8 18</b> | <b>Do. 198</b>                            |
| <b>28-6-19</b> | <b>no C<br/>no C</b>       | <b>SOS to Canada</b>   | <b>Prepar pt</b> | <b>28-6-19</b> | <b>-148</b>                               |
|                |                            | <b>94-B-121</b>  | <b>date</b>      | <b>28/6/19</b> |   |





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

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

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps *1st Depot Battalion*

Regimental No. *4050479* Rank *Pvt* Name *Aubin Charles Thomas*

C. E. F.

Enlisted (a) *17/4/18* Terms of Service (a) *War & 2 mos.* Service reckons from (a) *17/4/18*

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) *Club*

| 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 |   |                           |                 |   |
|                 |                    | <i>Embarked</i>   | <i>Halifax</i>            | <i>2-8-18</i>   | <i>E. M. Arnold Capt for</i>  |
| <i>22-8-18.</i> | <i>O.C. 17th.</i>  | <i>Disembarked. T.O.S. on arrival from Canada and shown on command to Seg. Camp. Aldershot.</i>   | <i>Liverpool.</i>         | <i>16-8-18.</i> | <i>O.C. B. Coy. 1st Depot Bn. A. S. Reg. 1918</i>                                 |
| <i>30/9/18</i>  | <i>O.C. 17th.</i>  | <i>Reported off command.</i>  | <i>Bourley Bramshott.</i> | <i>16-8-18.</i> | <i>Pt. 11. C. 198.</i>  |
|                 |                    |   | <i>Bramshott.</i>         | <i>22/9/18</i>  | <i>Pt. 11. C. 221</i>   |
| <i>28.6.19</i>  |                    | <i>17 Res. Bn. S.O.S.-O.M.F.C.-on Trans. To C.E.F.</i>  |                           |                 | <i>D.O. 148</i>   |
|                 |                    | <b>H.M.T. MAURETANIA</b>  |                           |                 | <i>Lieut., Asst. Adit</i>   |
|                 |                    | <b>LBKD. SPTN. 28-6-19</b>  |                           |                 | <i>27th Canadian Res. Bn</i>  |
|                 |                    | <b>SLG, NO. 94</b>  |                           |                 |   |

(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.

Casualty Form - Active Service

| 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<br>taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---------|-------------------------|---|------------------|-------------|--|
| Date    | From whom received      |   |                  |             |  |
| 28/6/19 | T.O.S. No. 6 D, D. from | <i>O/S</i>  | <i>High St B</i> | <i>1910</i> | <i>1910</i>  |
| 13/7/19 |                         | <i>O/S on discharge</i><br><i>W. M. Taylor</i>  |                  |             |  |

Officer's Records No. 6 D. D.

# 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) AUCOIN, C.T.  
 REGIMENT 17 Res Batt RANK RtA No. 4050479  
 Date of Examination in England 23-5-19 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 1-2-5-12-13-15-16-17-20
2. EXTRACTIONS 3-24-31-32
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 \_\_\_\_\_
- (b) In England \_\_\_\_\_
- (c) In France \_\_\_\_\_

Signature of Dental Officer M. Barbey  
*(Handwritten signature)*

MISSISSIPPI  
T. S. MISSISSIPPI  
MISSISSIPPI

Em 21

Number 4050479 ✓ Rank *Pte* ✓ *β*

Surname *AUCOIN* ✓

Christian Name *Charles Thomas* ✓

Units *N.S.R.* ✓ Theatre of War *England* ✓

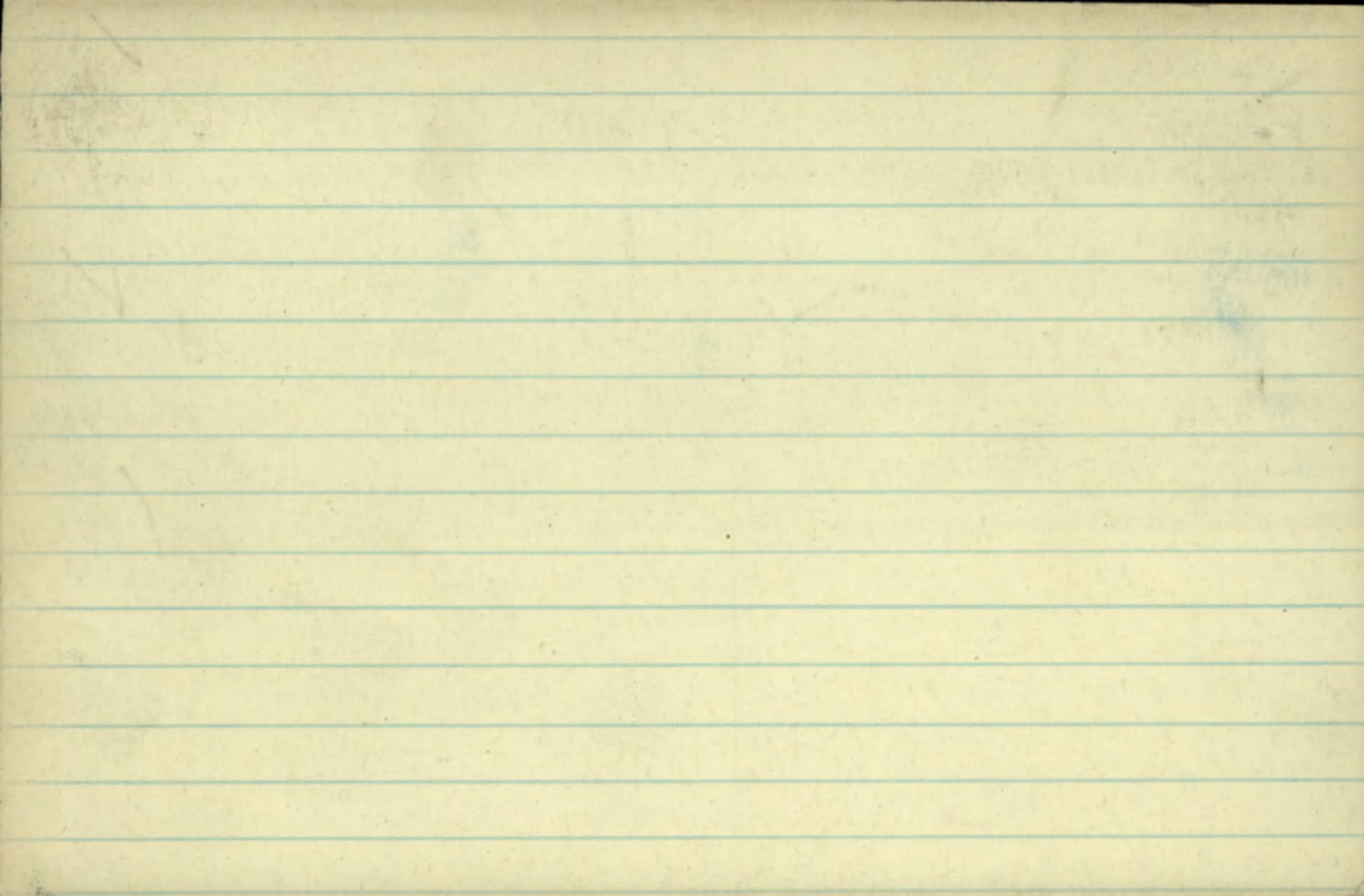
Date of Service *16/8/18* ✓

Remarks

Latest Address ~~*Bealto Hotel*~~ ✓  
*Halifax*

Roll No. *A Page 4522*

10m.-8-21.M. *402198*



SURNAME.

*Aucoin*

CHRISTIAN NAMES

*Charles Thomas*

REGL. No.

*405-0479*

RANK

*Pte.*

UNIT

*K. S. Regt. 1st Dep. Bn.*

FORMER CORPS

CARD NO. *7613*  
*10813-749*  
FOLL *1904999*

T. O. S. *Nov. 11. 1917*

D.O. Part II No *106*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Doty. Mrs Helen.*

RELATIONSHIP TO SOLDIER

*Mother*

ADDRESS

*182 Madison St. Malden.  
Mass. U.S.A.*

COUNTRY OF BIRTH

*Canada Easter Harbor*

DATE

*July 25<sup>th</sup> 1893.*

PLACE OF ATTESTATION

*Halifax, N.S.*

DATE

*Apr. 17<sup>th</sup> 1918.*

*M/S 3-8-18. 1362.  
L. L. 26989 M. & D. 8191.  
20.*

*M/S 3-7-19 364 ple  
M. F. W. 22. 100M.-8-17 H. Q. 1772-39-339.*



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

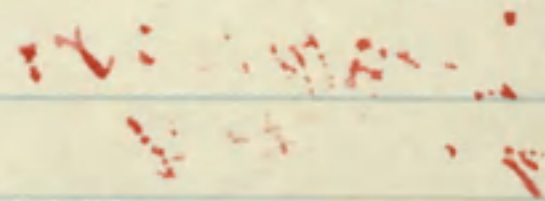
EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE



Date of Enlistment 18-4-18

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

A 6126

August 1<sup>st</sup> 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

RATE OF ASSIGNMENT

|                  |  |  |  |
|------------------|--|--|--|
| 15 <sup>00</sup> |  |  |  |
|------------------|--|--|--|

*emp.*

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_

Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_

Soldier's Name \_\_\_\_\_

Battalion *1<sup>st</sup> Depot Bn. N. S. Regt Dft 62*

Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Change of Address

1 MRS. HELEN DOTY,  
182 MADISON ST.,

2 MALDEN, MASS. U.S.A. 15 15.00

3 % 4050479 PTE CHAS. THOS. AUCOIN

4 FIFTEEN DOLLARS

| Date | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|------|------------|------------|------------|-------|---------|
| 1918 |            |            |            |       |         |
| Aug  | 438303     | —          | 15         | 15    |         |
| Sept | 43333      |            | 15         | 15    |         |
| OCT  | 3-57800    |            | 15         | 15    | 6       |
| NOV  | 3-72370    |            | 15         | 15    | 6       |
| Dec  | 3-93280    |            | 15         | 15    | 6       |
| Jan  | 3-103211   |            | 15         | 15    | 6       |
| Feb  | 3-114113   |            | 15         | 15    |         |
| MAR  | Z 129671   |            | 15         | 15    |         |
| APR  | Z 18995    |            | 15         | 15    |         |
| MAY  | Z 9382     |            | 15         | 15    | 16      |
| JUN  | Z 16572    |            | 15         | 15    |         |
| JUL  | Z 21237    |            | 15         | 15    |         |
|      |            |            | 180        | 180   |         |

602 - 6 - 11

M. F. W. 128  
400M-6-17-1772-38-141  
L. L. 22520-M. & D. 7683.

A/c Closed *Mauretania*

Ret'd per. ....

Date *4.4.19* M.F.W. 187 *15.11.19*

Clerk *Hughes*

*emp. #6*

*Chas. R. O 94569*

**AUDITED.**

AUTHORITY *m. D - 6 - 13 - 3*

FOR *m. Gourley*

NEW ACCT. *29-8-18*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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-6-17-1773 39-1141  
 L. L. 23320-M. & D. 7993.

**LIST OF DISCHARGE DOCUMENTS.**

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

REGIMENTAL AREA No. *B*  
 NATIONAL GROUP No. *B*  
 W. Service Badge Issued  
 Class. *C* No. *22443*

SHORT FORM.  
**PROCEEDINGS ON DISCHARGE.**  
 (Demobilization.)

**H.M.T. MAURETANIA**  
**EBKD. SPTN. 28-6-19**  
**SLG. NO. 94**

|                                       |   |       |
|---------------------------------------|---|-------|
| 1. No.                                | <i>4050479</i>  |       |
| 2. Rank.                              | <i>Pte</i>  |       |
| 3. Name.                              | <i>Aucovin, Charles Thomas</i>  |       |
| 4. Unit.                              | <i>17<sup>th</sup> Res Bn</i>   |       |
| 5. Date of Discharge                  | <i>13/7/19</i>  | Place |
| 6. Reason for Discharge               | <i>Demob.<br/>at of own mother<br/>Religious RC</i>   |       |
| 7. Authority.                         | <i>R.O. 1420</i>  |       |
| 8. Proposed Residence after Discharge | <i>Realto Hotel<br/>Halifax NS</i>  |       |
| 9.                                    | <p align="center"><b>CERTIFICATE TO BE SIGNED BY SOLDIER.</b></p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?</p> <p align="right"><i>C. Aucovin</i><br/>Signature of Soldier.</p>                        |       |
| 10.                                   | <p align="center"><b>CONFIRMATION.</b></p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place.....</p> <p>Date.....</p> <p align="right"><i>R. S. Bellman</i><br/>Signature.....<br/>O. C. Dispersal Station "B"<br/>(O. C. Discharging Unit.)</p> |       |

Group *A*  
*23*  
*18/6/19*

*HALIFAX, N.S. JUL 17 1919*

*Mawretania 4.7.19*

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

REGT. No *4050479* RANK *Pte.*

NAME (IN FULL) *Auevion, Chas. Thos*

M. OR S. \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARTICULARS *2ms* EFFECTIVE DATE *28-6-19* AUTHORITY *les. 190*

ORIGINAL UNIT C.E.F. *17 Res.* IF IN P.F. WHAT UNIT? \_\_\_\_\_

PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

DATE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY \$ *15.00* DATE EFFECTIVE *1.8.19.*

PAYABLE TO *Mrs Helen Doty* RELATIONSHIP *mother* ANY CHANGE IN ASSIGNEE OR ADDRESS *44 Upper Water St. Halifax N.S.*

ADDRESS *182 Madison St Malden Mass U.S.A.*

IS SEPARATION ALLOWANCE PAID? \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_

TO WHOM PAID \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_

DISCHARGED *9/19* PLACE *Malden* DATE *JUL 13 1919* REASON *Demot* AUTHORITY *les. 190* IF ENTITLED TO POST DISCHARGE PAY \_\_\_\_\_

*E.L.P.*

BALANCE FROM PREVIOUS ACCOUNT

| MONTH          | NO. OF DAYS | 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 |
|----------------|-------------|--------------|-----------|---------------|--|---------------|------|-------------------|------|-----|---------------|-------------|---------------|---------------|--|---------------------|--|---------------|--|---------------|--------|--|-----------------------|------------------------|
|                |             | AMOUNT       |           |               |  | NO.           | DATE | NO.               | DATE | NO. | DATE          |             |               |               |  |                     |  |               |  | DEBIT         | CREDIT |  |                       |                        |
| <i>30.6.19</i> |             |              |           | <i>20.31</i>  |  |               |      |                   |      |     |               |             |               |               |  |                     |  |               |  |               |        |  | <i>bal bal no acc</i> |                        |
| <i>13.7.19</i> | <i>13</i>   | <i>14</i>    | <i>30</i> | <i>35.00</i>  |  | <i>139.61</i> |      |                   |      |     | <i>4.87</i>   | <i>5.00</i> | <i>114.74</i> | <i>15.00</i>  |  |                     |  |               |  | <i>139.61</i> |        | <i>bal W.S.A. at Col 3 at July</i>     |                       |                        |
| <i>7.2.20</i>  |             |              |           | <i>280.00</i> |  | <i>280.00</i> |      |                   |      |     |               |             |               | <i>70.00</i>  |  |                     |  |               |  |               |        | <i>101 Pmt W.S.G. 11.20.19 12-8-19</i> |                       |                        |
|                |             |              |           |               |  |               |      |                   |      |     |               |             |               | <i>70.00</i>  |  |                     |  |               |  |               |        | <i>113.68.33 7/9/19</i>                |                       |                        |
|                |             |              |           |               |  |               |      |                   |      |     |               |             |               | <i>70.00</i>  |  |                     |  |               |  |               |        | <i>1508.115 9-10-19</i>                |                       |                        |
|                |             |              |           | <i>280.00</i> |  | <i>280.00</i> |      |                   |      |     |               |             |               | <i>280.00</i> |  |                     |  |               |  |               |        | <i>280.00</i>                          |                       |                        |

WAR SERVICE GRATUITY W.S.G.

*Completed*

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

*[Signature]*  
CAPT  
For Senior Officer Pay Services, M. D. 6

AUG 1 1919

nr

|                               |                    |                       |                    |                                     |
|-------------------------------|--------------------|-----------------------|--------------------|-------------------------------------|
| ASSIGNED PAY                  | ENGLAND or CANADA. | SEPARATION ALLOWANCE. | ENGLAND or CANADA. | NAME: <i>AUCOIN, Charles Thomas</i> |
| EFFECTIVE DATE: <i>1/8/18</i> |                    | EFFECTIVE DATE: -     |                    | NUMBER: <i>4050449</i>              |
| AMOUNT: <i>75</i>             |                    | AMOUNT: -             |                    | PARTICULARS OF RANK OR APPOINTMENT  |

|  |   |            |                |                     |
|--|---|------------|----------------|---------------------|
| 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. | AUTHORITY  | DATE EFFECTIVE | RANK OR APPOINTMENT |
| <i>Helen Doty<br/>184 Madison St.<br/>Malden Mass U.S.A.</i> |   | <i>LRC</i> | <i>1/8/18</i>  | <i>PTJ</i>          |

*Stopped 1-7-19*

|  |                |                           |                             |
|--|----------------|---------------------------|-----------------------------|
| UNIT AND TRANSFERS                       |                |                           |                             |
| ORIGINAL UNIT: <i>62D ft. U.S. Regt</i>  |                |                           |                             |
| DATE ACCOUNT FIRST OPENED: <i>1/8/18</i> |                |                           |                             |
| AUTHORITY                                | DATE EFFECTIVE | DATE LEDGER SHEET T'S P'D | UNIT TRANSFERRED TO         |
|  |                |                           | <i>17<sup>th</sup> Res.</i> |

| DATE OF PAYMENT | NUMBER OF A.R. | UNIT PAID BY | AMOUNT      | DATE OF PAYMENT | NUMBER OF A.R. | UNIT PAID BY | AMOUNT |
|-----------------|----------------|--------------|-------------|-----------------|----------------|--------------|--------|
| <i>8/5</i>      | <i>1069</i>    | <i>Ripon</i> | <i>730</i>  |                 |                |              |        |
| <i>8/6</i>      | <i>1209</i>    | <i>Ripon</i> | <i>1460</i> |                 |                |              |        |
|                 |                |              | <i>2190</i> |                 |                |              |        |

| DAILY RATES OF PAY AND ALLOWANCES |          |           |        |                |
|-----------------------------------|----------|-----------|--------|----------------|
| AUTHORITY                         | PAY      | F.A.      | P.F.A. | SUBS-CE ALL'CE |
|                                   | <i>1</i> | <i>10</i> |        |                |

PARTICULARS OF RENDERING NON-EFFECTIVE: *Disban 30/6/19 610310 Indb. 14663 Ripon Ripon Ledger #221*

| 1918           | PARTICULARS          | CR 1         | CR 2. | PARTICULARS                     | DR. 1       | DR. 2. | DR. 3. | DR. 4.    | BALANCE         | DEFERRED | SEPARATION |
|----------------|----------------------|--------------|-------|---------------------------------|-------------|--------|--------|-----------|-----------------|----------|------------|
| <i>31 July</i> | <i>Bal from loan</i> |              |       |                                 |             |        |        |           | <i>1015</i>     |          |            |
| <i>Aug</i>     | <i>P.P.</i>          | <i>3410</i>  |       | <i>C.A.P.</i>                   |             |        |        | <i>15</i> |                 |          |            |
|                |                      | <i>3410</i>  |       | <i>AR 23 23-8-18 Bourly</i>     | <i>487</i>  |        |        | <i>15</i> | <i>2438</i>     |          |            |
| <i>Sept</i>    | <i>v</i>             | <i>33</i>    |       | <i>Cap.</i>                     |             |        |        | <i>15</i> |                 |          |            |
|                |                      |              |       | <i>884 4/9 26</i>               | <i>487</i>  |        |        |           |                 |          |            |
|                |                      |              |       | <i>2717 27/9 17 Res.</i>        | <i>487</i>  |        |        |           | <i>3264 9/2</i> |          |            |
|                |                      | <i>33</i>    |       |                                 | <i>974</i>  |        |        | <i>15</i> |                 |          |            |
| <i>Oct</i>     | <i>v</i>             | <i>3410</i>  |       | <i>Cap</i>                      |             |        |        | <i>15</i> |                 |          |            |
|                |                      |              |       | <i>AR 3062 19/10/18 17 Res.</i> | <i>1460</i> |        |        |           |                 |          |            |
|                |                      |              |       | <i>AR 3236 29/10/18</i>         | <i>1460</i> |        |        |           | <i>2254</i>     |          |            |
|                |                      | <i>3410</i>  |       |                                 | <i>2920</i> |        |        | <i>15</i> |                 |          |            |
| <i>Nov</i>     | <i>v</i>             | <i>33</i>    |       | <i>Cap</i>                      |             |        |        | <i>15</i> |                 |          |            |
| <i>Dec</i>     | <i>v</i>             | <i>3410</i>  |       | <i>AR 376 13/11/18 17 Res</i>   | <i>1217</i> |        |        |           |                 |          |            |
| <i>Jan</i>     | <i>-</i>             | <i>3410</i>  |       | <i>AR 3782 26/11/18</i>         | <i>1460</i> |        |        |           |                 |          |            |
|                |                      |              |       | <i>Cap</i>                      | <i>2677</i> |        |        | <i>15</i> |                 |          |            |
|                |                      |              |       | <i>AR 4185 19-12-18</i>         | <i>1703</i> |        |        |           |                 |          |            |
|                |                      |              |       | <i>Cap</i>                      | <i>4380</i> |        |        | <i>15</i> | <i>3194</i>     |          |            |
|                |                      | <i>10120</i> |       |                                 | <i>4380</i> |        |        | <i>15</i> |                 |          |            |
| <i>Feb</i>     | <i>Mar</i>           | <i>6490</i>  |       | <i>Cap</i>                      | <i>4380</i> |        |        | <i>30</i> |                 |          |            |
|                |                      |              |       | <i>AR 4495 19/1/19 17 Res</i>   | <i>973</i>  |        |        |           |                 |          |            |
|                |                      |              |       | <i>" 4473 29-1-19</i>           | <i>973</i>  |        |        |           |                 |          |            |
|                |                      |              |       | <i>" 5128 13-2-19</i>           | <i>487</i>  |        |        |           |                 |          |            |
|                |                      |              |       | <i>- 5289 27-2-19</i>           | <i>730</i>  |        |        |           |                 |          |            |
|                |                      |              |       | <i>- 5488 15-3-19</i>           | <i>1947</i> |        |        |           | <i>1874</i>     |          |            |
|                |                      |              |       |                                 | <i>5110</i> |        |        | <i>30</i> |                 |          |            |

CONTROLLED BY *W. Collins*  
CHECKED BY

| NUMBER  |             | RANK   |        | NAME                     |       |       |        |        |         |          |            |  |
|---------|-------------|--------|--------|--------------------------|-------|-------|--------|--------|---------|----------|------------|--|
| MONTH   | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS              | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |  |
| Apr May | 9 8         | 67     | 10     | cab                      |       |       |        | 30     | 18 7/4  |          |            |  |
|         |             |        |        | ad. 258 10.11.19 17 hrs. | 973   |       |        |        |         |          |            |  |
|         |             |        |        | " 589 25.11.19           | 973   |       |        |        |         |          |            |  |
|         |             |        |        | " 898 16.5.19            | 1217  |       |        |        | 24 21   |          |            |  |
| June    | 1 1         | 67     | 10     | cab                      |       |       |        | 30     |         |          |            |  |
|         |             | 33     |        |                          |       |       |        | 15     | 112 21  |          |            |  |
|         |             |        |        | ad. 1069 30/5 17 hrs.    | 730   |       |        |        |         |          |            |  |
|         |             |        |        | " 1209 3/6               | 1460  |       |        |        | 20 31   |          |            |  |
|         |             | 33     |        |                          |       |       |        | 15     |         |          |            |  |
|         |             |        |        |                          | 2190  |       |        |        |         |          |            |  |
|         |             |        |        | d.o.d. 28/6/19 No. 94.   |       |       |        |        |         |          |            |  |