

LT
I.D. number
No. d'identification

BLUNDELL
Surname
Nom de famille

RICHARD CHARLES
Given names
Prénoms

**PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

Location
Lieu

831

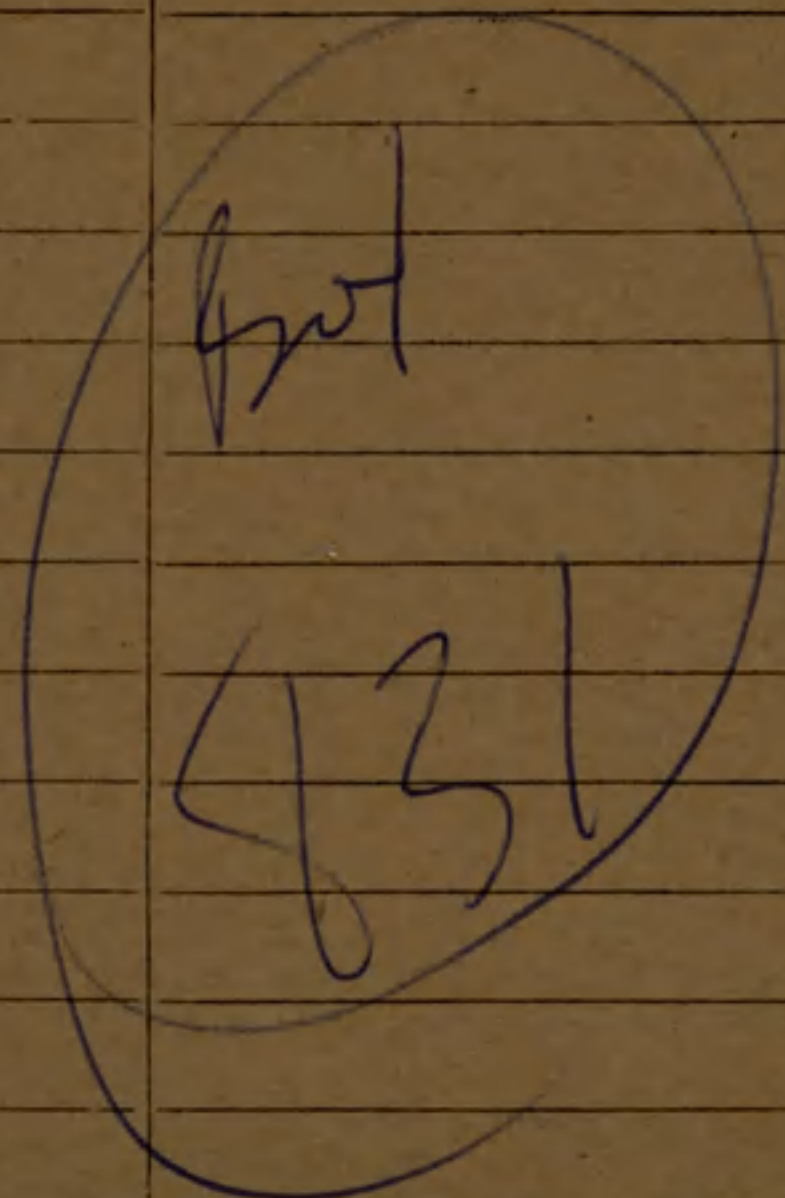
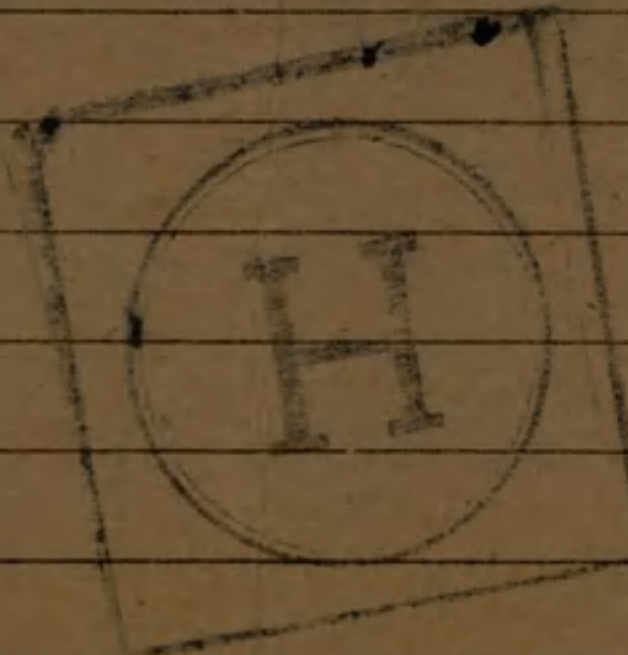
**« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »**

REGIMENTAL DOCUMENTS

25027

NAME Blundell, Richard Charles REGT. NO. Lieut UNIT 7th Bty H. Q. FILE NO. (H)

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
27/1 AFFIDAVIT PAPER (M.F.W. 23, 133, or 51)		(M)			DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Pers	28-6-19	Pers - 7782219	Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
6 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob</i>
1 MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 Disp. Cert.					
1 m. f. w. 67.					
1 m. f. w. 25-91					
1 Corp card					
1 Reg					



10-9
10-9
11-9

Ref. S.S. Section 11/6/19.

Surname **BLUNDELL**

Christian Names **Richard Charles.**

Rank **Lieut.**

Name and Address of Next-of-Kin

Promotion

Ellen E. Carman, (Mother)

559 Rosedale Ave. Winnipeg.

Unit **78th. Depot Battery Draft.**

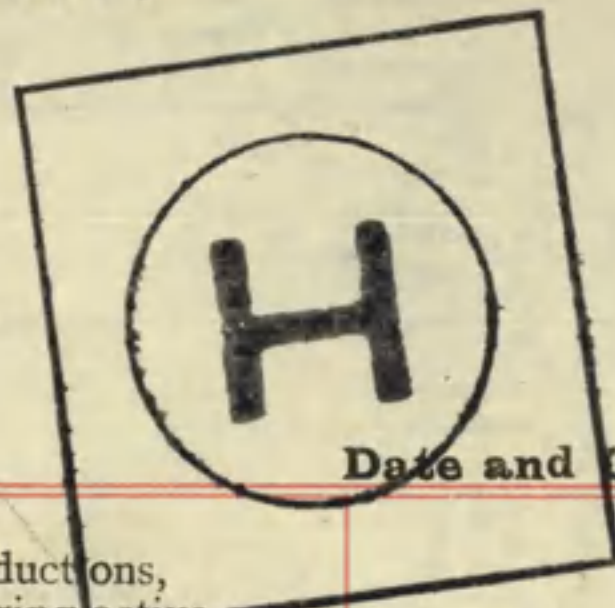
Place of birth **Guelph, Ont.**

Married (Yes or No)

Appointments

Date of leaving Canada **1.12.17.**

Date and Cause of Resignation



M

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				
23.12.17	Res Bde.	T.O.S. with effect	on sailing from Canada	1.12.17	Word 36.
9.1.18	O.R.O.	Adm 3 rd Low Fin Hosp	Windsor	21.1.18	Discharged
23.1.18	Res Bde CFA.	SOS to CARD, having been granted		23.1.18	Word 23 & Word 27
15.4.18	CARD	T.O.S. on posting to Res Bde CFA.		11.4.18	Word 105
22.4.18	R.B.C.F.A.	SOS on proceedg overseas as Rein to C.F.A.		22.4.18	Pt. II of 112
3.5.18	C.A. Pool	T.O.S. on arrival		23.4.18	Word 57
do	do	SOS & posted to 5 th Div T.M.B.		23.4.18	Word 57
23.12.18	5. D.A.C.	T.O.S. on posting from 5. T.M.B.		16.11.18	Pt. II of 80.
28.12.18	do	Granted 14 days leave to U.K.		4.12.18	Pt. II of 81.
23.4.19	do	Granted 14 days leave to Nice		11.4.19	Pt. II of 34.
16.5.19	do	Proceeded to England		11.5.19	Pt. II of 40
23.5.19	J. wing C.C.C. Witley	T.O.S. pending R.T.C.		12.5.19	Pt. II of 19

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				
21.6.19	J. Wing C.C.C.	S.O.S. O.M.F.C. to C.E.F. in Canada		12.6.19	Pt. II of 29 Sailing 80.
		Sailed for Canada			

19175

CERTIFIED CORRECT
 20 APR 1918
 CANADIAN RECORD OFFICE

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

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

M.—5-16
 H. 72-89-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 78th Depot Battery, C.E.F.
 Regimental No. Rank Lieutenant Name Blundell, Richard Charles
 Enlisted (a) 22-8-16 Terms of Service (a) C.E.F. Duration of Service reckons from (a) 22-8-16 1.12.17
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N. C. Os. }
 Extended. Re-engaged. Qualification (b) Lieutenant C.E.F.

W. S. B. CLASS A

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				
	Embarked at	Halifax	on N. M. T. No. 2810		Date. Nov 20th 1917 1.12.17
	Disembarked at	Liverpool	from N. M. T. no 2810		Date. Dec. 10 th 1917
23-12-17	O.C. Res Bde 67A	T.O.S. from Canada	Witley	10-12-17	BoPt II 36.
23-1-18	O.C. Res. Bde 67A	608 to C.A.R.D. having been granted sick-leave the 14 th Feb 1918	Witley	23-1-18	BoPt II 38 RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.
16-4-18	O.C. Res Bde 67A	T.O.S. from C.A.R.D	Witley	11-4-18	BoPt II 106

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Report

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				
30.1.18	O.B. CARD	I. O. S. Ishum on leave to 12-2-18	Witley	23.1.18	Part # DO 30
16-2-18	—	On command to be softy FTS to 12-4-18	—	13-2-18	" " 47
					<p><i>J. S. Bagnall</i> CAPT. & ASST. ADJUTANT. For O.C. CAN. ART. REGIMENTAL DEPOT.</p>
15-4-18	O.B. CARD	S.O.B. to Res Bde. O.S.A. (F.B.S.)	—	11.4.18	Part # 105 of art. remainder
					<p>For O.C. CAN. ART. REGIMENTAL DEPOT.</p>
16-4-18	O.B. Res Bde C.F.A.	To Spem to a R.D.	Witley	11-4-18	B.O. Pt # 106
22.4.18	Res Bde C.F.A.	Proceeded overseas to C.F.A. T.M.S.	Witley	22.4.18	Part # 112
					<p><i>W. D. Clarence</i> LIEUT. & ASST. ADJUTANT. RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.</p>

(Sheet 2) ~~(Temporary)~~

Casualty Form - Active Service.

Regiment or Corps..... *Field Artillery (T.M.B.)*

Rank..... *Lieut* Surname..... *Blundell* Christian Name..... *R. C.*

Religion..... Age on Enlistment..... years..... months

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

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and rate.....

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
<i>23-4-18</i>	<i>A.M.H.O. Boulogne</i>	<i>And reinf. T.M.S. Can.</i>	<i>Tuty. Pool</i>	<i>23-4-18</i>	<i>See lines 1397 (A56) d/17/18 KR. 27387 in RA/2378 KR/2340 PT II 0.56 d/25/18</i>
<i>19/18</i>	<i>A.A.G.</i>	<i>Posted to 5th Can. Div. T.M. Batteries</i>		<i>23-4-18</i>	<i>Wise d/9/18 KR 338 PT II 0.56 d/27/18</i>
<i>19/4/18</i>	<i>A.A.G.</i>	<i>SOS of 5th C.D.A.C. from Canterbury Pool</i>		<i>23/4/18</i>	<i>PT II No 4 d/3/5/18</i>
<i>14/11/18</i>	<i>Edn Corps.</i>	<i>S.O.S. & Estab. of 5th C.D.A.</i>	<i>Field</i>	<i>15/11/18</i>	<i>A 700 (921423) B 213/16. 11. 18 PT II 6 94/1918</i>
<i>Do.</i>	<i>Do.</i>	<i>T.M.B. posted 5th C.D.A.C.</i>			
<i>Do.</i>	<i>Do.</i>	<i>J.O.S. of 5th C.D.A.C. from</i>	<i>Do.</i>	<i>16/11/18</i>	<i>A 400 (2.2142) B 213/20. 11. 15 PT II 6 80/1918</i>
<i>14/12/18</i>	<i>CC 5th C.D.A.C.</i>	<i>5th C.D.A. T.M.B.</i>			
		<i>Granted 14 days leave to UK</i>		<i>4/12/18</i>	<i>B 113. No 82 2/1918</i>

(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) Signaller, Sholing-Smith, & Co. W. 5425 - M2733 2000m 5/17 (25611) C. P. & S. Ltd., Form B. 103 E/1807. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
28/12/18	oc 54 Coac	Returned from leave	Field	18/12/18	B213
11/4/19	do	Granted 14 days leave to nurse		11/4/19	B213 by do 24/10/19
2/5/19	do	Rejoined from leave		26/4/19	B213
		PROCEEDED TO ENGLAND			
				11 M/ 1910	
				S. G. Carson Capt	
				for Lt.-Col., A. A. G.	
				Canadian Section, G. H. Q. 3rd Echelon, B. E. F.	
				<i>W. W. Torbridge Lt</i>	
		EMBARKEO RMS. SCOTIAN, LIVERPL. JUNE. 11. 19			
26 6 19	M.H.Q. Ottawa	T.O.S. on General Demobilization	C.E.F. in Canada	M.D. No. 4/6 19	C.E.F. R.O. No. 2047-19
30-6-19	M.H.Q. Ottawa	S.O.S. on General Demobilization	C.E.F. in Canada	M.D. No. 27-6-19	C.E.F. R.O. No. 2054-19
				<i>W. Winter, Capt.</i>	
				for Director Personal Services	

MEDICAL HISTORY SHEET.

Surname Blundell Christian Name Richard Charles

Examined { on 22 day of Aug 1916
 at Lethbridge
 Birthplace { City or Town Ludolph
 County Ontario

Approved by P. B. Thousor
 Rank Capt. Cav. M.O.

Apparent age 26
 Trade or occupation Bank Clerk
 Height 5 Feet 7 Inches.
 Weight 135 Lbs.
 Chest measurement { Minimum 33 inches.
 Maximum expansion 35 inches.
 Physical development Good
 Small-Pox Marks None

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

Vaccination Marks { Arm Right. Left.
 Number 3
 When Vaccinated last 8 years ago
 (a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	VACCINATIONS.
<u>1916</u>		
		M.O.
		M.O.
		M.O.

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>July 6</u>		
<u>Sept 27</u>	<u>Typ</u>	<u>T.A.B.</u> <u>P. B. Thousor</u> M.O.
<u>Oct 4</u>	<u>Typ</u>	<u>T.A.B.</u> <u>P. B. Thousor</u> M.O.
<u>Oct 11</u>	<u>Typ</u>	<u>T.A.B.</u> <u>P. B. Thousor</u> M.O.

Enlisted on 16 day of August 1916 at Lethbridge Alta

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>78 Depot Battery C.F.I.</u>			<u>August 16th 1916</u>
Transferred to	<u>Reas Bde 67 A</u> <u>PO2 to C4A</u>		<u>23/4/18</u>	<u>10-12-17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Lethbridge Alta</u> <u>13 Berners St W.</u>	<u>13-2-17</u>		<u>passed fit</u>
<u>Witley</u>	<u>21-1-18</u>	<u>Acute Catarrhal Otitis Med. R.</u>	<u>3 wks. J. H. St. Bull, Maj, Camp C.</u>
	<u>11-4-18</u>	<u>do</u>	<u>fit for S. S.</u> <u>J. de Beaugrie, Capt.</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.

Unit ^{C/2} 78th W. Inf. Battery Rank Private Name Burdell, Richard Charles

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

- 1. (a) What is your Surname? Burdell
- (b) What are your Christian Names? Richard Charles
- 2. (a) Where were you born? (State place and country) Enniskillen
- (b) What is your present address? Walthambridge
- 3. What is the date of your birth? 3 Jan 1896
- 4. What is (a) the name of your next-of-kin? Mr & Mrs G. Gorman
- (b) the address of your next-of-kin? 1159 Rosedale Ave Winnipeg
- (c) the relationship of your next-of-kin? Mother
- 5. What is your profession or occupation? Banker
- 6. What is your religion? Anglican
- 7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 8. To what Unit of the Active Militia do you belong? 25th Battery C.F.A. Walthambridge
- 9. State particulars of any former Military Service. Home Guard Walthambridge
- 10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

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

R. C. Burdell (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

Date Aug 22 1916

Place Walthambridge

W. G. P. Thomson
Medical Officer.

OFFICER'S DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

1. (a) What is your name?
- (b) What is your rank?
- (c) What is your Christian name?
- (d) What was your date of birth? (State year and month)
- (e) What is your present address?
- (f) What is the date of your enlistment?
- (g) What is the name of your parent or guardian of full age?
- (h) The address of your parent or guardian?
- (i) The relationship of your parent or guardian?
- (j) What is your profession or occupation?
- (k) What is your religion?
- (l) Are you willing to be vaccinated or re-vaccinated and inoculated with the following?
- (m) To what Unit of the Active Militia do you belong?
- (n) State particulars of any former Military Service.
- (o) Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

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

[Signature]

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named Officer in accordance with the Regulations in that behalf directed.

I am satisfied that the above named Officer is fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

[Signature]

[Signature]

[Signature]

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

J.C.F. 2-34.

B.S.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Lieutenant

(Name in full) Richard Charles MUNDILL,

Enlisted in The 78th Depot Battery, Canadian Field Artillery,

CANADIAN EXPEDITIONARY FORCE, on the ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

day of ~~XXXXXXXXXXXX~~ 191~~6~~ AND WAS APPOINTED to COMMISSIONED RANK

in The 78th Depot Battery, Canadian Field Artillery,

CANADIAN EXPEDITIONARY FORCE on the Twenty-second day

of August 191~~6~~.

He SERVED in CANADA, ~~FRANCE and BRITAIN~~ with the 78th Depot Battery, Can. Field Artillery, Reserve Brigade, Can. Field Artillery, 5th Can. Dival. Trench Mortar Battery, 5th Can. Dival. Ammunition Column.

and was STRUCK OFF THE STRENGTH on the Twenty-seventh day

of June 191~~7~~ by reason of General Debilitation.

Dated at Ottawa, this Ninth day

of December 191~~7~~.

for Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Name) _____
 (Name in full) _____
 (Rank) _____
 (Service No.) _____
 (Branch) _____
 (Regiment) _____
 (Company) _____
 (Battalion) _____
 (Regimental Headquarters) _____
 (Address) _____
 (Post Office) _____
 (Telephone) _____
 (Date) _____
 (Place) _____
 (Signature) _____
 (Rank) _____
 (Name) _____
 (Title) _____
 (Address) _____
 (Post Office) _____
 (Telephone) _____

M. B. W. 3000
1917-1918
1917-1918

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

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BLUNDELL R.C

REGIMENT 5th C.D.A.C. RANK LIEUTENANT No. _____

Date of Examination in England 18/5/19 Date of Examination in France _____



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 1, 11, 12, 31

2. EXTRACTIONS

3. CROWNS

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer

M. R. Thomas
Capt

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

11-11-81

11

11-11-81

11-11-81

11-11-81

11-11-81

11-11-81

11-11-81

11-11-81

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

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

No. _____ Rank Lieut Surname BLUNDELL
 (Given name in full) Richard Charles
 Unit or Corps 4th Bde Birthplace Queph ont.

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

1. GENERAL DESCRIPTION:

Physique good Weight 135 lbs. Height 5 6 1/2 ft. Colour of Eyes blue
 Nutrition good
 Pulse 72 regular
 Condition of arteries good
 Vision Rt. 4/2 Left 4/2
 Hearing (conversational voice) Rt. 2 ft.
 Left 2 ft.

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

None to be seen

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 yes 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.

Otitis Media 3. 1. 18 in disability

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at *Mully* (Overseas)

Date *16-5-19* Signed *C. Bone* M.O.

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

Signature *[Signature]*

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date Signed M.O.

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

Signature

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

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

20

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins... 78th Depot Battery C. F. A.

(2) Regimental Number... 1 Lieutenant

(3) Full Name of Soldier... Blundell, Richard Charles

(4) Place of Birth... Georgetown Ontario

(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? ... No

If so, give number of boys and girls.....
 Also their names and ages.....

(9) Is your Father alive? *No*

If so, state name and address

(10) Is your Mother alive? *Yes*

If so, state name and address *Mrs Ellen E. Barrman*

5-5-9 Rosedale Ave Winnipeg Manitoba

(11) If your Mother is a widow? *No*

Are you her sole support, or not? *No (partial)*

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

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

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

(15) Are you insured? *Yes*

If so, in what Company? *Confederation Life Assurance Co*

Have you made arrangements for payment of your Insurance premium? *Yes*

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

W. M. Muddell
Officer Commanding.

Date *20th Sept 1917*

S.B. 1561

CONFIDENTIAL.

Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station 13 Berners St W.

Date 12-2-18

- 1. Rank and Name LT. BLUNDELL (RICHARD CHARLES)
- 2. Unit C. F. A.
- 3. Age 28 4. Total Service $\frac{17}{12}$ War Service { (a) at home 15 mos.
(b) abroad 2 "
- 5. Address C. F. A. - Witley. Surrey.

STATEMENT OF CASE.

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

- 6. Disability Acute catarrhal otitis media (R).
- 7. Date of origin of disability 31-12-17
- 8. Place of origin of disability London, Eng.
- 9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

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

This officer reports after 3 weeks leave. He has improved very much.

I concur in the findings of
 the Board of Medical Officers
 here recorded.
 Lt. Col. A.D.M.S. Invaliding
 Canadian Contingent

OPINION OF THE MEDICAL BOARD

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

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

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

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

- 13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so; in what way, and to what extent? N.A.

14. What is the officer's present condition? General health good.
Hearing has improved in R. ear. He is now fit
for service in this country, but it is not
advisable for him to go to France before
warmer weather sets in.

The Board recommend C (i).

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

16. Is the disability permanent? No

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

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

19. What treatment is the officer receiving, and where, and from whom? None

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

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

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

- A.—Fit for general service. No - Two months
- B.—Fit for service in a garrison or labour unit abroad. _____
- C.—Fit for home service :—
 - (i) Active duty with troops. _____ Yes
 - (ii) Sedentary employment only. _____
- D.—For admission to a command depot. _____
- E.—Requiring indoor hospital treatment :—
 - (i) In an officers' military or auxiliary convalescent hospital. _____
 - (ii) In an officers' hospital. _____
- F.—Permanently unfit for any further military service. _____

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

C.S. 9. 4.

James J. May Pres. Carroll President.
J. H. Bell Members. C.A.M.C.

PROCEEDINGS OF A MEDICAL BOARD

85 1561
assembled at 13 Berners St W. on 21-1-18

by order of A.D. 17. S. London Area

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) LT. BLUNDELL (RICHARD CHAS.) (Corps) C.F.A.

Age 28 Service 17/12 Disability Acute Catarrhal Otitis Media (R)

Date of commencement of leave granted for present disability 21-1-18

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

He reports from 3rd London General Hospital where he was admitted on 3-1-18. L.C.S. states he had Influenza 2 weeks previously. His complaint was deafness & pain in R. ear.

Capt. Conlter's report today:- Ears

<u>Right:</u>	<u>15 ft.</u>	<u>Voice</u>	<u>35 ft.</u>	<u>Left:</u>
	<u>18 inches (improved on inflation 5 ft)</u>	<u>Acoustics</u>	<u>30 ft.</u>	
	<u>2048-128</u>	<u>Forks</u>	<u>2048-128</u>	
	<u>Negative</u>	<u>Rinne</u>	<u>Position</u>	
	<u>Positive</u>	<u>Schwabach</u>	<u>Equal</u>	

Congested Shrapnell's membrane & malleus. T.M.
Tonsils: subacute inflamed tonsils with infected crypts for which a spray was prescribed.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated. He states he had similar attack a year ago.

1. Fit for General Service..... No. Three months

2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category

3. Fit for Home Service..... No. Three weeks

4. Fit for Light Duty at Home..... No. Three weeks

5. Requiring indoor hospital treatment—
(a.) In an Officers' Hospital.....
(b.) In an Officers' Convalescent Hospital.....

6. (a.) Fit for light duty at a Command Depôt.....

(b.) Fit for treatment only at a Command Depôt.....

7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation

8. Was the disability contracted in the service?..... Yes

9. Was it contracted under circumstances over which he had no control?..... Yes

10. Was it caused by military service?..... Yes

11. If caused by military service, to what specific military conditions is it attributed?..... Service conditions.

12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions?.....

Officer's Address { Res. Brigade C.F.A.
Witley.

Signatures { [Signature] acting President.
[Signature] Members.
J.H. Bell. Maj. C.A.M.C.

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

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

[228] Wt. W.1327—P.142. 100,000. 11/17. V. & S., Ltd.

[235] Wt. W.1984—P.325. 75,000. 11/17. V. & S., Ltd.

L.P.C. to 30th November 1917.
 Charged.
 Noted on L.P.C. eff. Dec. 1/17.

DEC. 1917 & JAN 1918 uncharged 2✓
 JAN. 1918.

Assignment as at
 December 1st 1917.

Blundell, ✓ R. C. Lieut. 78th Bty. C.F.A. ✓ 30

Mrs. Ellen E. Carmen, ✓
 559, Rosedale Avenue,
 Winnipeg, Man.

RETURNED TO CANADA
 L.P.C. TO 30 JUN 1919
 TRANSFER TO N.E. LEDGER

From	To	No. of Days	Rate	Amount	Field Allowance		Other Credits	Total Credits	Voucher No	Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
					Rate	Amount										

Name **BLUNDELL**

R. Richard.

LIEUT.

Reg. No.

Unit ^{RES. Bde} CFA.Rank
C. CHARLESNext of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 3-1	3rd Lond. Gen Hos.	SP	(9768) Ac. Rhinitis & Rt. Ac. Otitis Media			✓ 876.
21-1-18	<i>Discharged (7003)</i>			<i>894</i>		

P

144/21

Number Rank .. *Lieut.*

Surname *BLUNDELL*

Christian Names *Richard Charles*

Unit Theatre of War .. *France*

Dates of service .. *1-12-17 - 22-4-18 - 12-6-19*

Remarks

Latest Address .. *559 Rosedale Ave*

Winnipeg, Man

Roll No. *"B" Register*

X

X

Ms 45-03-0 *[Signature]* OCT 5 1921

NAME *B. Lyndell R. C.*

RANK AND CORPS *Lieut*

Res. Bde C. 7 A.

REGT'L. No. _____

H. Q. FILE NO. 649

FOLLOWS
No. _____
FOLLOWS

NATURE OF CASUALTY

CABLE

No. DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

816-4

3rd Lon. Gen. Wandsworth Common Sect.

3-1-18

ac. Rhinitis & Rt.

894

Disch

2-1-18

ac.
Otitis media

SURNAME. *Blundell*

CHRISTIAN NAMES *Richard Charles*

REGL. NO. RANK *Lieut.*

UNIT *78th Depot Bty.*

FORMER CORPS *25th Bty, C.F.A.*

12 CARD NO ✓
108 27-6-19
Permit FOLL.
RD 2054
50-189 97-19
25W

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Carman, Mrs. Ellen E.*

RELATIONSHIP TO SOLDIER *mother*

ADDRESS *559 Rosedale Ave., Winnipeg, Man.*

COUNTRY OF BIRTH *Canada, Guelph, Ont.*

DATE *Jan, 3rd, 1890*

PLACE OF ATTESTATION

DATE

9/6 22-6-19 350 Lieut

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Banker

RELIGION

Anglican

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Lethbridge, Alta.

DATE

Aug. 22nd. 1916

present Address:-

Lethbridge, Alta.

No.

RANK

Lieut.

NAME

Blundell R. C.

T. O. S.

UNIT

78th Depot Battery

C. E. F.

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug. 16	Aug 31	✓	Rept ^d for duty 16-8-16	Do - 50-16-8-16
Sept.		✓		
Oct.		✓		
Nov.		✓	att. R. S. A. Kingston	Do. 138. Nov. payroll
Dec.		✓		
1917				
Jan. 1	Jan 31	✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May		u.		
June		u.		
July		u.		
Aug		✓		

(over)

1917

1917

Sept. 1

Sept 30

u.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

B

8471

Dec 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

30			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank *Lieut* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *R. C. Blundell*
 Battalion *78th Depot Batty C. F.A.*
 Beneficiary _____
 Relationship _____
 Address _____

Name *Mrs Ellen E. Carman*
 Address *559 Rosedale Ave Winnipeg Man*
 Change of Address _____
 1 _____
 2 _____
 3 _____
 4 _____

1-201-1311
gjm

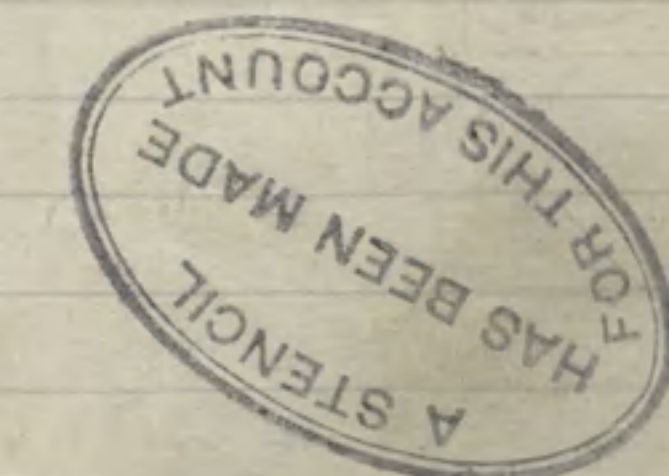
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec	E 53391		30	30	<i>no mailed 12/17</i>
Jan	D 69067		30	30	<i>M</i>
Feb	h 91965		30	30	<i>✓</i>
Mar	a 99251		30	30	<i>✓</i>
April	C 3108		30	30	<i>E</i>
May	E 9860		30	30	<i>B</i>
June	D 11928		30	30	<i>✓</i>
July	X 32259		30	30	<i>✓</i>
Aug	e 29696		30	30	<i>✓</i>
Sept	D 35748		30	30	<i>✓</i>
Oct	B 47515		30	30	<i>E</i>
Nov	B 51118		30	30	<i>✓</i>
Dec	b 64893		30	30	<i>✓</i>
Jan 1919	D 74714		30	30	<i>✓</i>
Feb	976663		30	30	
Mar	7 83235		30	30	
Apr	2 4069		30	30	
MAY	B 8669		30	30	<i>✓</i>
JUN	C 8864		30	30	<i>✓</i>

B 8471

1718-R-12

AUDITED.

M.D. 2
 A/c Closed *30/6/19*
 Ret'd per *Scotian*
 Date *22/6/19* F.X. *28/6/19*
 Clerk *A.J.S.*
mro. 88339



M. F. W. 128.
 40M. 17-1772 35-1141
 L. L. 22220-M. & D. 7993.

Occupation Group 3
Dispersal Area I

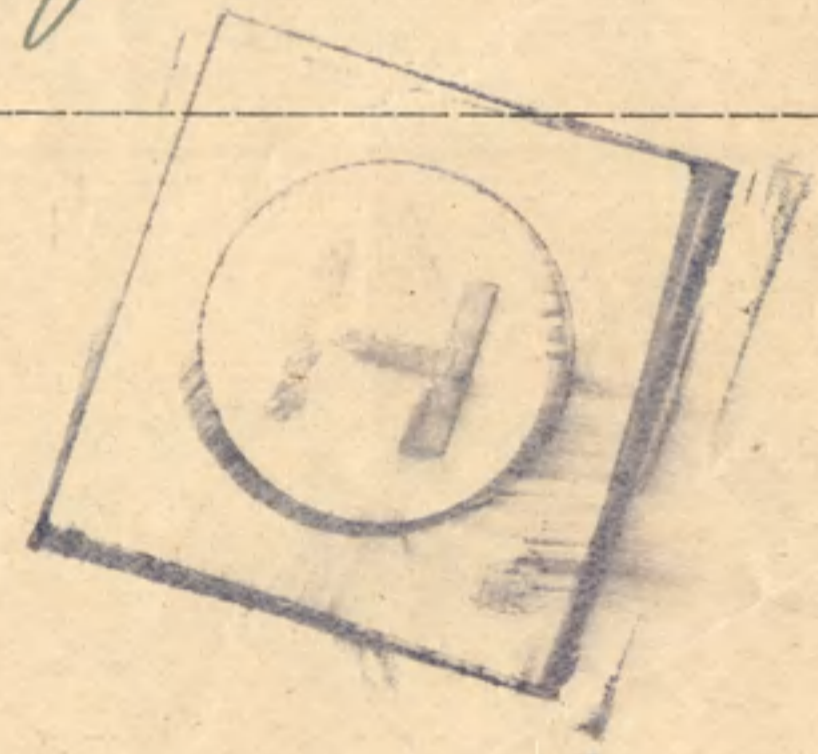
**Proceedings of an Officer or Nursing Sister
Struck off Strength
OF THE
Canadian Expeditionary Force.**

1. RANK Lieut.
2. NAME Blundell R.C.
3. UNIT 5th C.A.A.C.
4. DATE STRUCK OFF STRENGTH _____ PLACE Toronto
5. REASON Sos 27-6-19 RO2054-19
DEMobilisation

6. AUTHORITY _____
7. PROPOSED RESIDENCE 559 Rosedale Ave.
Winnipeg Man.

This folder should contain the following documents :—

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



1. **Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).** Group B
Checked by No. FW
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178) Date 9-5-19
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5000s).
6. Proceedings on Striking off Strength (M.F.W. 2501).
7. **M. F. W. 2591.** Certificate (P. 41) FW
8. (923) P.W. 45P 3/19 15M D.St. (M.F.W. 2505).
9. Missing Documents.

Embarked P.M.S. Section
51002 June 11 1919

Section 20/4/19

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

B-250

REGT. No. RANK *LIEUT.* NAME (IN FULL) *B L U N D E L L RICHARD CHARLES*

M. OR S. *[Blank]*

ORIGINAL UNIT C.E.F. *Sidal* IF IN P.F. WHAT UNIT? *Bank of Commerce, Winnipeg, Man.* (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION *Sidal* TRANSFERRED TO *Bank of Commerce, Winnipeg, Man.* DATE *22/8/16* AUTHORITY *[Signature]*

DATE OF ATTESTATION *22/8/16* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*

ASSIGNED PAY \$ *30.00* DATE EFFECTIVE *1/7/19*

PAYABLE TO *W. E. E. Curran* RELATIONSHIP *[Blank]* ANY CHANGE IN ASSIGNEE OR ADDRESS *[Blank]*

ADDRESS *559 Roselle ave*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE *27-6-19* EFFECTIVE *[Blank]*

DISCHARGED *[Blank]* PLACE *[Blank]* DATE *[Blank]* REASON *Demob* AUTHORITY *80 189* IF ENTITLED TO POST DISCHARGE PAY *[Blank]*

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE			AMOUNT		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1					COL. NO. 2	COL. NO. 3		DEBIT	CREDIT
					\$	C.	NO.	DATE	NO.	DATE					NO.	DATE			
<i>30.6.19</i>				<i>nil</i>				<i>93 00</i>					<i>20 00</i>	<i>113 00</i>	<i>113 00</i>	<i>add P. 1 Reak - 1st 10/19</i> <i>Rel. money 11-30/19</i>			
<i>July 1</i>		<i>300</i>											<i>113 00</i>	<i>9 00</i>	<i>122 00</i>	<i>T.O.S. D.O. 183</i> <i>7c. P.L.A. 28-30/19</i>			
<i>1.5.3.19</i>		<i>3-</i>		<i>459</i>				<i>ak 66</i>	<i>July 15 751385</i>				<i>122</i>	<i>122</i>	<i>337</i>	<i>AMOUNT DUE SOLDIER DEPENDENT</i>			
								<i>ak 93</i>	<i>Aug 18 754695</i>				<i>93</i>	<i>215</i>	<i>244</i>				
								<i>WR 129</i>	<i>Sept 29 1049203</i>				<i>90</i>	<i>305</i>	<i>154</i>				
								<i>177</i>	<i>Nov 26 1751315</i>				<i>93</i>	<i>398</i>	<i>61</i>				
													<i>61</i>	<i>459</i>	<i>0</i>				
				<i>459</i>									<i>459</i>	<i>459</i>					

BALANCE FROM PREVIOUS ACCOUNT

U.S. G. PAID IN FULL

[Signature]
FOR PAYMASTER, WAR SERVICE DISTRICT

ASSIGNED PAY.

UNIT.

NAME OF RATE OF P. AND A.

RANK.

Mess. DATE

AUTHORITY

NAME.

2

Beneficiary

Address

Canada

Amount. \$ *30⁰⁰ 1¹²/₁₇*

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

C. L. A.

Pay *2⁰⁰*
F.A. *60*
Messing *1⁰⁰*

Lieut.

7¹²/₁₇

A.G. 18-9-1561

Name *Blundell*

Initials *Richard Charles*

Bank *Can. Bk. of Commerce
2 Lombard St.*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1918</i>								
<i>Apr. 1.</i>	<i>Pay April (R)</i>		<i>108</i>					
<i>17</i>	<i>A. P. Can.</i>				<i>30</i>			
<i>24</i>	<i>Bank</i>	<i>953.</i>		<i>78</i>		<i>0</i>		
<i>May 1.</i>	<i>Pay May (R)</i>		<i>111 60</i>					
<i>" 13.</i>	<i>A. P. Can.</i>				<i>30</i>			
<i>24</i>	<i>Bank</i>	<i>2486</i>		<i>81 60</i>		<i>0</i>		
<i>June 7.</i>	<i>Pay June (R)</i>		<i>108</i>					
<i>12</i>	<i>A. P. Can.</i>				<i>30</i>			
<i>22</i>	<i>Bank</i>	<i>4057</i>		<i>78</i>		<i>0</i>		
<i>July 9.</i>	<i>Pay July (R)</i>		<i>111 60</i>					
<i>" "</i>	<i>Off. unpd. CR. 9c. 6510-4⁵/₈-125 fcs. = £ 4-12-5. B of M. W. Place.</i>	<i>4742</i>		<i>22 49</i>				
<i>11</i>	<i>A. P. Can.</i>				<i>30</i>			
<i>24</i>	<i>Bank</i>	<i>5416</i>		<i>59 11</i>		<i>0</i>		
<i>Aug 1.</i>	<i>Pay Aug (R)</i>		<i>111 60</i>					
<i>8</i>	<i>A. P. Can.</i>				<i>30</i>			
<i>24</i>	<i>Bank</i>	<i>6969</i>		<i>81 60</i>		<i>0</i>		
<i>Sept. 5.</i>	<i>Pay Sept. (R)</i>		<i>108</i>					
<i>16</i>	<i>A. P. Can.</i>				<i>30</i>			
<i>24</i>	<i>Bank</i>	<i>8938</i>		<i>78</i>		<i>0</i>		
<i>Oct. 1.</i>	<i>Pay Oct. (R)</i>		<i>111 60</i>					
<i>14</i>	<i>A. P. Can.</i>				<i>30</i>			
<i>22</i>	<i>Bank</i>	<i>10679</i>		<i>81 60</i>		<i>0</i>		
<i>Nov</i>	<i>A. P. Can</i>				<i>30</i>			
	<i>pay ref adv from 12/9/18</i>		<i>140</i>			<i>110</i>		
	<i>of</i>	<i>BK 12439</i>		<i>110</i>				
	<i>to next page.</i>							

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

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

C Ra.

Pay 2
F.A. 1
Messing 1/4

Lieut-7/17

Name *Blundell*
Initials *Trick Charles*
Bank *Can BK of Commerce Lombard St.*

Canada

30.

Add Outfit all^{re} 11²/18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
Dec 9	<i>Add Outfit all^{re} \$100. 11²/18</i>		100 -					
	<i>Pay R</i>		124 -					
	<i>A.P. Can</i>				30			
1919								
Jan 20	<i>A.P. Can.</i>	<i>Bank 13662</i>		194	30			
21	<i>Pay (R) Janis.</i>		124 -					
		<i>Bank 15447</i>		94 -				
Feb 13	<i>Pay (R) Feby.</i>		112 -					
	<i>A.P. Can</i>				30			
20		<i>Bank 17011</i>		82 -				
Mar 18	<i>Pay (R) March.</i>		124					
18	<i>A.P. Can</i>				30			
22		<i>Bank 18634</i>		94				
Apr.	<i>Pay R.</i>		120 -					
	<i>A.P. Can.</i>				30			
24		<i>Bank 1058</i>		90				
May 12	<i>A.P. Can</i>				30			
	<i>Pay (R)</i>		124					
17	<i>Advance Pay June 1918.</i>	<i>Bank</i>		184				
	<i>A.P. Can</i>				30			
	<i>Pay R.</i>		120					

RETURN TO CANADA
L.P.C. 20.6.19. *Bshwin.*
TRANSDUCER

Blundell 6-12
1479 Co 6935.

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 30

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

NAME OF DATE AUTHORITY

DATE AUTHORITY

C. R. A. Pay. \$ 2⁰⁰ p.a.
F.A. 60⁺
less. \$ 1⁰⁰

Lieut

7¹² 7¹² A. G. 1-8-15-1561

9 B 1915

Name Blundell
Initials Richard Charles.
Bank
Can. Bank of Commerce
2 Lombard St.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918								
Jan 15.	Adv. \$10	Direct	31915	48 67		48 67		
2	Outfit Allee.		11322				\$ 30-16-5	150 ⁰⁰
"	P.A. @ Sts. rates fr. 1 ¹² Mess 7 ¹² (Cr. Bal. Can. M. P.)	Vo	16328	105 60				
"		Bank	34993	27 03		29 90		
" 10	A. P. Can. 2 mos. Dec/17 Jan/18.				60			
" 14	Pay Jan. (R)			111 60				
" 15	Cr. Bal. from Canada 30 ¹² .	Vo.	10	10				
" 23.		Bank.	39264	81 60				
Feb 8	Pay Feb. (R)			100 80				
" 12	A. P. Can.				30			
" 22		Bank.	40789	70 80				
Mar. 4	Pay Mar. (R)			111 60				
" 11	A. P. Can.				30			
" 22		Bank.	42429	81 60				

1917-18

[Handwritten initials]