TRIPLICATE

117TH EASTERN TOWNSHIPS, O/S BATTALION C. E. F.

ATTESTATION PAPER.

No. 2005581

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

25.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Watkins
1a. What are your Christian names? — Clifford Henry
1b. What is your present address? — Lennoxville Megantic Co Que
2. In what Town, Township or Parish, and in what Country were you born? — Maple Hill Megantic Co Que
3. What is the name of your next-of kin? — James Watkins
4. What is the address of your next-of-kin? — Lennoxville Megantic Co Que
4a. What is the relationship of your next-of-kin? — Father
5. What is the date of your birth? — Aug 24 1874
6. What is your Trade or Calling? — Mill Foreman & Lumber Scaler
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? — 5 5 Megantic Light Infantry 4 Years
If so, state particulars of former Service.
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Clifford Henry Watkins, 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.

Clifford Henry Watkins (Signature of Recruit)

Date March 5 1917. H. E. Boisclair (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Clifford H. Watkins, 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.

Clifford Henry Watkins (Signature of Recruit)

Date March 5 1917. H. E. Boisclair (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 Lennoxville this 5th day of March 1917.

J. P. Parent (Signature of Justice)

J. P.

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of Clifford Henry Watkins on Enlistment.

Apparent Age 22 3 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height		5 ft 10 ins.
Chest measurement.	Girth when fully expanded	37 ins.
	Range of expansion	4 ins.
Complexion		Fair
Eyes		Blue
Hair		Light Brown
Religious denominations	Church of England	Yes
	Presbyterian	
	Methodist	
	Baptist or Congregationalist	
	Roman Catholic	
	Jewish	
	Other denominations (Denomination to be stated.)	

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 Feb 22 1917.

Place Sanzemelle Que

F B Gordon MD
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.

Clifford Henry Watkins 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.

Lt. Colonel C. E.
O. C. Engineer Training Depot.
(Signature of Officer)

Date MAR 21 1917 191 .

REGIMENTAL DOCUMENTS

NAME Watkins Clifford Henry REGT. NO. 2005581 UNIT 11th Can. Eng. H. Q. FILE NO. 30

	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)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	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)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	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)				08176	
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
	Misc.					

W. 2589
100M-11-18
1772 39-1377

"F" CARD No. 4

SURNAME. Watkins

CHRISTIAN NAMES Clifford Henry

REGL. No. 2005581 RANK Sapper.

UNIT Can. Eng. (T. D.) (24th. R.D.)

FORMER CORPS 55th Megantic Light Inf. (4 years)

S.O.P. 13 of 6-19
Demob. FOLL
S.O. 176 of 25-6-19.
4AA

NEXT OF KIN.

NAMES IN FULL Watkins, James.

RELATIONSHIP TO SOLDIER Father

ADDRESS Lemesurier, Megantic Co., P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Maple Hill, P.Q. DATE Aug. 24th 1874

PLACE OF ATTESTATION Sawyerville, P.Q. DATE Mar 5th 1917

L. L. 10437. M. & D. 7253.

R/P 13/6/19 347 32, Spr.

M. F. W. 22.—100M.—11-16. H. Q. 177239-39.

Sailed from Halifax per S.S. Justicia 3/5/17

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Mill foreman & Lumber scaler. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 43 YEARS MONTHS

HEIGHT 5 FEET 10 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Blue HAIR Light Brown

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Sawyerville, P.Q. DATE Feb. 22nd 1917.

Present address: Lemesurier, Megantic Co., P.Q.

HSB

Number 200535-81 Rank Spr. B

Surname WATKINS

Christian Name Clifford Henry

Units C.E. Theatre of War France

Date of Service 31-10-17

Remarks

Latest Address Sawyerville P.O.
P.Q.

Roll No. B-Pay 15-181

200m.-2-21.M.

DESP JUL 18 1922
REGN. NO GV45935

5-1

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.....Canadian Engineers. ENGINEER TRAINING DEPOT

(2) Regimental Number 200558 1

(3) Full Name of Soldier..... Watkins Clifford Henry

(4) Place of Birth..... Maple Hill Megantic Co

(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 ? .....—

(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 James Watkins Lemesurier Megantic Co Quebec

(10) Is your Mother alive? Yes

If so, state name and address Mary Watkins same address

(11) If your Mother is a widow —

Are you her sole support, or not? —

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

—

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

—

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

—

(15) Are you insured? Yes

If so, in what Company? Manufacturers Life & Canada

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.

Alan Linnell Lt C E
Officer Commanding.

Date 23/3/17

ORIGINAL

ORIGINAL

2005581

MEDICAL HISTORY SHEET.

Surname Watkins Christian Name Clifford Henry

Examined { on 22 day of Feb 1917 / at Sawyerville Que.

Birthplace { City or Town Maple Hill / County Megantic Co Que.

Apparent age 43

Trade or occupation Lumberscaler

Height 5 Feet 10 Inches.

Weight 170 lbs Lbs.

Chest measurement { Minimum 33 inches. / Maximum expansion 4 inches.

Physical development Good

Small-Pox Marks No

Vaccination Marks { Arm Right. Left. Yes / Number One

When Vaccinated last 3 years ago

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection Operation for inguinal hernia 3 months ago - Good result No recurrence of hernia

Approved by

Rank M.O.

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

Date.	Result.	Vaccinations.
28.3.17		J Rumsell Capt MO M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
TAB		
8.3.17	Slight	J Rumsell Capt M.O.
14.3.17	" Slight	JRR M.O.
26.3.17	" Double	JRR M.O.

Enlisted on 22 day of Feb. 1917 at Sawyerville Que

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	~~14TH EASTERN TOWNSHIPS D/S BATTALION C.E.F.~~ Canadian Engineers	2005581		22-1-17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
ST. JOHNS, P.Q.	MAR 31 1917	nil	fit
Hulley	10-5-19.	Inguinal Hernia	D J Sweeney Capt-Asst Pres Board

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.

200M—11-15.
H. Q. 1772 39-479.

J.MC

Surname Matheus Christian Name Leopoldino Henry

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.

2nd Sheet.

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 11th Bn.C.E.

Regimental No. 2005581 Rank Spr. Name WATKINS, C.H.
C. E. F.

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

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended..... Re-engaged..... Qualification (*b*).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
25-6-19	O/S	T.O.S.D.D.#4 Disp.Stn."F"	Montreal.	6-6-19	D.O.Pt.II-176.
25-6-19		S.O.S.D.D.#4 Demob.	"	15-6-19	D.O.Pt.II-176.R.O.1420.

G.H.Bletcher Lieutenant,
a/ Assistant Adjutant,
District Depot No. 4.

(*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				

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
CLASS "A"

THIS IS TO CERTIFY that No. 2005581. (Rank) Spr.

Name (in full) Watkins Cliffon Henry enlisted in the Can Engrs

CANADIAN EXPEDITIONARY FORCE at Sawyerville PQ on the 5th day of March 19 14.

HE served in 11th C E's in 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 44 yrs
Height 5/6. 10 ins
Complexion Ruddy
Eyes Blue
Hair Brown

Marks or Scars Right Hemiotomy Scar

C H Watkins
Signature of Soldier.

Date of Discharge

Dispersal Station "F" JUN 15 1919 Military District No. 5

J L C Ross
Issuing Officer.

Lieutenant
Officer I/c Discharge Section, Dispersal Station "F"
Rank

Date June 15 19

NB- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B. 39A.

July 15th. 1919.

Rank Sapper. Date of att. March 5th. 1917.

Regimental Number 2005883. Date of Discharge June 15th. 1919.

Unit 11th. Can. Engs.

Name WATKINS Clifford Henry.

Address Sawyerville P.Q. Can.

B.P.C. District Office Montreal D.D. No. 4.

Attestation Form:-

Weight on enlistment: 170 pounds

Marks of Identification: Right Herniotomy Scar.

Rank at attestation: Sapper.

Casualty Form:-

Disability: Tachycardia. Present on enlistment.

Hist.: Nil

Conduct:-

Venereal disease: Nil

Conduct: Good

Self inflicted wound: Nil

B.P.C. Form 871. Mult.
40M-5-19.

Form R 122.
2353—100M—9-12-16.

LTR Rank Name WATKINS, Clifford Henry Reg'l No. 2005581

Unit 24th Dft C.E. toC.E.I.D. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Sawyerville. March 5th, 1917. Place of Birth Maple Hill Megantic Co.

Name and Address, Next-of-Kin James Watkins.

Lemesurier Megantic Co. Que. Canada. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 18245
File No.
CANOR
Category

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		ARRIVED IN ENGLAND 14 5 17. S/S. JUSTICIA			A.F.B. 103 CHECKED
15.5.17	C.E.I.D.	I.O.S.	Crowboro.	15.5.17	P.H.D.O. 118 16 NOV. 1917
1/11/17	—11—	S.O.S proceed O/S to C.E. Pool	Seaford Spr	31.10.17	—11— 254
5.11.17	C.E.I.P.C.	T.O.S	Shn Field	2.11.17	—81
2.7.18	11 Bn C.E.	T.O.S for Pool	" "	1.6.18	—1 X Pool 69 2/7/18
12.5.19	M Wing	TOS pending RTC	" Witley	10.5.19	R.T.O 32.
7 6 19 M. W.C.C.C.		SOS TO CANADA	Witley 8.6.19	DO 58.	

83-F-62

6.6.19

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.					

N.Z.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps ENGINEER TRAINING DEPOT

Regimental No. 2005581 Rank Sapper Name Watkins Clifford Henry
C. E. F.

Enlisted (a) 5/3/17 Terms of Service (a) Dur War Service reckons from (a) March 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) Lumberman

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.
15 NOV 1917	C.E.P.O.	Embarked Disembarked Taken on Strength of C.E.T.D. from Canada.	Canada England Shorncliffe	5-6-17 14-6-17 15 14-6-17	— Part II Order No. 115.
1 NOV 1917	CETD	Struck off Strength of C.E.T.D. Leaving Seaford Proceeded to C.E. Pool France		31.10.17	Part II Order No. 254 — Fred W. Cubbe Lieut. C.E. Adjutant, C.E.T.D.
2.11.17.	CEP.	To C.E. Pool		2.11.17	Nom. P/61
31/5/18	CCRC	Transferred from CERPool to 11th Can. Engineer Bn,		31 MAI 18	P66
	do	T.O.S. 11th Bn C.E.	Field	1-6-18	D.O. 1 d/2-7-18

CERTIFIED CORRECT. NOV 1917 CANADIAN OVERSEAS LONDON.

(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				
2-11-18	11 Bn C.E.	14 days Leave to	U.K.	29-10-18	B213 D.O. 34 d/18-11-18
16-11-18	do.	Rejoined Unit	Field	15-11-18	B 213
MAY 9-1919	Emb. Camp.	Proceeded to England	MAY 9-1919		N.R. Pt.2 O.No. [illegible] d/ [illegible] P. [illegible] O/S.

G.P. Skelton
Lieut. for Lt. Col A.A.G.
Cdn. Sect. G.H.Q.

S.O.S. ON PROCEEDING TO CANADA.
for discharge
7-6-19

PT 58

R.D. Martin
LIEUT.
FOR OFFICER COMMANDING,
"A" W.N.D. C.C.C.

H.M.T. OLYMPIC No.88
EMBKD S'M 'N JUNE, 6
DISEMBKD H'FX JUN, 12

P. 569
MARRIED OR SINGLE Single

PLACE OF BIRTH Maple Hill

NAME AND ADDRESS OF NEXT OF KIN Jas Watkins
Lemesuriers Thepostic Co Que Canada.

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. 200558 RANK Spr NAME Watkins. Clifford Henry.

IF IN PERMT. CORPS WHAT UNIT UNIT C.E.T.D. 24th Draft

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Sawyerville

DATE OF ATTESTATION 5th March 1917.

TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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
														Balance from Canada.	28	28															28 –				Cr. from Canada
May	31	1.10	34	10											34 10															62 10				
June	30		33												33			462	31/5					43 80						43 80	51 30			
July	31		34	20											34 10																85 40			
Aug.	31		34	10											34 10	107 / 30 / 75-8 / 65-4 / 469 / 85-8	15/6 / 30/6. / 15-8 / 31-7 / 15-7 / 31-8							24 33 / 19 47 / 9 73 / 9 73 / 9 73						43 80	75 70			
Sept	30		33												33															38 93	69 77		75	

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SEP. ALLCE. ENG.
Oct-1		~~69 77~~							69 77	75	
				1008. C.E.T.D. 15/9/17.	9 73						
	Spr Pay	34 10 / 34 10		1136. C.E.T.D. Sham 35/9/17.	9 73 / 19 46				84 41	90	

200555-81 Watkins Clifford Henry

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.	ACQUITTANCE ROLLS 1 DATE	ACQUITTANCE ROLLS 2 No.	ACQUITTANCE ROLLS 2 DATE	ACQUITTANCE ROLLS 3 No.	ACQUITTANCE ROLLS 3 DATE	ACQUITTANCE ROLLS 4 No.	ACQUITTANCE ROLLS 4 DATE	CASH PAYMENTS 1	CASH PAYMENTS 2	CASH PAYMENTS 3	CASH PAYMENTS 4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS			CR. 1	CR. 2	PARTICULARS								DR. 1	DR. 2																	BALANCE		DEFERRED PAY	SUSPENSE ALLCE ENG.	
1917																																			
Nov. 1	Bal. forward																														84 41				
	Pte			33 00					1307	14/10	6 6 20	Sham		9 73																					
Dec	"			34 10					1307	30/10	"	"		4 87																					
									V59	17-9-17	CETD			86																		136 05				
				67 10										15 46																					
Jan	1918								686	18/1/17	R B Coy	C E		8 92																					
"	"	"		34 10					708	23/1/17	C E R P			3 57																		157 66		135 00		
				34 10										12 49																			135 00		
Feb.									737		R B Coy.	5-1-18.		4 46																					
									763		" " "	19-1-18.		3 57																					
									697.		" " "	3-12-17		4 46																					
				30 80					779.		" " "	?-1-18		4 46.																		171 51		150 00		
				30 80										16 95																					
MAR.									796		" " "	15-2-18		3 57																					
									828		" " "	18-3-18		3 57																					
				34 10					813		" " "	4-3-18		4 46																		194 01		165		
				34 10										11 60																					

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–		EFFECTIVE DATE:–	
AMOUNT:–		AMOUNT:–	

NAME:– WATKINS. Clifford Henry. K

NUMBER:– 2005581

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.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Spr.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 6 E.T.D. 24th D.H.

DATE ACCOUNT FIRST OPENED:– 1-5-17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1-6-18		C E Frames

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
4/5	357	M Bring	33				
						L & Bd	446
						L Fc Bd	373

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:– To Canada 1/19 MR. 925 F. Brand & Bram Md. 4

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR. 31.	Bal. Fwd								194 01	165 –	
Apl	Spr Pay	33 –		7. P.B. Coy 5/4/18.	4 46						
				15 " 16/4/18	3 57				218 98	180	
May	Spr	33 –		6vt- 12-5-18 6 R.P.	8 03						
		34 10.			3 57 –						
				28. 1-5-18. J C E	4 46.						
				89. 30.5.18. A.D. C E.	4 46				210 59		
		34 10			12 49						
June	P. P.	33		321 12th L.E. 4/6/18	4 46						
				369 12th L.E. 20/6/18	3 57				265 56	210	
		33			8 03						
July	P.P.	34 10		432 12th L.E. 2-7-18	4 46						
				39 11 " 17-7-18	3 57				291 63		
		34 10			8 03						
Aug	✓.	34 10		120 11 C.E. 1/8/18	3 57						
				193 " 20/8/18	3 57				318 59	240	
		34 10			7 14						
SEP	✓	33.		QR 259. 10/9/18. 11 Bn CE	3 57				351 59		
				" 315. 16/9/18 " "	3 57				344 45	255	Agreed
		33.			7 14						Time out of D.P.
Oct	✓	34 10							337 55		
				A.R. 387 4/10/18 " "	3 73				334 82		
				A.R. 474 13/10/18 " "	3 73				331 09		
				Enc. on D.P. L.C.O. Pay 24.33 5/11/18						23 067	
				A.R. 76+141+487 27/10/18 11 Bn. C.E.	9 73 3				27 346		
				A.R. 494 30/10/18 " "	3 73				270 03		
		34 10			108 52						

COMPILED BY P Keenan

CHECKED BY Broadstock

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct									27 03		
Nov	P.P.	33 -									
Dec	"	34 10		6P. 5914 5 11/18	24 33						
Jan	"	34 10		6P. 16 11/18 " C.C.	13 06						
				716 4 14/18 "	373				330 11		
		101 20			41 12						
Feb	"	30 80		802 20 11/18 "	373				395 01		
				906 4 1/19 "	373				35 95		
				10114 17-1-19 "	373						
				1188 4 2/19 "	373				369 06		
				1275 17-2-19 "	373						
				1355 4 3/19 "	365						
Mar	"	34 10		1451 16 3/19 "	365				36906		
		44 90			2595						
				39 5 4/19 "	349						
				131 18 4/19 "	349				36208		
Apr	"	33 20		224 25 4/19 "	349				39154		
May	Int on Def Pay	34 10		2451 14 5/19 "	703.00						
		80 31			8347				~~44 00~~	375	
		8741			8347				873.00		
				3267 M. 666 285	2433				34867		
					2433						

Sd 6-6 11 83

Original

THIS FORM WILL BE USED FOR ALL RANKS "M" WING, C.C.C.

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 Aldershot DATE May 15/19

1. 1 (a) Unit 11th C.E.B. (b) Regimental No. 2005581 (c) Rank Spr

(d) Surname WATKINS (e) Christian name Clifford Henry

(f) Home address Lawrenceville P.Q.

(g) Next of Kin Mrs J. Watkins (h) Relationship Father

(i) Address of Next of Kin Lemesurier Magantic Co. P.Q.

2. Age last birthday 44 Date of birth August 28th 1874

3. Enlistment, or Appointment (if an Officer) (a) Place St. John P.Q. (b) Date March 5th 1917

4. Personal description:

(a) Height 5 ft. 10 in. (b) Weight 170 lbs. (stripped) (c) Complexion Ruddy

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Rt. Herniotomy scar 4" long oblique to Poupart's ligament.

5. Former trade or occupation Lumberman

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2 Years	2 Months

	Periods	
	From	To
Canada	5-3-17	3-5-17
England	14-5-17	31-10-17
France or other theatres of War	1-11-17	10-5-1919

7. Original disease, or injury TACHYCARDIA

(a) Date of origin 1904 (b) Place of origin Lawrenceville Quebec

(c) Cause Nervousness

M. F. B. 227.

400m.—11-18.
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.)

Slight dyspnoea on exertion (Tachycardia)

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.)

Robust, healthy appearing man of about 45 yrs.
Objective :- Apex beat in 5th left interspace in nipple line, strong forcible beat on palpation. Slight enlargement of left ventricle, sounds sharp and clear. No murmurs. Pulse regular and strong. On first examination - 138 per minute. After slight exertion - 120 per min. After five minutes rest - 96 per min. S.B.P. - 152 mm D.B.P. - 84 mm degree of arteriosclerosis. Coarse tremor of extended fingers. Teeth fair.

Subjective :- No distress felt from heart. No palpitation. Extremely nervous for past 15 yrs.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..No.....Cardio-Vascular System..No.....Genito-Urinary System..No.....
(If pulse rate is abnormal, B. P. will be taken.) (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..No.....

Wine analysis - negative.

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

States that he is a very heavy smoker (at least 1 oz. of strong tobacco per day) Was told by doctor 15 yrs ago that heart was irritable owing to excessive smoking. Has been subjected to considerable shell-fire in France. Feels very healthy at present time except for nervousness.

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*).)

Measles, Mumps, Scarlet Fever – 1890 } Childhood

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

Rt. Herniotomy scar 4" long oblique to Poupart's ligament

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

As according to patient's story.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? ask - 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? 3 months

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

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations —

Two allowances Capt Came

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 C. H. WATKINS 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

Nil

Spr C. H. Watkins Rank.

Signature of invalid examined.

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.

Pte 11 B. Soldier states condition has been slightly aggravated by service and returns to civil life would better his condition. Service has slightly aggravated the disability

19. Is the invalid fit for

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

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 Aust. T. Ltd 908 3-T 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.

President.

PLACE Witley

DATE 15-5-19

} Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE.....

DATE.....

} Members

APPROVED ~~BY~~

Assistant Director of Medical Services.

DATE.....

~~APPROVED BY~~
A.D.M.S. HEADQUARTERS
CANADIAN CORPS CAMP.
15 MAY 1919
WITLEY SECTION.

Director-General of Medical Services.

DATE.....

WAR SERVICE BADGE
CLASS "A" 206480

OG-23
D F

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 200 [illegible] S.M.T. OLYMPIC No. 88
EMBKD S'M T'N JUNE
2 Rank. Dpr DISEMBKD M.T.N.Y. JUN
3. Name. Watkins Clifford Kenn
4. Unit. 11 Can Engrs
5 Date of Discharge 15-6-19 Place ~~Aldershot~~ C6
6 Reason for Discharge Demobilization

7. Authority. R.O.1420. D.D.#4 D.O.Pt.II-176.

8. Proposed Residence after Discharge Dauzyville P.O.
Quebec

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W. ? B29.

Montreal
June. 15. 19

C H Watkins
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal

Date June. 15. 19

Signature [illegible]
Officer i/c Discharge Section, Dispersal Station
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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 (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment (Statement Q.M.G. Form (D.O.S. 2); and Clothing)
12. Last Pay Certificate (P. 851).
13. Pay Book (N.D. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group B
Checked by No. 7
Date 4 JUN 19

AUDITOR | PAYMASTER

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

M. OR S. | REGT. NO 3005581 | RANK Spr | NAME (IN FULL) Watkins C. Henry (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
S. O. S.	6/6/19	A.O. 76 P.B. 2nd 25

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 5/3/17 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS: W.S.S. Bank of Montreal Sovereign Ave

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE | EFFECTIVE

DISCHARGED PLACE Montreal | DATE 15/6/19 | REASON Demob | AUTHORITY A.O. 76 P.B. | IF ENTITLED TO POST DISCHARGE PAY

MILITARY 8 JUL 14 1919 DEMOBILIZATION PAY DIVISION

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
																																				Olympic
1/6/19									34867																									34867		Ex Bust Ends 1st 34867
21/6/19	11	1/10	7310		3500				34867																											Ex Class O.S. 1st 70
			7000						12810		Bad Francs	58	307				87	50	0	46	96					66					48337		66		1st Bk	Ex Pro rata pay
									47677																											16/6/19 - 21/6/19 = 6 60
					Other Credits		W. S. C. S. A.		Total		War Service Gratuity															Other Charges		W. S. G.		S. A.		Total		Balance Soldier		Dependant		
					350				350																	70					70		280				
20/7/19																										660					660		27340				
15-8-19																										70					70		20340				1074467
15/9/19																										~~70~~					~~70~~		13340				1277155
15-10-19																										6340					6340		7000				1531308
																										~~70~~					~~70~~						1639148
																										350					350						Final

200M-3-19.—L. L. 58708-11. & D. 9985.
M. F. W. 2096.
1772-39-1390.