REGIMENTAL DOCUMENTS

NAME BELL Erwin Charles REGT. NO. 2327477 UNIT Cob. Heavy Bty H/Q. FILE NO. 1123

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				1123	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)				D	Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Deceased
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	CDS					
1	MTW67					
1	Card 39A					
2	Cas Cards					
2	AFB					
5	AFT 1237					
2	AFB 191					
1	AFW 3212					
1	Pay Card					
1	Identity Card					

Dead 15/8/20

W. 2588
100M—1-15
1772-39-1377

Serial No
6-54560

COBOURG HEAVY BATTERY

ORIGINAL

ATTESTATION PAPER.

No. 2327477

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	Bell
1a. What are your Christian names?	Erwin Charles
1b. What is your present address?	Cobourg Ont, R.R. No. 4
2. In what Town, Township or Parish, and in what Country were you born?	Cobourg Ont. R.R. No. 4
3. What is the name of your next-of kin?	Charles Frederick Bell
4. What is the address of your next-of-kin?	Cobourg Ont, R.R. No. 4
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	Sept. 28th 1888
6. What is your Trade or Calling?	Farmer
7. Are you married?	No,
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	--
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16. If so, what was the reason?	--

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Erwin Charles Bell, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Erwin Charles Bell (Signature of Recruit)

Date Nov, 5th 1917 191 . F. Stewart Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Erwin Charles Bell, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Erwin Charles Bell (Signature of Recruit)

Date Nov. 5th 1917 191 . F. Stewart Lieut (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Cobourg this 5th day of November 1917 .

J. A. Simpson Major (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Bell, Erwin Charles on Enlistment.

Apparent Age 29 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 10 ins.
Chest measurement. Girth when fully expanded	36 1/2 ins.
Chest measurement. Range of expansion	3 1/2 ins.
Complexion	Medium
Eyes	Hazel
Hair	Brown

Religious denominations.

Church of England	
Presbyterian	
Methodist	X
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	--

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

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

Right Ventricle removed Surgically - Scar in right inguinal fold Left Ventricle

A 2 for 2 Hope.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date Nov. 5th 1917 191 .

Place Cobourg Ont.

Capt. A. M. C.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Bell Erwin Charles 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.

(Signature of Officer)
Major

Date NOV. 5th 1917 191 .

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
CLASS A No. 213402

THIS IS TO CERTIFY that No. 2327477 (Rank) Dvr.

Name (in full) Bell Erwin Charles enlisted in

the Colourg Heavy Battery

CANADIAN EXPEDITIONARY FORCE at Colourg on the 5th

day of November 1917

HE served in R. C. H. A. France

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age 30 yrs. 8 mths.

Height 5' - 10"

Complexion Medium

Eyes Hazel

Hair Brown

E. C. Bell
Signature of Soldier.

Marks or Scars Slight left Varicocele

Date of Discharge

DISPERSAL AREA STATION H. KINGSTON ONT. JUL 4 1919 NO. 3 DISTRICT DEPOT

for O. C. Dispersal Area Station H
Issuing Officer. Capt.

Rank

Date ..... 19.....

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.B. 39A.

ORIGINAL

MEDICAL HISTORY SHEET

Surname Bell Christian Name Ernie Charles

Examined on 5 day of Nov 191 7
at Cobourg, Ont

Birthplace City or Town Cobourg
County Northumberland Ont

Apparent age 29 1/12

Trade or occupation Farmer

Height 5 feet 10 Inches

Weight 130 lbs.

Chest measurement Minimum 33 inches
Maximum expansion 36 1/2 inches

Physical development Fair

Small-pox Marks None

Vaccination Marks Arm Right Left
Number 0 1

When Vaccinated last 25.1.18 25.1.18

(a) Marks indicating congential peculiarities or previous disease Right testicle removed Surgically (injury)

(b) Slight defects but not sufficient to cause rejection Slight Left Varicocele
VR 20/20
Vh 20/20

Approved by L. H. Field
Rank Capt M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		13 JAN 1919
15 MAY 1919	a	recategorized M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
25.1.18		L. H. Field M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
28.11.17	+	L. H. Field M.O.
4.12.17	+	L. H. Field M.O.
8.12.17	+	L. H. Field M.O.

Enlisted on 5 day of November 191 7 at 13th F.B. Cobourg Ont

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Cobourg Hy Battery	2327477	—	Nov 5 1917
Transferred to	PROCEEDED O/SEAS TO Reptg		AUG 1 - 1918	

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
MEDICAL BOARD, M. D. No. 3 Passed as Medically Fit. Date Nov 29/17 PRESIDENT Cobourg Jan 21/18			a++ a++

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. Med Bd

CANADIAN

M. F. B. 313.
300M.—1-17.
H. Q. 1772-38-439.

A2 Port Hope

Surname Bree Christian Name Ernie Phillip

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
~~No XII~~ C.G.H. Bramshott.		3	3	18	16	3	18	Myalgia?	14	complaints - Pain in back & frequency of micturation. Heart lungs & abdn normal. Urine negative. Slight tenderness in lumbar muscles. Discharge to lines. A.	Lt Col Bruce R.C.A.M.C.
Reading War		3	1	19	24	1	19	Influenza	21	uncomplicated case. To C.C. Hyl, ~~Epsom~~ Basingstoke	Unidentified M.O.
No. 4 Canadian Gen. Hospital, Basingstoke.		24	1	19	5	5	19	Influenza Bronchitis	101	Recovered Fit for duty Cat A	M Campbell Capt

GU.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1930/9/C	2327/H NY	Dvr	Bell	E. C.
Year	Unit.		Age.	Service.
1919	R. C. A. H. Q. "A"		30	1 year 1/12.

Station and Date.

Disease Influenza. + Lumbago Reg. 23-3-19

Onset. 1-12.18. T. 102.6.—

3-12.18 Generalized aches & Cough.— P. quick
No pneumonia.— T. 100.—

9. ? trench fever. + Nephritis var Deg.

Prev. illness Typhoid. 26.— Lumbago. 27—

Family History Good.

C O a.

3.1-19. Gen. Condn. — fair — tongue Clean.—
Heart. }
Lungs } neg.
Abdm. }
Urine —

Photophobia.— Headache.—
Pain in back & legs.

24/1/19 To C. G. Hpl, Basingstoke

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

Forms
I..1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1624	2321477	Gnr	Bell A	E G.
Year 1918	**Unit.** CRA	Farmer Meth	**Age.** 29	**Service.** 4/12

Station and Date.

No XII C.G.H. Bramshott 3.3.18

Disease Myalgia

C mp ts: Pain in back at kidney Level 3 yrs. ~~7 days~~
Pain on exertion in rt side scrotum 3 yrs.
Frequency N 2-3 times 1 mos.
D 3-4 times.

P.H. No serious illness. Has had hay fever every summer for years, until past 2 years. Denies V.D. Kicked by horse in scrotum a X.10. Right testicle removed 3½ yrs. ago.

7.H. F. has rheumatism.

H.P.I. About 3 yrs ago pain in back began, dull & heavy lasting 2 or 3 hrs. at a time. Sometimes free from pain for 1-2 weeks. Worse on exertion. About same time pain in rt. scrotal region began, to come ock. (3 mos. after op.). Worse on exertion. Pain in back, which is bilateral has been getting gradually worse since last autumn. For last month has had frequency at night. During last 10 days has had frequent burning pain in urine. At beginning of act. saw nothing tho' he thot he felt something solid coming out. & 10 days ago had sharp pain in back mostly on rt. side, which radiated to front of abdomen & down to rt. scrotum.

P.C. Micturition & dewnd pain.
Eyes react O.K. Teeth - several missing
Lungs - neg. Heart - neg.
Abd - Spleen palpable. Reflexes active.

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	
	Muscular system - very slight tenderness in lumbar muscles.
7.3.18.	Urine - sc. 1.03 & alb. neg. Sugar. neg. Microscopic - water.
11.3.18.	No pain now. For discharge to Unit.

H. A. de Burgh
Lt. RAMC

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
MH 7266	2327477	Dvr.	Bull	E.C.
Year	Unit.		Age.	Service.
	R.C.H.A. 3 Dn C		30	3/12 5/12.

Station and Date.

24.4.19.

Disease Influenza.

Occupation - Farmer

Enlisted — Nov. 1917. Cobourg

England Feb. 7. 1918

France Aug. 3. 1918

Wounds or Illness during Service

Lumbago Feb. 1917 — Brandshott Hosp. 3 weeks

Present Illness Influenza French Fever & Lumbago Onset 1.12.18

Hospital — #57 C.C.S. 3.12.18

#7 Gen Hosp 7.12.18

Reading 24.12.18.

Newbury 18.1.19

46. CH 24.1.19.

History of Illness - Headache & pain in back & legs — Most important Symptoms at onset. Little Cough. Came to Reading as a sitting up case but was in Bed the two weeks at Reading. Was up again during stay at Newbury.

Past Illnesses Typhoid 1916 — Lumbago for about two years before enlisting - Farm Hist — Neg.

N.I.D. Present State Feels well Base for Stiffness & tenderness in lumbar region of back No cough Eats & sleeps well. Bowels Reg. Farm - Heart & Chest - Neg.

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	Reg. 2373-19.
3.2.19	Sudden Chilliness fol. by pains in back and chest. and rise of temperature. Kept in bed.
5.2.19.	Coughs spits pain up + down sternum, also on deep breathing. Exam. shows a slight bronchitis of R. lung and medium bronchitis of L. lung. Tem five day rales at left base. General condition good
8.2.19	Coughing considerably, loose in character. Pain in lumbar region persists. Appetite only fair.
12.2.19	Temp rises to 100-101 in evening. Still complains of some lumbar pain + slight cough. Examination of Chest shows rather harsh breath sounds anteriorly in upper half left chest. No Rales or Rhonci to be noticed. Pectoriloquy + V. Resonance normal.
17.2.19	Temp continues to rise at night. Very little Cough Complained of. Nothing definite found in Chest. Spleen palpable in Costal notch on deep inspiration. R.B.C. 4.475.000 W.B.C. 8095
22.2.19	Temp continues to rise at night Color improving. Still complaining of pain in back
26.2.19	Temp - Normal "am & pm.
19.3.19	Lungs Clear. General Condition better. Still considerable tenderness lumbar muscles - Spinous Conjunctivitis - seen by Maj Lowry & dark glasses ordered. Was sit up out of bed. Part of day. W.M.

Forms
I. 1237
14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	2327477	Dvr	Bell	G L
Year.	Unit.		Age.	Service.
	R.A.M.C.		30	13/12

Station and Date.	Disease
29.3.19	Chest - Examination.
	There is a very slight retraction of the Rt apex.
	No abnormality in percussion note to be detected.
	Deep inspiration - shows prolongation of Expiration sound over both apices but more marked over right. This is heard also to a lesser extent below the Rt clavicle gradually diminishing proceeding lateral from the mid line.
	Whispering pectoriloquy is noted over Rt apex above clavicle & to a lesser extent below the clavicle disappearing laterad.
	Posteriorly.
	Vocal Resonance slightly increased over ~~Left~~ Right apex over a very small area
	Whispering Pectoriloquy noted slightly below apex and close to mid line. Rt. sided
	X Ray. Chest. see attached report
2.4.19.	No evidence of disease of lung.
	Heart - not enlarged no murmurs pulse regular.
	Complaining of photophobia and headache.
	Eye Major Lowry.
	Duncan Graham Capt.
Apr.4.	R.V.= 6/18 L.V.= 6/9. Complains of photophobia but I can see no lesion to cause it. Let him come daily for a few days. Fundi normal. Tear ducts patent.

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

(A 1014) W3081/P/206 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420)

[P.T.O.

Station and Date.	
Apr. 6.	R.V.= 6/12 c+ 50 V.= 6/9. L.V = 6/6 partly.
	Photophobia less marked and seems to be a functional condition.
	Th. Calgary A.M.C. to take a spr on both eyes concerned
Apr. 12.	Photophobia has disappeared and the eyes seem quite comfortable. ~~No further treatment needed.~~ Both Calgary Hosp
Apr 30/ 1919	Patient feels fit Walks to Basingstoke & back (up hills 5 miles) without distress. Can do everything other men can. No cough no pain chest shows widening of the bila dullness of lungs and harshness of the breath sounds but no evidence of active disease is found Fit for duty Capt & A/C Campbell. Cpl

DUPLICATE

MEDICAL HISTORY SHEET

Surname Bell Christian Name Ernest Charles

Examined { on 5 day of Nov 191 7
at Cobourg Ont

Birthplace { City or Town Cobourg
County Northumberland Ont

Apparent age 29 1/2

Trade or occupation Farmer

Height 5 feet 10 Inches

Weight 130 lbs.

Chest measurement { Minimum 33 inches
Maximum expansion 36 1/2 inches

Physical development Fair

Small-pox Marks None

Vaccination Marks { Arm Right Left
Number 0 1

When Vaccinated last 25.1.18 25.1.18

(a) Marks indicating congential peculiarities or previous disease Right Sciatic

Removed Surgically (injury)

(b) Slight defects but not sufficient to cause rejection

Slight Left Varicocele

VR 20/20

Vh 20/20

Approved by G. H. Fuid

Rank Capt M.O.

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

Date	Result	Vaccinations	
25.1.18		G. H. Fuid	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
28.11.17	+	G. H. Fuid	M.O.
4.12.17	+	G. H. Fuid	M.O.
8.12.17	+	G. H. Fuid	M.O.

Enlisted on 5 day of Nov 191 7 at Cobourg, Ont

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Cobourg Hy Battery	2327477	—	Nov 5 1917
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
MEDICAL BOARD, M. D. No. 3 Passed as Medically Fit. Date Nov 29/17 [illegible] PRESIDENT			a fit
Cobourg	Jan 24/18	Tb. Pharynx	a u

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

M. F. B. 313.

300M.—1-17.
H. Q. 1772-38-439.

Surname Bell Christian Name Evan Charles

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

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.

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(1) Name of Overseas Unit which Soldier joins... Cobourg Heavy Battery, C.E.F.

(2) Regimental Number ... 2327477

(3) Full Name of Soldier... Bell, Erwin Charles

(4) Place of Birt ... Cobourg, Ont.

(5) Are you married, or not ? No

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

(b) Present Postal Address...

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

(8) Have you any children ?...

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

Also their names and ages...

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

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

If so, state name and address ..... Charles Frederick Bell, R.R.4, Cobourg

(10) Is your Mother alive ?..... Elizabeth Bell .....

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

.....

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

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

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

.....

.....

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

.....

.....

.....

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

.....

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

Wm. Lennox

..... *Officer Commanding.* Major

Date November 28th., 1917

Cobourg Heavy Battery

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT B

NAME OF SOLDIER Beard W.E.C. No. 339444

REGIMENT C.A.D.C. RANK Gnr.

INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	6/12/17	5 / 18, 14, 10, 5 / 4 1 2									4 / 3 / 29 30 / 32					1/23					3	2 ett 5 Cav.
	7/12/17	5 / 5, 10, 14, 18, 31									3 / 1 2 3, 19									E.W. Sisson		Complete

M.F.B. 465
200M-1-17
1772-39 950

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B. 181.

Corps R. C. H. Q. "A"

Military Hospital Battle Area.

No. 232444 Rank and Name Dvr. E. C. Bell. Age 30 Service 1 year 1/12.

Disease _____ Date of admission 31/1/19. Date of discharge _____ Result _____

Dates of Observation	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2
Days of Disease																															
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute	64	100	92 80	76	96	80	116	84	88	84 80	76	68	60	80	72	74 80	72	60	62	64	76	72									
Respirations per Minute																															
Motions per 24 hours	1	1	1																												

Rdcd 3d 1025 negative.

(1002.) W9043—1195. 499,500. 1/15. K & K. Forms/B. 181/3.

Signature _____ In charge of case.

C.A.D.C. 9009A

Duplicate

"M" WING, C.O.G.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BELL E. G.

REGIMENT CAR D. RANK Drw No. 2327477

Date of Examination in England 27/5/19 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 5. 7. 9. 10. 12. 13.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

CAN. ARMY DENTAL CORPS M.D. 3. ONT.

HAS HE EVER REFUSED DENTAL TREATMENT? No.

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

- (*a*) In Canada yes.
- (*b*) In England yes
- (*c*) In France

Signature of Dental Officer H. A. Timmons Capt

68 Original

FORM C.D. 3.

DISPERSAL CERTIFICATE.

1. Surname BELL Christian Names Ewin Charles

Regtl. No. 2327477 Rank { Temp. ..... Acting Pte Dur. } Regt. or Corps C.A.R.D

Unit C.A.R.D

2. (*a*) Service Group 31

(*b*) Occupational Group 1

(*c*) Dispersal Area H

3. (*a*) Medical Category A

(*b*) Railway Station to which proceeding on Dispersal Cobourg Ont.

(*c*) Post Office address in full R. R. No 4 Cobourg Ont.

(*d*) P.O. or Bank in which soldier desires to have his Post discharge or deferred (if any) pay deposited Dominion Bank Cobourg Ont.

4. I certify :—

(*a*) that I carry no ammunition ;

(*b*) that all the information given above is correct to the best of my ability;

(*c*) that I have completed a Questionnaire for the Department of Civil Re-Establishment.

Signature of Soldier E. C. Bell

Signature of O C C Hyden Capt For

Date 28/5/19

NOTES.

1. Each alteration must be initialled by the O.C.
2. Forms will be clearly marked "Original," "Dup.," or "Trip." as the case may be.
3. All entries will be made in ink or type.
4. All information for Part 2 of form will be obtained in the case of Other Ranks, from Pay Books, and in the case of Officers from Record of Service Book (A.B. 439).
5. In every case Signature of O.C. and Soldier must be attached.
6. Soldiers' (duplicate) copy, together with Pay Book (A.B. 64) should be carried on the person, not in the kit.
7. In case of loss of Dispersal Certificate, soldier should report same to O.C. or Dispersal Draft Officer.

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 Draft to R C H A

Regimental No 2327477 Rank Dr Name Bell Erwin Charles

Enlisted (*a*) Nov 5/17 Terms of Service (*a*) C. E. F. D. of War Service reckons from (*a*) 5 Nov 1917

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*) Farmer

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				
23-6-19	Z. O. S.	300 Discharged	4-7-19	Kingston Ont	Pt. 2. Order # G. 189

F. J. Mooney Major
O. C. Dispersal Area Station

(*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.
10287—65M—28-7-17.

Dft. Coburg Heavy. Bty To C R A

CR. Rank | Name BELL, Erwin Charles. | Reg'l No. 2327477.

Unit | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Cobourg, Nov.5th. 1917. Place of Birth Cobourg,Ont.

Name and Address, Next-of-Kin Charles Frederick Bell,

R.R.No.4. Cobourg, Ont., Canada. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

3-2-21 R.R.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Pte.	Date.	REMARKS Taken from Official Documents
	C	Arrived in England			16-2-18 S/S MISFANABIE
21-2-18	RBCta	TOS on arrival from Canada	Pte	Willey	14.2.18 Pg 52
2-8-18	"	SOS proceeding O/Seas	Dvr	Willey	18-18 " 214
6-8-18	R.C.H.A.	TOS. On arrival from England	"	Field	3-8-18 Pg 62
18-1-19.	"	Invalided sick to CARD.	"	"	3-1-19 " 5. to CARD. 20. 20-1-19
27-5-19	M Wing	T/O/D from CARD	-	Willey	27-5-19 - 47 to C.A.R.D 156 5/6/19
		To Canada		71-H-137	23-6-19
		S.O.S To CANADA			23.6.19
		Clr R.S.D.O.	1 d	25-7-19	

Died in Canada after discharge 15/8/20

103 C.E.B. 6 AUG. 1918 CHECKED

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.					

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps CRA

Military Hospital No 12 General

No. 2327477 Rank and Name Gnr Bill Ed. Age 29. Service 4/12

Disease Myalgia Date of admission 3-3-18 Date of discharge 11-3-18 Result Improvement

| Dates of Observation | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S

Army Form B. 181

CLINICAL CHART.

(To be attached to Case Sheet.)

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.

Fill in Only.—Unit, Number, Rank and Name. 68. H

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

Casualty Form—Active Service.

Unit, Regiment or Corps R.H.A. COBOURG HEAVY BATTERY R.C.H.A.

Regimental No. 2327477, Rank ~~Gunner~~ Bombardier Name Bell, Erwin Charles

Enlisted (a) Nov.5/17 Terms of Service (a) ~~C.E.F.~~ C. E. F. Duration of War Service reckons from (a) Nov. 5th 1917

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) Farmer

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 at Alex Date 3.2.18.			
		Disembarked at Liverpool Date 16.2.18.			Mussanabie
		T.C.S. from Canada	Witley	17.2.18.	Do.Pt. 11-52
2-8-18	Res Bde CFA	Proceeded O/S to RCHA	Witley	1-8-18	B.O.Pt.11 214
3-8-18.	C.G.B.D.	Having arrived from England as a Rein. is T.O.S. of R.C.H.A.	Field.	3-8-18.	N.R. Pt II Q 62 of 6-8-18.
5-10-18	Do	Left Base for Unit	do	5-10-18	N.R. D 1412.
12-10-18.	R.C.H.A.	Joined unit from Base	do	7-10-18.	B. 213 2327477, Bell, Erwin Charles

CERTIFIED CORRECT. 7 AUG 1918 CAN. REGIMENTS IN U.K.

A.E. Belleveau LIEUT. & ASST. ADJUTANT. RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.

(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				
3-12-18	1 C.C.C.S.	Influenza to	1 Amb Train	3-12-18	A36 = M9523.
7-12-18	7.C.C.S.A.	Do A T	7.C.C.S. F A 1 C.C.C.S.	3-12-18 3-12-18	A36 = A4017.
7-12-18	R.C.H.A.	Adm. to Hospital	Field	3-12-18.	B.213.
8-12-18	57.C.C.S.	Influenza	57. C.C.S.	8-12-18	A.36 = M84
12-12-18	57.C.C.S	Do to	20 Amb Train	12-12-18	A.36 = M.1542.
4-12-18	1 C.C.S.	Do to	57. C. C.S.	8-12-18	A36 = M.1537.
13-12-18	7 Cdn Gen	Do	7 Cdn. Gen	13-12-18	W3034 = M1661
1-1-19	7 Cdn. Gen	Do	England	1-1-19	W3034 = M 3397.
3-1-19	on H.S. Brighton	Invalided sick and posted to C.A.R.D. Witley	H.S. Brighton	3-1-19	W3034 - P.B.I.C. dy.

George J. Skelton Capt.
for Lt-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

20.1.19 Card Dos from R.C.H.A. Witley 4.1.19 P.T.O. 20. WK

EMBARKED LIVERPOOL S.S.
BE GA: 23.E. 9.D EMBARKED
1/LE X 17.9
LT FOR CAPT & DJT

W S Ewart

S.O.S. ON PROCEEDING TO CANADA.
Pr.2.0 N067. 16/6/19

A Armand LIEUT.
FOR OFFICER COMMANDING,
"M" WING, C.C.C.

FOR LT. COL. I/C RECORDS, C.O.M.F.

Report No._____ Army Form W. 3212.
(In books of 100.)

Regtl. No.; Rank and Name } Bell Age____ Corps_____

Disease_____ Hospital_____

To Officer i/c Laboratory. Ward_____

Please carry out an examination of the accompanying specimen of_____

with special regard to_____

Nos. of previous Reports (if any)_____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date_____ _____

O. i/c Ward.

LABORATORY REPORT.

W.B.C 8095

38 % small monos
8 % large monos
54 % polymorphs

R.B.C 4.475.000

Date of Examination_____ _____

O. i/c Laboratory.

(S.O. 1452.) W. 5750/P831. 6,000 Bks. 3/18.—McC. & Co., Ltd., Ldn.—

Small mono 21-31 1 2 1 1 2 2 1 1
Large mono 1 1 1 1
polyscript 1 1 1 4 2 2 1 1 1 1 2
5 3 4 6

W. B. C.

	10		
	12		
	13		
2	10		
2	13		
1	5		
1	14		
3	12		
1			
5	12		
2	6		
3	11		
1	9		
0	14		
1	11		
1	11		
3	16		
1			
0			
		22	4 36
		9	1 5
		4	1 8
		35	6 49
		36	7 50
			1 52
		38	8 54

73 × 125 × 5 = 26 × 4000 × 20 = 16 × 4 × 16 = 625 × 13 = 1875 + 625 = 8095

179 × 4000 × 100 = 179 × 250 = 179 000 ÷ 25 = 4,475 00

Date of Enlistment

Auth'd Nom Roll

MILITIA AND DEFENCE

Separation and Assigned Pay Branch B

OVERSEAS CONTINGENTS

4824

Date of Assignment Feb. 1st 18

9L1138

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 2327477

Rank Gnr. Promoted Reverted Discharge

Soldier's Name Erwin. Charles. Bell.

Battalion Cobourg Heavy Battery. C.E.F. 11th Dft.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Elizabeth. Bell.

Address R.R. No 4. Cobourg. Ont.

Change of Address

1 ELIZABETH BELL, R.R.#4, COBOURG, ONT. 15 15.00 % 2327477 GNR ERWIN C.BELL FIFTEEN DOLLARS

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Feb.	B 99513		15	15	✓	01243-E-36
Mar	A 95830		15	15	✓	
Apl.	K 8648		15	15	C	
May	E 6336		15	15	✓	
June	D 14547		15	15	✓	
July	X 28812		15	15	✓	
AUG	B 33791		15	15	✓	
SEP	B 38752		15	15	✓	
OCT	B 43726		15	15	✓	
NOV	A 59935		15	15		
DEC	C 62266		15	15		
JAN	D 71242		15	15		
FEB	D 79283		15	15		
MAR	D. 90208		15	15	✓	
APR	E. 1688		15	15	✓	
MAY	B 6647		15	15	C	
JUN	B 9895		15	15	C	
JUL	B 11294		15	15	C	

O.K. for cheque 18/7/18

M. F. W. 128.
4M. 6-7—1-79-39-1141
L L 22330—M. & D. 1932.

A/c Closed 31/7-19 270

Ret'd per Belgic ..... 7 M.D. 3

Date 1/8/19 M.F.W.187 ..... 9 M.D. 94055

Clerk .....

AUDITED.

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.
4'0M. 6-17—1772-39-1141
L. L. 22320—M. & D. 4603.

D.M.S. 1300 50M-21-1 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Bell.	E.6.	2327477.

RANK	UNIT	CO.	TROOP	BATTY.
Dvr.	R.A. RS. (R.G.H.A.)			

HOSPITAL — DATE OF ADMISSION

1. 12. G. G. B. Stott. — 4.3.18
7. Can. Gen. Staples. — HOSP. 13.12.18.

2. Reading War — HOSP. 3-1-19

3. 4. S. G. Basingstoke — 25.1.19
HOSP.

4. HOSP.

DIAGNOSIS

1. Myalgia lumbar
2. Influenza

3.

DISPOSITION — DATE

Dis. 16-3-18

REMARKS

Dise. 5. 5. 19

Dl. 6.3.18. C.184.
" 21-3-18 C.197 (2)
24.12.18 @433 (1)
8-1-19 B 443
31.1.19 B 463/2
8.5.19 B 544

A.M.D. 2 Dept.
Roh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

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

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

F. & C.G.H. Hospital.

Ward Upper No. of Bed Date 19.3.19

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
32747	Dvr. Bell EC	R.A.S.C.	Chest

Short History of Case.
(To be completed by M.O. i/c case.)

Admit 1.12.18
French fever. Lumbago
Influenza.
Temp. still rises frequently
to 99 7 am occasionally
Chest shows pulmonary
& expiratory sound Rt apex
Increased V.F. & Whispering
Pectoriloquy

Signature of M.O. Lobascheff Capt

Date 29.3.19

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate 6492

Hilus shadows are extensive and there is peribronchial thickening in both apices, especially in L. where it is suspicious in character, but nothing shown quite typical of T.B.

Signature of Radiographer A. H. Ralph Capt RAMC

Date 2/4/19

H:4:19 Maj Lawrys Report

R.V. 6/18
L.V. 6/9

Complains Photophobia Loss no
lesion to cause it Fundi N. Tension Dilate
Patent

6.4.19. R.V. 6/12 ° 50 V = 6/9.
L V = 6/6 partly

Photophobia less marked seems
to be functional Condition
He is Category A in so far as eyes are
Concerned

Fit for duty Cat A

W R Campbell
Capt

BOARD RECOMMENDS:—

1. Fit for Duty..... A.M.

2. Fit for duty after.....

3. Fit for Temporary Base Duty.....

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures:—

Members { (Sgd) S.Nixon Davis ..... / (Sgd) J.Swindon Capt.C ..... / .....

F.G.

APPROVED

Dated at..... 1 JUL 1917 .....1916.

FOR A.D

AD.

Number 2327477 Rank Gnr

Surname BELL

Christian Name Erwin Charles

Unit C.F.A. Theatre of War France

Date of Service 1-8-18

Remarks

Father C J Bell Esq
RR No 4
Colborne
Ont.

Latest Address R.R. No 4
Colborne
Ont.

Roll No. B. Page 41051

Form R. 149.

Erwin Charles

Name BELL Rank Dvr Reg. No 232747 77

Unit ~~R.B. 6 F.C.~~ Reta

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4 3	12 Can Gen Hpe Bramshott		Mysterious Sickness	6184		13673
16 3	Discharged		do	6197		3819
13 12	7 to C St Stapleton		Influenza			
2.1.19	War Reading		do	B443		4290
25.1.19	4 to Gen Basingstoke		do	B463		5740
3.5	Discharged		do	B574		3594
R1.5.5	Wpon 1905 to 6 ARO Ripon					

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

Bell, E.C., Dvr. 2327477 R.C.H.A. 649-B-42266

Med. &, Dec. (,Father) C. F. Bell, Esq.,
R. R. No.4,
Cobourg, Ont.

P. & S. (Father) Address as above.

(Ser. # 985046)

Mem. Cross. (Nil)

Not Eligible for 14-15 Star

E.. .. .. V.M

E.. .. .. B.W.M.

1 6R

B

R.R.

Sarell Dasp. 21-5-3 Requ. No. 55931

Pearse Dasp. 21-5-3 Requ. No. 49215

H3 CARD No. 4

SURNAME. Bell

CHRISTIAN NAMES Erwin Charles

REGL. No. 2327477 RANK Gr.

UNIT Cobourg Nov. Bty. (8th R.D.)

FORMER CORPS Nil.

D.D.Dis 3-7-19
Demob. FOLL.
ON 189 p 8-7-19
300

D-to-C 15-8-20 ½
SCR 124 ½ -12.
15-8-20

NEXT OF KIN.

NAMES IN FULL Bell, Charles Frederick

RELATIONSHIP TO SOLDIER Father

ADDRESS R.R. No 4, Cobourg, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Cobourg, Ont. DATE Sept. 28th 1858

PLACE OF ATTESTATION Cobourg, Ont. DATE Nov. 5th 1917

From Halifax Per S.S. "Missanabie" 5-12-18

N/C 1-7-19 35-C 99 Dvr.

1100/2

L. L. 6915. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer RELIGION Methodist

DESCRIPTION.

APPARENT AGE 29 YEARS 1 MONTHS

HEIGHT 5 FEET 10 INCHES

CHEST MEASUREMENT 36½ INCHES EXPANSION 3½ INCHES

COMPLEXION Medium EYES Hazel HAIR Brown

DISTINGUISHING MARKS Right testicle removed surgically, Scar in rt. injuinal fold. Left varicocele.

MEDICAL EXAMINATION. PLACE Cobourg, Ont. DATE Nov. 5th 1917

Present Address R. R. No 4, Cobourg, Ont.

Form DMS 1401.

H – 31 – 1

No. 4 Canadian Gen. ..... HOSPITAL.

A. & D. CARD

AT Basingstoke

A. & D. No. M.4.J. 72616 PL. OF ACTION France

RANK Driv. REG. NO. 2327479 UNIT Rocanteen SICK OR WOUNDED

NAME Bace E C AGE 30. RELIGION Meth.

PLACE IN HOSPITAL Gu

DIAGNOSIS Influenza + Lumbago.

ADMITTED 5 MAY 1919 FROM Woodcote Park Reading

DISCHARGED TO C.A.R. Ripon

TRANSFERRED

SERVICE AT HOME 8 mos. IN FIELD 5 mos

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

Form DMS 1401.

12 Can Gen HOSPITAL.

A. & D. CARD

AT

A. & D. No. 1624 PL. OF ACTION

RANK Lnr REG. No. 2327477 UNIT C.R.A. Coburg 24 Batty SICK OR WOUNDED

NAME Bell E.C. AGE 29. RELIGION Meth.

PLACE IN HOSPITAL ~~Ghost Annex~~ B. 10

DIAGNOSIS Myalgia

ADMITTED 3.1.3.18. FROM

DISCHARGED MAR 16 1918 TO

TRANSFERRED

SERVICE AT HOME 4/12. IN FIELD

RESULTS 2/52.

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
	No 12 Can Gen Branshott	9-3-18	
6197	Discharged	16-3-18	Myalgia Lumbar
A4331	1 Can. Gen. Hospital	3-12-18	Influenza
B443-1	War. Reading	3-1-19.	"
B463-(2)	4 C. Gen. Basingstoke	25-1-19.	"
B544	Disc	5-5-19	"

REGT'L. NO. 2327477

NAME Bell. E. G.

H. Q. FILE NO 649

RANK AND CORPS Dvr. R.F.B.

FOLLOWS NO.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

No. 2327477 RANK Gnr NAME Bell E. C.

T. O. S. UNIT Coboury Heavy Battery
Recruiting Depot,
M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Nov 5	1917 Nov. 30 Dec	M. M.		
1918	1918 Jan.	M		

Urine Laboratory.

Ward..F..... d . . . Date..6..3..... 1918

Reg.No.232747..Rank..Gnr..Name..Bell....Unit..C.R.A.

Reaction....acid....Sp.Gr.....1034..Bile.....

Albumen.....neg.....Sugar.....neg.....Blood.....

Sediment.....water.....

Microscopic

H.A.de Bruyn..Capt.C.A.M.C. .....Capt.C.A.M.C.

M.O.i/c Ward. Officer i/c Laboratory.

27

[illegible]

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

1. Triplicate Attestation Paper or Particulars of Recruit (W.F.W. Regt.).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 218 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or A.F.B. 179).
5. Dental Certificate (C.A.D.C. 5000a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. '89)
   (Enclosed in special envelope (2608)).
9. Copy of Discharge Certificate (M.F.W. 89a).
10. Dispersal Certificate (C.D.S).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.851). 2 Dup.
13. Pay Book (A.B.63).
14. War Service Gratuity (Form M.F.W. 2573).
15. Sundry Documents.

Group B

Checked by No. 17

Date 16 JUN 1919

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

War Service Badge Class A

(Demobilization.)

No. B 34407 Issued

1. No. 2327477
2. Rank. Dvr
3. Name. Bell E C
4. Unit. CARD
5. Date of Discharge 4.7.19 Place Kingston
6. Reason for Discharge Demobilization
7. Authority. Ro 1894
8. Proposed Residence after Discharge RR No 4 Cobourg Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received

M. F. W. ? B39

E. C. Bell

Signature of Soldier.

EMBARKED FOR CANADA
BE 31 3 9 19
H.M.L.F. X 17
LIVERPOOL

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Medical Documents Forwarded to S.C.R. or B.P.C. on Date JUL 17 1919

Place

Date

Signature (O. C. Discharge)

M.F.B. 218a—300M.-11-18—1772-89-113.

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.)	Yes A.
(*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.)	

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.)

(*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.)

R.T.C.Auth A.G.Tele9083/11.11.18.

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.

E.D.Coutts,Capt CAMC. *President.*

PLACE Witley Camp. Geo Hooper,Capt CAMC. } Members

DATE 12.6.19.

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

F.B.Wilson,Capt CAMC.

for, *Assistant Director of Medical Services.*

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

CANADIAN HEADQUARTERS CANADIAN CORPS CAMP. 13 JUN 1919 WITLEY SECTION.

CERTIFIED TRUE COPY
F.Clarke

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley Camp DATE 12.6.19.

1. 1 (*a*) Unit H.Group (*b*) Regimental No. 2327477 (*c*) Rank driver

(*d*) Surname BELL (*e*) Christian name Edwin Charles

(*f*) Home address Coburg Ont

(*g*) Next of Kin Mrs Elizabeth Bell (*h*) Relationship Mother

(*i*) Address of Next of Kin same as above.

2. Age last birthday 30 Date of birth 28th Sept 1888

3. Enlistment, or Appointment (if an Officer) (*a*) Place Coburg (*b*) Date 6.11.17.

4. Personal description:

(*a*) Height 5'.10" (*b*) Weight Est 150 (stripped) (*c*) Complexion Fair

(*d*) Colour of hair Br (*e*) Colour of eyes hazel (*f*) Identification marks, Scars, etc. Rt testicle missing Hard irregular tumor front of neck Tattoo rt forearm (Oddfellows emblem)

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
	1	212

	Periods	
	From	To
Canada	5.11.17.	28.1.18.
England	28.1.18.	30.7.18.
France or other theatres of War	30.7.18.	1.1.19.

7. Original disease, or injury 1. Contusion Rt testicle. 2. Myalgia.

(*a*) Date of origin 1. Childhood. 2. Prev to enlist: (*b*) Place of origin 1. Canada. 2. Canada.

(*c*) Cause 1. Accidental injury. 2. Unknown.

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.)

1. Absence Rt Testicle.
2. Myalgia -moderate pain & weakness back in bad weather.

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.)

1. Scar rt groin 2" long well healed Rt testicle absent
Subj:- Occasional pains inscar.

2. No obj signs of disease.

Subj:- No pains etc at present But in bad weather has aching pains between shoulders, and in small of back.

(*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 1. Yes — Cardio-Vascular System 3. Yes (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems No — Any other general condition 2. Yes

1. States that rt thigh occasionally feel numb No signs or symptoms at present.

2. Complaint of pain in lt chest -4th -6th interspaces in axilla for past week No obj signs Heart rate 80 -120 after exercise returning in two mins - no friction etc
3. Moderate varicocele lt -no symptoms.

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

Patient states that when 10yrs old he was kicked by a colt and as a result rt testicle was removed some yrs later.

2. Patient states that he has had pains in back & shoulders for about three ~~weeks~~ yrs, about the same as before enlistment
In Hospital Mch 1918 for 2 weeks Has always been "A".

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*).)

7.12.18. 5.5.19. Influ: & Bronchitis recovered
Typhoid 1915 Good recovery.

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

See 4F.

11.—(*a*) Did the disabling condition have its origin before enlistment? 1. Yes 2. Yes.

(*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.)

1. No 2. No.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) 1.& 2. NO. (b) 1.& 2. 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? 1. permanent. 2. Six months.

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

1. Nil
2. Hospital treatment at 12th Can Gen 3.3.18. 16.3.18. M.H.S.(Myalgia. ?)

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)

1. No.. 2. NO..

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

17. Recommendations. Nil

C.E.Frain, Capt CAMC.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, Edwin Charles Bell. 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.

E.C.Bell. Driver. Rank.
Signature of invalid examined.

P. 559
MARRIED OR SINGLE: Single

PLACE OF BIRTH: Cobourg Ont

NAME AND ADDRESS OF NEXT OF KIN: Charles Fredrick Bell Cobourg Ont R.R.#4

RELATIONSHIP OF NEXT OF KIN: Father

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 2327477 RANK Gnr NAME Bell Erwin Charles
Cobourg Heavy Bty.

IF IN PERMT. CORPS / WHAT UNIT — UNIT 2a C.F.C.A.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Cobourg.

DATE OF ATTESTATION 5th Nov. 1917

TRANSFERRED TO	DATE	AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1.2.18

PAYABLE TO Elizabeth Bell Cobourg R.R.#4. 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
1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DRA	BALANCE																									
Jan 31	Bal from Canada																													10	—			
Ft	Gun Pay	30	80						A.R. Attach																			30							
Mch	"	34	10						AR 5/11	2/3	C.R.a.		4	87																	15	70			
									5820	22/3	"		24	33																					
		64	90										29	20														30							

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4				CREDIT	DEBIT			

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 732747 RANK Dvr. NAME (IN FULL) BELL, Erwin Clark (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE
- Nil -

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Dvr. E.C. Bell,		
c/o Dominion Bank of Canada,		
Cobourg, Ont.		

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION: Cobourg Hwy Bty — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION: 5-11-17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $: 15.00 per mo. — DATE EFFECTIVE: 1-8-19.

PAYABLE TO: Elizabeth Bell, — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS: R.R. #4, Cobourg, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: Kingston — DATE: 4-7-19. — REASON: Demob. — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

1781

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.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	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									8	81																									8	81	Returned "Belgic"
July	8.	1.00	8	80	35	00	70	00	113	50							97	33	98	57	16	01	15	00							196	61	-	-	-	-	Bal. per Engl. P.C.,
																																					Clothing Allce. and Equipment W.S.G.
																													4	40			4	40	4	40	-	-	Pay to Estimate date of discharge.
																																						Advances in England.
																																						Boat Money. Train Money.
																																						Overpaid 4 days on discharge.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1. 2. 18	EFFECTIVE DATE:-	
AMOUNT:-	15.00	AMOUNT:-	

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

Mrs Elizabeth Bell
Coburg. R.R.# 1. (Mother)
Ontario
Stopped 1-7-19

NAME: BELL Erwin Charles
NUMBER:- 2327477

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gunner

UNIT AND TRANSFERS

ORIGINAL UNIT:- Coburg Heavy Bty
DATE ACCOUNT FIRST OPENED:- 1. 2. 18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.R.D.
62 6-8-18	3.8.18	21.8.18	R.C.H.A.

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
~~29-5~~ 3-6	~~378~~	M. C.C.C.	~~24 35~~	12 days 8. June 5.5.19 to 17.5.19. 12 days Bas Pay			
				Ledger Bal			10 44
				L.P.C. to Bal			82 81
				3-6-19 mo 3			~~82 81~~

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- 30-6-19 Disch to Coburg auth 10 136 M. Wing W. 11th to Willy

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal. Forward								15 70		
Apr	G.P.	33		a/p.				15			
				ak 267 C.R.A. 10.4.18	973						
				ak 535 C.R.A. 24.4.18	487				1910		
		33			1460			15			
May	G.P.	3410		a/p				15			
				ak 958 C.R.A. 8.5.18	973						
				ak 1357 do 23.5.18	973				1874		
		3410			1946			15			
June	G.P.	33		a/p				15	3674		
				ak 1631 C.R.A. 11.6.18	487						
				" 2034 do 24.6.18	1947				1740		
		33			2434			15			
July	G.P.	3410		a/p.				15	3150		
				ak 2524 C.R.A. 9.7.18	487						
				" 2858 " 21.7.18	243						
				" 3202 " 27.7.18	243				2171		
		34 10			973			15			
Aug	Gm Pay	34 10		C.A.P.				15			
				C.G.B.D. 7771 "/8/18.	446						
				— " — 8500 23/8/18	446				3195		
		34 10			892			15			
Sept	" "	33		C.A.P.				15			
				C.G.B.D. 9563. 8/9/18.	446						
				— " — 10337 18/9/18	446				4103		
				— " — 10803 30/9/18	446				3657		
		33			1338			15			
				Fwd							

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS		DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Sept	Two									36 57		
Oct	Pay	34 10		Clear					15	55 67		
				AR 310 GBX	3/10	4 66						
				AR 334	16/10	4 66				46 35		
				AR 382	29/10	4 66				41 69		
		34 10				13 98			15	101 20		
Nov	"	33		AR 441	20/11	4 66				142 89		
				AR 471	27/11	9 33				61 49		
Dec	"	34 10		Clear Nov Mess					30			
				Rem Mess Jma	29/11	2 50						
Jan	"	34 10		Clear		16 49			15	81 40		
		101 20				16 49			45	64 90		
				AR 2757	18/1	4 87				146 30		
				AR 13 [illegible]	29/1	4 87				44 61		
Feb	4	30 80		AR 14600	11/2	4 87						
Mch	"	34 10		Clear Feb Mch		14 61			30	101 69		
		64 90				14 61			30			
Apl	"	33		Clear					15	119 69		
	Sick furlough 5-5-19			AR 893	4-4. Bas.	4 87						
	to 17-5-19. Do. 12 9-			2096	2-5 Bas	4 87						
	9-5-19. Cord 12 days	8 76		2369	5/5 Bk H	9 74 / 48 67						
May	GR for May & June	67 10		Clear May & June					30	107 14		
		108 86				58 41			45			
				5033	14/6 M. Bde	9 73						
				3281.	29-5 Do	24 33				73 08		
						34 06						

Sos to Com 23.6.19 Mas Sk 71