ORIGINAL 931687

ATTESTATION - PAPER.

No.

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

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	WRIGHT
1a. What are your Christian names?	Henry
1b. What is your present address?	Detroit, Michigan, U S A
2. In what Town, Township or Parish, and in what Country were you born?	Birmingham, Alabama, U. S. A.
3. What is the name of your next-of kin?	~~Mrs~~ Mrs Mary Madden ~~Walter Wright~~
4. What is the address of your next-of-kin?	~~Address unknown~~ Ave B. S. Side Birmingham Ala., U.S.A.
4a. What is the relationship of your next-of-kin?	~~Brother~~ Friend
5. What is the date of your birth?	January 15th, 1894
6. What is your Trade or Calling?	Actor
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Harry Wright, 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.

Harry Wright (Signature of Recruit)

Date January 2nd, 1917 Henry C Humphreys (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harry Wright, 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.

Harry Wright (Signature of Recruit)

Date January 2nd 1917 Henry C Humphreys (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 Windsor, Ontario this 2nd day of January 1917.

James A Chisholm (Signature of Justice)

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

Description of Harry Wright on Enlistment.

Apparent Age 22 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 5-1/8 ins.

Chest measurement.
- Girth when fully expanded ..... 34 ins.
- Range of expansion ..... 2 ins.

Complexion ..... Dark

Eyes ..... Brown

Hair ..... Blakk

Religious denominations
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or ~~Congregationalist~~ Yes
- 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).

NONE

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 January 2nd 1916. .....

Place Windsor, Ontario. .....
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.

Harry Wright 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)

Date January 2nd, 1917.

O.C. Sutherland

O. Comd'g No. 2 Construction Battalion, C. E. F.

F.E.B
30-1-19

S

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
Attestation Papers..... 1 + 21
Declaration of change of name.....
Authority for special enlistments.....
Documents of re-enlisted men.....
Regimental Conduct Sheet.....
Compulsory Stoppages.....
Casualty Forms..... 3
Proceedings on discharge..... 1
Corps History Sheet.....
Date and No. of Deposit Receipt for Purchase Money and Amount.....
~~Parchment~~ Certificate..... 1
Medical Report for Invalids.....
Medical History Sheet..... 2
Proceedings of Regt. Court Martial.....
Copies of Convictions by Civil Power.....
Company Conduct Sheet.....
Clothing Transfer Certificate.....
Inventory of Kit.....
Last Pay Certificate..... 1

A. F. B. 122-1
M. F. B. 465-1
M. F. B. 129-1
M. F. W. 192-1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

M

Name WRIGHT HENRY
Regt. No. 931687 Rank Pte
Corps #2 Construction Bn. C.O.M.F.

R. O. No.....
H. Q. No.....

I

DEMOB'N

H

35168

10601

24-19
14-19
13-19

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS

Number 931687 Rank ~~Pte~~ Spr 2

Surname WRIGHT

Christian Names Henry

Unit 2nd Co R C C Theatre of War France

Date of Service 17-5-17

Remarks

Latest Address 220, 12th St.
Washington, D.C. USA

Roll No. B Page 4033

NAME REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

No. 931687 RANK Pte. NAME Wright. Henry.

T. O. S. 2-1-17
D.O. 8-1-17

UNIT No 2. Construction Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Jan 2	Jan 31	✓		
	Feb.	✓		
	Mar.	✓		

Form R. 149.

Hemop

Name WRIGHT, Rank Pte Reg. No. 931687

Unit ~~2nd Constr. Bn.~~ N.S.R.D.

Next of Kin U.S.A.

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
24-	5	No 4 C. G. H. B'stoke	P.U.O. & Hemoptysis	B	~~[illegible]~~ 225		18544
2-	8	Dischgd.			B. 282		7091
		"Hemoptysis" changed to Chr. Bronchitis			B. 286		985
		~~Bas-W-102 on furlough 4/8/18 to 12/8/18~~					
			2nd C.C.D.				
16-	8	Cav. Spec Witley		V.D.G.	C. 288		24346
11-	9	Dischgd		"	C. 315		7978
23-	9	Cav. Spec Witley		V.D.G.	C. 322		27176
4-	10	Dischgd		"	C. 335		8561

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

SURNAME. Wright

CHRISTIAN NAMES Henry

REGL. No. 931687. RANK Pte.

UNIT No. 2 Construction Bn.

FORMER CORPS Nil

I CARD NO. 4

S.O.S. Dis. 6-1-19 I FOLL. Demob.
DO. 4 of 4-1-19 D.D. #1

NEXT OF KIN.

NAMES IN FULL Wright, Walter

RELATIONSHIP TO SOLDIER Brother

ADDRESS Unknown

CHANGE OF ADDRESS

COUNTRY OF BIRTH U.S.A. Birmingham, Ala. DATE Jan. 15th 1894

PLACE OF ATTESTATION Windsor, Ont. DATE Jan. 2nd 1917.

R/C. 30/12/18. 248/11. I

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

From Halifax per S.S. "Southland" 28/3/17.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Actor RELIGION Baptist

DESCRIPTION.

APPARENT AGE 22 YEARS 11 MONTHS

HEIGHT 5 FEET 5½ INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 2 INCHES

COMPLEXION Dark EYES Brown HAIR Black

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Windsor, Ont. DATE Jan. 2nd 1917.

Present address: Detroit, Mich. U. S. A

NAME Wright H

REGT'L. No. 931687

H. Q. FILE No 649

RANK AND CORPS Pte. 2 Con. Nova Scotia Regt

FOLLOWS

No.

FOLLOWS

CABLE		NATURE OF CASUALTY
No.	Date	

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

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B 225	T/C Can Gen Basingstoke	24/5/18	Hemoptysis V.D.D.
B 282	Discharged	2-8-18	Bronchitis as per A.F.B. 3286
C 288	Can Spec Witley Surrey	16-8-18	V.D.G.
C 315	Discharged	11-9-18	" "
C 322	Can Spec Witley	23-9-18	" "
C 335	Discharged	4 10 18	" "

REG. NO. 931687 NAME (SURNAME FIRST) Wright, H.

RANK Pte CORPS No. 2. Con Bath.

AGE 19. SERVICE 2/12

NAME OF HOSPITAL Military PLACE London

DATE OF ADMISSION 1. 2. 17.

DISEASE Otitis Media

DISCHARGE 13. 2. 17.

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS .....

Form DMS 1401
8289 100M 9/3/17.

No. 4 Canadian Gen. Hospital, Basingstoke. HOSPITAL.

A. & D. CARD

AT

A. & D. No. M2 13249. PL. OF ACTION France

RANK Pte 93687 UNIT C 7 C. 2. Con. Co. SICK OR WOUNDED

NAME Wright. H. AGE 19. RELIGION Bapt.

PLACE IN HOSPITAL Gn.

DIAGNOSIS P U D. & haemoptysis Chronic Bronchitis.

ADMITTED 23-5-18. FROM HS St David

DISCHARGED 2-8-18 TO #2 CCD. Bramshott.

TRANSFERRED

SERVICE AT HOME 2 mos IN FIELD 12 mos.

RESULTS D1

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

REMARKS.

*Name WRIGHT, Henry Rank Pte Regtl. No. 931687

Fyle Depot 1DD-10-W-258

Original unit Present unit 2nd. Con. Bn. M. or S. Age Religion Ref. H.Q. ID 30-W-1036

Port, ship and date of arrival Halifax, Carmania, 30-12-18

Next of kin Walter Wright

Address on leave

Address on discharge 220 12th St. Washington D.C. USA.

Transportation issued Yes / No Date Character on discharge

Previous occupation Actor Date and place of enlistment Windsor, Ont Jan. 2nd 1917.

Diagnosis Cat A 2 Date of Medical Boards London, Ont. 2-1-19

T.O.S. Date.	Remarks.	Pt. 2 Order No.
21-12-18	No.1 D.D.	
2-1-19	Posted to Cas.Coy.	2
6-1-19	Discharged from H.M.S. On Demobilization (P.D.P.	4

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

(over)

Date.	Remarks	Pt. 2 Order No.

M. F. W. 192
150m.—5-18
1772-39-1243

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

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
WRIGHT	H.	931687

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	NS.2Con.	Depot		

HOSPITAL	DATE OF ADMISSION
4 C.G.H. Basingstoke.	24-5-18.

1. C. S. Witley — HOSP. 16-8-18
2. C. S. Witley. — HOSP. 23. 9. 18.
3. — HOSP.
4. — HOSP.

DIAGNOSIS

1. ~~Hemoptysis & PUO.~~ at changed to; Chr. Bronchitis. at add.
2. V. D. G. HO
3. V. W. G. H.

DISPOSITION

CL. 29-5-18. B225.
5. 8. 18 B282.
" 9-8-18 B286 Note Change Diag on C.S. B282
17.8.18 C288
17-9-18 C 315
25 9. 18 C322.
10-10-18 C 335

Dis. 2. 8. 18.
Dis. 11-9-18

DATE

REMARKS

Dis. 4-10-18

A.M.D. 2 DEPT

Bch. of D.G.M.S. G.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

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

U. S. VETERANS BUREAU
Chief Clerk
JAN 17 1922

MAILS SECTION
JAN 10 1922

MEDICAL REPORT FORM

FR-12

To be used when an Ex-member of the Canadian or Imperial Forces applies, or is recommended, for treatment in the United States of America.

C - Canadian

Place St. Cloud, Minn. Date January, 9 1922

1. (a) Surname Wright (b) Christian name Henry
   (c) Regimental or Serial No. 931687 (d) Rank Pvt (e) Former Unit or Battalion 2nd. Construction.
   (f) Present Address (Important) State Reformatory, St. Cloud, Minn.
2. Age last birthday 31 Weight 129
3. Enlisted at Windsor, Ont. On Jan. 7, 1917.
4. Discharged at London, Ont. On Jan. 7, 1919.
5. Last Medical Board held at Jan. 7, 1919 On London, Ont.
6. Pension No. none 7. Married or Single single 8. Present occupation Prisoner
9. Next of kin Jess Wright Relationship (Important) father
   Address 223- Main St. Winnipeg, Canada.

10. Dependents	Relationship	Age
none		

BUREAU WAR RISK INS. RECD JAN 18 1922 MEDICAL DIV. FOREIGN RELATIONS SECT.

(NOTE—The information given by the man regarding his military service as noted above should be checked by the examining physician, by examination of Discharge Certificate, Protection Certificate (Ex-Imperials) or other military documents in the man's possession. If there are no documents available confirming his statements, this should be indicated in a foot note on this form)

11. Present Disability Pains in left chest, hurts to take breath. Has no strength weakeall the time.
12. Was disability caused or aggravated by war service? Yes, was gassed adn in hosp. 5mos. from it and laid out doors nights in damp weather.
13. What is the man's present condition? (Please report as fully as possible, and, if Specialist's examination is required, have report attached.)

Throat neg.

Eyes neg.

Ears neg.

Neck neg.

Teeth decayed

Heart Apex 1½ below and 2in. to rt. of nipple. No leakage.
Pulse 108, after exercise 140, after two min. rest 118.

Lungs neg. To auscultation and percussion. Coughs dry, Expansion 1½ in.

Listed here as arrested TB.

Feet flat

Extremetios neg.

N.B.—Every question should be answered. There should be no blanks.

S.C.R. Form 346—15M-6-21.

(OVER)

13. Present condition (Continued)

1a

14. What is the nature of treatment required? medical

15. Is treatment required as an In-patient of an Institution? no, not as hospital case.

16. What is probable duration of In-patient treatment? Indefinite

17. For how long will patient probably be incapacitated for employment after hospital treatment is completed?

none

18. If the man has been treated in Hospitals in the United States since discharge from the Forces, please indicate:

Name of Institution	Address	Dates of Hospitalization
		from ..... to .....
		from ..... to .....
		from ..... to .....

19. Remarks

---

20. This man has been medically examined by me today. I find that he requires treatment as out
(In or Out)
Patient for a disability caused or aggravated by war service as described above. On receipt of authority, he will be admitted to
(Name and Address of Institution)

The District Supervisor will be advised immediately on admission.

(Signed) J. McDowell
(Examining Physician)

Man's Signature Henry Knight
(Important)

Date of Admission
(Where authority has been obtained)

IMPORTANT. 1. In no case should treatment be undertaken until authority has been received by the Bureau of War Risk Insurance from the Government of Canada, except in cases of emergency, which should be clearly indicated on the form.

2. In-patient treatment for service disability should be recommended in all cases where the man is unable to continue in employment while under treatment.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

COPY ONLY

This is to Certify that No. 931687 (Rank) PRIVATE.

Name (in full) WRIGHT. Henry. enlisted in

the No. 2. Construction Battalion. C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at WINDSOR. ONTARIO. on the SECOND.

day of JANUARY. 1917.

HE served in FRANCE. (With the Canadian Forestry Corps.)

and is now discharged from the service by reason of ON DEMOBILIZATION.

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

Age 24. Years.

Height 5' 5½"

Complexion DARK.

Eyes BROWN.

Hair BLACK.

Marks or Scars

NIL.

Signature of Soldier

SECTION
JAN 6 1919
No. 1 District Depot

Hans. M. Livingstone
Issuing Officer

LIEUT.
Rank

Date of Discharge

O. C. Discharge Section, No. 1 D. D,
Appointment

Signed at LONDON, ONT. this SIXTH. day of JANUARY. 19

in Military District No. (ONT.)

File Reference No. (1DD 10-W-258)

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

On demobilization the particulars called for on the back of this certificate will not be completed.

.....

Name of Officer

.....

Rank

.....

Appointment

Form R 122.
2353—100M—9-12-16

JM

Rank | Name WRIGHT, Henry. | Reg'l No. 931687

Unit No.2.Const.Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Windsor Ont. 2nd Jan 1917. | Place of Birth Birmingham, Alabama, U.S.A.

Name and Address, Next-of-Kin ~~Walter Wright.~~ Mrs Mary Madden Ave. B.S. Side, Birmingham, Ala. USA

Relationship ~~Brother.~~ Friend

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Pte. Character O/S

2nd. C.O.R.C.C.

N/E. R.B. No. 5866
File R.L.
Category OR. CAN

A.F.B. 103 CHECKED 31 MAY 1917

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.
C					
		Arrived in England per S.S. Southland		7.4.17	A.W.W.W.
14.6-17	2nd Cond Coy	Arrived in France	Field	17.5.17	Pte DO 115
1.6.18	NSRD	TOS from 2 Con Bn	Pte Bishoff	24.5.18	-135 (SOS pt II O. 33 2 Con Bn d/ 5.6.18
5.8.18	2 CCD	attached	" "	2.8.18	Pte 183 NSRD. Pte 191 d/ 6/8/18
6-9-18	NSRD	classed att to 2nd CCD.	" Bishoff	15.8.18	— 218 ~~2nd CCD~~
11-9-18	NSRD	on Coind to 2nd CCD	" do	11-9-18	— 222 2nd C.C.D. Pte DO 216 d/ 11/9/18
5.9.18	2nd C.C.D.	Ceases attached on admt. to Hospital	" do	15/8/18	" 210
5.12.18	NSRD	class O/C to 2nd CCD	"	3.12.18	" 295 & 289 d/ 6.12.18 17th R
		& SOS to 17th Res			& 286 d/ 3.12.18 2 CCD
18-1-19	17 Res	Cease O/C Kin. Pk & is SOS to CEF in Canada	Pte Bishoff	21-12-18	Pt 2 DO 15.

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.				

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

931687

AWWW

M. F. W. 54. (A. F. [illegible]3.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Battalion, C. E. F.

Regimental No. 931687 Rank Private Name Henry Wright

C. E. F.

Enlisted (a) 2/1/17 Terms of Service (a) Duration of War & 6 months Service reckons from (a) 2/1/17

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) Actor

CERTIFIED CORRECT. MAY 16 JUN 1917 CAN. RECORDS, LONDON

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 Canada	Halifax N.S.	25/3/17	
		Disembarked England	Liverpool	8/4/17	
	O.O. #2 Const Bn	Proceeded Overseas	Seaford	MAY 17 1917	P.12 DO # O. Gayfer Capt for Capt & Adjt
		Landed in France 17-5-17 N.R.			
5/1/18	OC	att to 1 Dist 6 FC	Alencon	30/12/17	B213
4.5.18.	52 C.C.F.C.	Evac. to Det. Hosp.	Alencon.	30.4.18	B. 213.
19.5.18	10 Gen.	P. U. O.	Adm.	19.5.18	F 2781. W1540.
18.5.18	38 Co. C.F.C.	To Det. Hosp.	Alencon.	30.4.18	B. 213.
"	"	Rej. 38 Co. C.F.C.		12.5.18	B. 213.
"	"	To Det. Hosp.	Alencon.	14.5.18	B. 213.

(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.

I

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
22.5.18	OC. A. T. St. David	Inv. to England, sick, and posted to N. S. Reg. Depot, Bramshott.	(10 Gen. Hosp.)	22.5.18	A. F. W. 3083. No. 5448. D/22.5.18. O/33. D/5.6.18.
			C. A. Hewett Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.		
1.6.18	N.S.R.O	Tol posted from 2 CC coy	Bramshott	24.5.18	C.O. 135 (D) 5/8/18 H. F. Moody LIEUT. FOR LT. COL. I/C RECORDS, C.O.M.F.
5-8-18	2nd C.C.D.	ttached to 2nd C.C.D	Bramshott	28-18	Pt. II No. 183
5/9/18	2nd CCD	Ceases to be attached to 2nd CCD on admission to CSH Witley.	Bramshott	15/8/18	Pt 2 D.O.#210 [illegible] for O.C. 2nd CCD
6.9.18	NSRD.	admitted to C.S.H. Witley		15.8.18	Pt II No. 218
11.9.18		On command 2nd C.C.D.		11.9.18	Pt II No. 222 Geo. Duckett Lieut. for CAPTAIN & ADJUTANT, FOR O.C. NOVA SCOTIA REGIMENTAL DEPOT.
12-9-18	2nd C.C.D.	ttached to 2nd C.C.D.	Bramshott	11-9-18	Pt. II No. 216

Sheet to

Army Form B, 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 2nd Const. Bn. Regimental Number 931687

*Substantative Rank Pte. Surname Wright Christian Names Henry.

*Acting Rank

(* To be entered in pencil to facilitate alteration.)

(A) Report: Date.	(A) Report: From whom received.	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
3-12-18	OC. 2ndCCD		Ceases to be attached to 2nd C.C.D. on return to N.S.R.D. Res. Bn.	Bramshott	3-12-18	Pt. 2 D.O. No. 286 J. Carter Lieut for OC. 2nd CCD.
21.12.18	from O/S		Taken on strength No. 1 District Depot London D.O. 2			

F.A. Herman Lieut

for OC NO. 1 DISTRICT DEPOT

London Ont. 6.1.19. Pt II DO #4

Harry M. Livingstone Lt.

O. C. Discharge Section, No. 1 D.D.

#1 DD

4.1.19 DISCHARGED ON DEMOBILIZATION

DISCHARGE SECTION
JAN 6 1919
No. 1 District Depot

To be folded on this line.

Nothing to be written in this margin.

W1889—PP1150 500,000 5/18 G.W.P.Co.(3490)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

Nothing to be written in this margin.

To be made out in duplicate.

H.Q. 54-21-20-53

DUPLICATE

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins ..... No. 2 CONSTRUCTION, D'H. C.E.F.

(2) Regimental Number 931687

(3) Full Name of Soldier ..... Henry Wright

(4) Place of Birth ..... Birmingham Alabama U.S.A.

(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.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address /

(10) Is your Mother alive? No

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.

Uncle /

Jones Dunn /

Ave B. & S. Birmingham, Ala.

(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.

D H Sutherland LT. COL.

O. Comdg No. 2 Construction Battalion, A. E. F.

Officer Commanding.

Date Jan 9/1917

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.)

No 4 Can. Gen. Hospital.

Ward G. upp. No. of Bed Date 20/6/18.

Regi. No.	Rank and Name.	Corps.	Part to be X-Rayed.
931687	Pte Wright H.	C.F.C.	Chest

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

Hist several attacks
haemoptysis
occasional rise of temp
B.S. harsh just under
left ~~[illegible]~~ middle at side
c̄ inspir^n tight &
high pitched

Signature of M.O. Wilson

Date 20/6/18.

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

No. of Plate 3370.

Hilus shadows wide and heavy.
Much peribronchial thickening
in vertebral portion of R. base
and throughout L. upper lobe —
suspicious in type.
Heart narrow and "hanging".
(N.B. - Patient breathed + somewhat
spoiled picture)

Signature of Radiographer A. H. Ralph. Capt.

Date 21/6/18.

B.B.

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. 931687 Rank Pte. Surname Wright

(Given name in full) Henry

Unit or Corps 1 D.D. Birthplace Birmingham, Alabama, U.S.A.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 118 lbs. Height 5 ft. 5 1/2 in. Colour of Eyes Brown.

Nutrition Good

Pulse 86

Condition of arteries Good

Vision Rt. 20x20 Left 20x20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Nil

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 Sytem Yes — 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 - right. 13-2-17. No trouble at present.
V.D.G. 8/18. Cured now.

No disability due to service. Cat. A2

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

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 Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at London Ont (Canada)

Date 2-1-19 Signed W.V. McIntosh Capt 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 Wright H.

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

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

[OVER]

M.F.W. 139.
1033 (D.P.) 500M-11-18.
1772-89-1142.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.		Age.	Service.

Station and Date. Disease

Can. Military Hospital, Basingstoke.

6/6/18 Breathing harsh just under left mammary gland at side — inspirn tight & highpitched
No moist in chest.
No cough or ~~haemop~~ haemoptysis since admission. Temp 99 on two evenings since admission. Is having treatments for throat [illegible]

June 7/18 Ears inflated every other am. hearing improving — T J O Connor Capt

June 17/18 Ears do not require any further treatment will continue throat treatments a few times T J O Connor Capt.

June 19/18 No need for any further treatment in this department. T J O Connor Capt.

20/6/18 Ex. 123 lbs. — 10/7/18 — 130 lbs.
Pt has no cough, no haemoptysis since admission. General condition much improved. Lungs clear. Heart oneg
Temp rises occasionally to 99 — 99° in evenings

2.7.18. Lungs. retraction of right apex. dullness to 3rd rib in front and space of scapula behind BS + Exh + WV + V.F + over this area. no moisture found. limitation of excursion of right base posteriorly and anteriorly. left base excursion limited posteriorly but good anteriorly.

17/7/18 Wt. 125½ Duncan Graham

*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.	
27.7.15	Patient's history of haemoptysis is not very definite. Suggests that a teaspoonful was the most ever seen and what he brought up was greenish in color.
	No sign of any active lesion in lung. Heart - not enlarged no murmurs.
	Patient is feeling well at present time.
	Duncan Gibbons Lt Col

Army Form B. 181.

CLINICAL CHART.

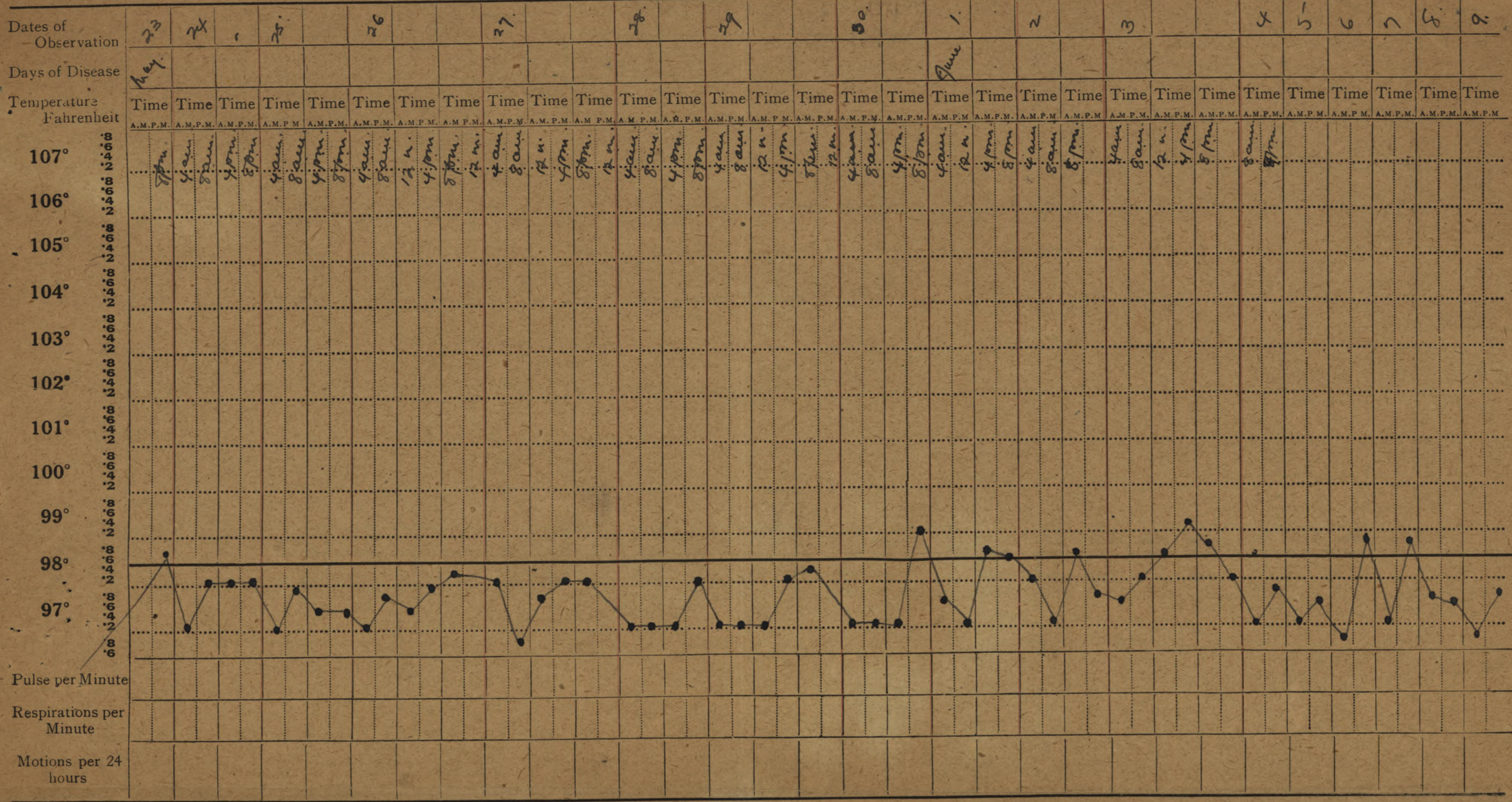
(To be attached to Case Sheet.)

Corps _____

Military Hospital 4 C.G.H. Basingstoke

No. _____ Rank and Name Pte Wright Age _____ Service _____

Disease _____ Date of admission 23/5/18 Date of discharge _____ Result _____



(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature Fahrenheit

Time A.M.P.M.

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

Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps_____ Military Hospital 4 Cav. H. Basing Stoke

No._____ Rank and Name Pte. Wright. Age_____ Service_____

Disease_____ Date of admission 23/5/18. Date of discharge_____ Result_____

Dates of Observation	10.	12	13	14	15	16	17	18	19	20	21	22	23	27	28	2.	3		4		5.		6		7.		8.		9.		
Days of Disease	June															June															

Temperature Fahrenheit

Time	A.M.	P.M.
107°		
106°		
105°		
104°		
103°		
102°		
101°		
100°		
99°		
98°		
97°		

Pulse per Minute																		74		100	102		88	92	94	102	104	116		120	90		88.	102	80		112	114		96.	
Respirations per Minute																		20		20	22		22	20	22	24	24	24		32	22		20	22	20		24	24		20	
Motions per 24 hours																															

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature Fahrenheit

Time A.M.P.M.

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

Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

P. 559

MARRIED OR SINGLE S.

PLACE OF BIRTH Birmingham Ala U.S.A.

NAME AND ADDRESS OF NEXT OF KIN Walter Wright.
(no adress given)

RELATIONSHIP OF NEXT OF KIN Brother.

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. 931687 RANK NAME Wright Henry

IF IN PERMT. CORPS WHAT UNIT UNIT 2nd Con. Bn. TRANSFERRED TO NSRD C. Asc. DATE 1/6/18 AUTHORITY 135- 24/5/18 7/5/18

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Windsor Ont. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Jan 27th 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	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
							Supn						28 05	25 05																28 53				Bal from Canada
Oct/30	30	1/-	33	00										33 00													-			61 05		15 - 46 05	
MAY 31	31	1/-	34	10										34 10	50	1/5							974				-		14 60	80 55		30 - 50 55	
June 30	30	-	33	00										33 00	23	29/4							486				-		4 87	108 68		45 - 63 68	
July 31	31	-	34	10										34 10	78	14/5							487				-		- -	142 78		60 - 82 78	
Aug -	-	-	34	10										34 10													-		- -	176 88		75 - 101 88	
Sep 30	30	-	33	-										33 -													-		- -	194 04		90 - 102 04	
			201	20									28 05	229 35									1947				17 84		37 31	192 04			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sep	Bal	~~192 04~~ 90							192 04		
Oct	P.P.	34 10		AR 584. 27/11 2 Boots K. Act CFC	3 57		-	-			
				" 633 11/11 " " " "	3 57						
				" 473 13/11 " " " "	3 57				215 43		
		34 10			10 71		-	-			

Pte 931687 Wright. H

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	DR. 3	DR. 4	BALANCE		DEFER. RED. PAY	SEP. ALLCE. ENG.														
	Ott Bal																	215	43																
NN	P.P.				33	-			AR. 833.	28 9/17	C.F.C.			3	57																				
									-857.	12 10/17	"			3	57																				
									"979.	25 10/17	"			3	57																				
DEC	- -				34	10			"1097.	10 11/17	"			3	57																				
					67	10								14	28																				
JAN	1918	P.P.			34	10			"1266.	23 11/17	2 Consl. Bn			12	49																				
									"1440.	21 12/17	" "			7	14																				
					34	10	-	-						19	63	-	-																		
FEB	"	"			30	80			"2036.	5 1/18.	2 Consl. att C.F.C.			3	57																				
									-2199.	21 1/18	" " "			3	57																				
									"2391.	5 2/18.	#1 C.F.C.			3	57																				
					30	80								10	71																				
MAR	1918	"			34	10			aR2629.	20/2.	" "			3	57																				
									" 1248.	12 3/18.	#2 Dist. C.F.C. Fr.			3	57																				
					34	10								7	14																				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND or CANADA.	SEPARATION ALLOWANCE. * ENGLAND or CANADA.	NAME:- Wright Henry
EFFECTIVE DATE:-	EFFECTIVE DATE:-	NUMBER:- 931687
AMOUNT:-	AMOUNT:-	PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.
177881	

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2 Construction Bn

DATE ACCOUNT FIRST OPENED:- 1 APR 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
135. 24/6/18	1/6/18	20/6/18	N.S.R.D. Tr. Coy.
163 B/6/18	1/7/18	23/7/18	Canad Gy.

DAILY RATES OF PAY AND ALLOWANCES

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

Admitted C.E. Wilby 13/8/19 N.D.

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
Can Victory War Loan			300 —				
12/11	5776.	2CCD	24 57.				
22/11	5935.	✓	14 60.				
27.11	6327	✓	9 97				
			349 14				

PARTICULARS OF RENDERING NON-~~EFFECTIVE~~:- Dis to Canada 1-1-19. L.P. 6.176 45/100. Ledger Balce. 525 59/100

1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								329 97	180	
Apl	P. Pay.	33 -		AR 133 6/4 BC7 a°1	3 57						
				" 315 27/4 — " —	7 14				352 06	195	
		33.			10 71						
May	P. Pay	34 10		AR 570 7/5 C7 C1	2 68						
				AR 1889 27/5. 4th Hrs Blue	2 43				381 05	210	
		34 10			5 11						
June	✓ ✓	33 00		AR 2294 5/6. 4 C9 H.	4 87				409 18	225.	
		33.			4 87						
JUL 1918		34 10		AR 3910 3/7 ✓ ✓	4 87				438 41	240	
		34 10			4 87				+79 81		
		34 10							51 97		
AUG	17/8/18 = 17/8/18 10 days ADD 183. 5/8. 2nd CCD	7 30		AR 2932 2/8. 4. C9 H	4 87						
		34 10		for 10 days pay Res. au. 2 days 31/7/18.		3 30			427 84	255	
		41 40		O/stay S.S. 7pm 17/8 = 11am 13/8/18 - 3 days pay AR 191 14/8 2nd CCD	4 87	7 30			460 41		
SEP		33.		7 AR 15/8 4 11/9 2 days leave 20 21/7 13/9 2nd CCD one day concurrent AR 91. 7/8.		16 20 50			16 25		
				Lon 312 v. 10/9 17 Res	4 05				444 59 270		
		33.			105	16 20					
Oct		34 10		L. 01. 4. 10.	85						
				V 22.9.18. 4. 10 18. A.O. 237. 2CCD 7.9/-		7 80					
				5345 24. 10 ✓	24 57						
				3361 4. 10 ✓	11				445 36 288.		
		34 10			25 53	7 80					
Nov.	✓	33		6327. 27. 11 ✓	997						
Dec.	✓	34 10		Full payment Can War Loan	300 —						85. depd
	Int on Defd pay to 30/11/18.	13 13		5776. 14. 11 2CCD	24 57						
				5935 22. 11 ✓	14 60				176 45		
		80 23			349 14						

Victory War Loan 1918 $300 20/12/18. 200 Def Pay. 100. Fee Balance.

Ledger sheet shows an error in pay

CANADIAN ASSIGNED PAY AUDIT CLERK DATE 7/6/19

NUMBER RANK NAME

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

Forms I. 1237 / 12

G/M 2.8.18 Dl

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. M2 13249

Year 1918

Station and Date. May 23rd

No. 4 Canadian Gen. Hospital Basingstoke

Regimental No.	Rank.	Surname.	Christian Name.
931687	Pte	Wright	H.

Unit.	Age.	Service.
C F C	19	14/12 12/12

Disease ~~P.U.O.~~ Chronic Bronchitis ~~Haemoptysis~~

Occupation, comedian
Enlisted, 25/1/17 at Windsor Ont.
England, 25/3/17
France, 20/5/17 → Eng 23/5/18
Wounded, no. went sick 6/5/18
Hospitals, ① No. 10 General Hospital Rouen 19/5/18
② Basingstoke 23/5/18

F.M.E. — 10th Gen. Bronchitis & haemoptysis ons def.
p.o. + 3 wks hist — P.W.O. & haemoptysis.

Aberdeen

went sick complaining of pain in chest & sides: increased when he breathed deeply
Duration — Two weeks.
onset — gradual.

P.T. ① Typhoid Fever 1914.
② Pain & discharge from both ears for 16 days in 1916.
③ Rheumatism 1910 — swelling in knees. could not walk for 2 wks & in bed two months.
No hist any other illnesses.
says that in France he could not do very heavy work because of soreness in back & weakness in legs

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

Wt. W 6604/M 2870—1,500,000—8/17—H & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.

Says he coughed up blood about a month ago. and sputum has been streaked on & off ever since.

Say he has had a cough since Jan 1917 & it has become much worse this last month. Br. dead - cause unknown.

Br. H — M. " " "

B — one A & w. none dead.

S — none.

pt not married.

P.C. Feels weak. & some soreness in sides.

Exam — Twinkins he has lost weight

Chest — Fairly well developed, a bit flat & clavicles very slightly prominent.

Lungs — neg.

Heart — neg

wallaceiness cap

Nose — Inferior turb — Rt slightly enlarged

nose pharynx — not seen

Tonsils — buried — chronic congestion

Pharynx — congested

Larynx — not seen.

Ears — Canals some wax — drums intact — left thickened

right	Hearing	Left
14'	Whispered voice	14'
	Spoken voice	
25/40	watch	15/40
+	Rinne	+
	Weber	
=	Schwabach	=

Will be glad to give his throat a few local treatments

[illegible] Lannor

II

Army Form B. 103. Regimental Number 931617

Casualty Form—Active Service.

Regiment or Corps

Rank Pte Surname Wright Christian Name Henry

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

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 ...			
3-12-18	2nd C.C.D.	T.O.S. Kinnel Park		9-12-18	D.O.5
		S.O.S. O.M.F.C. on proceeding to Canada		12-12-18	D.O.10
		O.C. No. 7 Wing, Concentration Camp.			
13/12/18	2nd CCD	TOS MD #1 Cont Camp Rhyl		13/12/18	D.O.2
		Embarked for Canada			

Sandwell M Lieut
for Director of Pay

(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, Shoeing-Smith, &c.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

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				

No. 931687 Name Wright H Sqn., Batty., or Company Corps 2nd Const. Bn. Date of enlistment 2.1.17 G.C. Badges Service or Proficiency Pay

Date of last entry in Company Conduct Sheet No. and date of last drunk Period not reckoning towards freedom from extra fine Sheet No. Signature O.C. Company, etc. Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Brayshott 2nd C.C.D.	13/8/18	Pte.		Overstaying sick furlough from 7pm 12/8/18. to 11am 13/8/18	Cpl Campbell Cpl McGurk	2 days F.P.2	14/8/18	Macgowan Major	1 day R.W.

Army Form B. 122

Temporary Original not available

[P.T.O.

W. 16575/M. 237. 2,000M. J. P. & Co., Ltd. (C 1309). Forms/B122/4.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

MEDICAL REPORT FORM

U.S. VETERANS' BUREAU RECEIVED DEC 24 1921 10th DISTRICT HDQRS.

To be used when an Ex-member of the Canadian or Imperial Forces applies, or is recommended, for treatment in the United States of America.

Place Minneapolis, Minn. Date January 27, 1922

1. (a) Surname Wright, (b) Christian name Henry
   (c) Regimental or Serial No. 931687 (d) Rank Pvt. (e) Original Military Unit 2nd Cons.
   (Important)
   (f) Present Address State Reformatory, St. Cloud, Minn.
2. Age last birthday 21 Height 5 feet 5½ inches Weight 128 Complexion Dark
3. Enlisted at Windsor, Ont. on Jan. 2, 1917
4. Discharged at London, Ont. on Jan. 6, 1919
5. Last Medical Board held at Jan. 2, 1919, London, Ont. on
6. Pension No. None 7. Married or Single Single 8. Present occupation Prisoner
   (Important)
9. Next of kin Jess Wright Relationship Father
   Address 223 Main St., Winnipeg, Canada

10. Dependents	Relationship	Age

BUREAU WAR RISK INS. RECD APR 14 1922 MEDICAL DIV. FOREIGN RELATIONS SECT.

RECEIVED APR 4 1922 U. S. VETERANS' BUREAU DIST. #10

(NOTE—The man's identity as an ex-member of the Canadian or Imperial forces should be established by the examining physician, by examination of Discharge Certificate, Protection Certificate (Ex-Imperials) or other military documents in the man's possession. If there are no documents available confirming his statements, this should be indicated in a foot note on this form.)

11. Present Disability Bilateral Apical Tuberculosis, slightly active.
12. Was disability caused or aggravated by war service? Yes
13. What is the man's present condition? (Please report as fully as possible, and, if Specialist's examination is required, have report attached.)

CHEST CONSULTANT, reports January 27, 1922, as follows:

HISTORY: Diagnosis-Tuberculosis, pulmonary at discharge from service. Feels weak and dyspnoeic on exertion. Feels flushed in afternoon and gets dizzy spells. Coughs and expectorates in the morning. Expectoration is frequently blood streaked. Frequently has night sweats. Chest pains both sides, sharp and worse on breathing. Appetite is poor, lost about 10 pounds in last 6 months. Catches colds fairly easily.

EXAMINATION: Present weight 128, average 143, highest 145, lowest 113 pounds. Pulse 90, temperature 98 at 11:00 A.M.

PHYSICAL: Well developed and fairly well nourished. Contour both clavicles prominent. Undulation of ribs of upper lung fields limited on both sides. Costal margin flaring limited both sides. There is dullness to the third ribs on both sides anteriorly and posteriorly above scapulae spines. Fremitus here is increased. Breath sounds are harsh and increased in pitch both apices more

N.B.—Every question should be answered. There should be no blanks.

13. Present condition (continued)

marked over left. On occasional indefinite rales can be heard in 2nd and 3rd inter-space over left apex anteriorly. Spoken and whispered voice increased over both apices.

DIAGNOSIS: Bilateral apical tuberculosis, slightly active.

REMARKS: Traceable to service. Hospital care is advised. Training is not feasible."

(C. HYMES)

Walter J. Marcley,
Attending Specialist, (Tuberculosis)

14. What is the nature of treatment required? Sanitarium treatment for an indefinite period of time.

15. Is treatment required as an In-patient of an Institution? yes.

16. What is probable duration of In-patient treatment? 6 months & more.

17. For how long will patient probably be incapacitated for employment after hospital treatment is completed? Probably for 1 year.

18. If the man has been treated in Hospitals in the United States since discharge from the Forces, please indicate:

Name of Institution	Address	Dates of Hospitalization
		from ..... to .....
		from ..... to .....
		from ..... to .....

19. Remarks .....

20. This man has been medically examined by me today. I find that he requires treatment as in
In or Out
Patient for a disability caused or aggravated by war service as described above. On receipt of authority, he will be admitted to .....
(Name and Address of Institution)

The District Supervisor will be advised immediately on admission.

(Signed) Chas. Hymes. M.D.
(Examining Physician)

Man's Signature (Important) Henry Wright
(To be obtained at time of examination)

Date of Admission (if applicable) .....

IMPORTANT. 1. In no case should treatment be undertaken until authority has been received by the United States Veterans' Bureau from the Department of Soldiers' Civil Re-Establishment, except in cases of emergency, which should be clearly indicated on the form.

2. In-patient treatment for service disability should be recommended in all cases where the man is unable to continue in employment while under treatment.

This space to be for numbers

Proceedings on Discharge.

7-5-31

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

No. 931687

Rank PRIVATE.

Surname WRIGHT.

Christian Name Henry.

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

Corps (Squadron, Battery or Company) No. 2, Construction Bn C.O.M.F.

Date of Discharge JAN - 6 1919 D.O.#H.d/4.1.19.

Place of Discharge LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	24. years ..... months.
Height	5 feet 5½ inches.
Complexion	DARK.
Eyes	BROWN.
Hair	BLACK.
Trade	ACTOR.
Intended place of residence (To be given as fully as practicable.)	220, 12th, Street, WASHINGTON, D.C. U.S.A.

Descriptive Marks NIL.

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

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

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

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

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

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

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

E. R. J.

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

.....

Commanding .....

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) LONDON, ONT. Wright H. .....*(Signature of Soldier.)*

(Date) JAN - 6 1919 .....*(Signature of Witness.)*

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

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

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

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

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) LONDON, ONT. Hamilton

(Date) JAN - 6 1919 *(Signature)* .....

O. C. Discharge Section, No. 1 D. D.

Reservations referred to at Para. 8.

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

none

Wright H

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.
Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia Form B. 313
Medical Report for Invalid*	" B. 227.
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235.
Proceedings on Discharge	" B. 218.

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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

1 D. D. 10-W. 258 **LAST PAY CERTIFICATE** Wr - 19 - Jan

Regt. No. 931687 Rank Pte Name Wright, Henry

Corps 2nd Cons Bn who was Discharged

on 1-1-19 to 6-1-19

TRIPLICATE

The following is a statement of the account of the above named

from 1-1-19 to 6-1-19

Bal Dr from mon. of from L.P.C.			Bal Cr from mon. of from L.P.C.		
ASSIGNED PAY;			Regt Pay 6 days at $ 100	121	45
			F'ld All 6 days at $ 100	6	00
SEPARATION ALLOWANCE:			SEPARATION ALLOWANCE:		60
			Xmas Allee Dist 0186		25
~~OTHER CHARGES:~~			OTHER CREDITS:		
Regimental Charge		25	~~Clothing Allowance~~ —	35	00
PAYMENTS:			Subsistence,		
+ 7725	35	00			
7935	128	05			
Bal Cr (to be paid)			Bal Dr (to be deducted)		
			(from soldier $) (" Dependant $)	163	30

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at $ per month has been to Nil	at $ per month has been to Nil	Subscribed $ Paid by Other Units $ Paid by this Unit $ Nil

Dependant or Beneficiary;
Address;

Nil

REMARKS;

D.04 Dis 6-1-19 on Demob

Date of Enlistment 2-1-17
If married and if Separation Allowance card submitted No No

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit

date;
London, Ont.

T. D. Patterson Captain,
Paymaster, District Depot No. 1

PAYMASTER
District Depot No. 1
JAN 7 1919
LONDON, ONT.

ORIGINAL

ORIGINAL 931687

MEDICAL HISTORY SHEET.

Surname WRIGHT *Christian Name* Harry

Examined { on 2nd day of January 1917 / at Windsor, Ontario

Birthplace { City or Town Birmingham, / County Alabama, U. S. A.

Apparent age 22 yrs 11 mo

Trade or occupation Actor

Height 5 Feet 5-1/2 Inches.

Weight Lbs.

Chest measurement { Minimum 32 inches. / Maximum expansion 34 inches.

Physical development fit

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. / Number

When Vaccinated last

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

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

Both Eyes 20/20

Approved by Dan Murray

Rank Capt A.M.C. M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		27 MAY 1918 M.O.
3.7.18	F.I.	Fred E Watts Major A.M.C.
2.12.18	A	2d C.C.D. [signature] M.O. Major
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
16/2/17	L&GR	Dan Murray M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
24/2/17	L&GR	Dan Murray M.O.
18/3/17	L&GR	Dan Murray M.O.
3/4/17	L&GR	Dan Murray M.O.
P.T. 27/7/18		Wilson Capt

Enlisted on 2nd *day of* January 1917 *at* Windsor, Ontario

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	#2 Construction Battn. C.E.F.	931687		2/1/17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Windsor, Ont. [signature] Major, A.M.C.	2/1/17	on enlistment [signature] Capt., A.M.C.	Fit [signature]

CANADIAN

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 39-4?9.

Surname Wright Christian Name Harry

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	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.
London		1	2	17	13	2	17	Otitis Media	13	Sel. Improved	L G Sebert
No. 4 Canadian Gen. Hospital, Basingstoke.		23	5	18.	2	8	18		70		
										Hist of haemoptysis indefinite. Thinks it was greenish in color. no haemoptysis since admission. occasional rises of temp when 1st admitted. more for some time now. no cough. not losing wt. Gen. condition good. heart neg. no sign of any activity in lungs.	Wallace Wilson Capt Camr
CANADIAN SPECIAL HOSPITAL WITLEY 8 SEP 1918 REGISTRAR		15	8	18	11	9	18	Gonorrhoea (217)	18	Injections Med. Apparently Cured Stoppages as per dates	J H B Thomson Capt H D L Spence Capt
CANADIAN SPECIAL HOSPITAL 1 OCT 1918 REGISTRAR		22	9	18	4	10	18	Gonorrhoea (237)	13	Injections medicine steel massage. apparently cured. Stoppages as per date	J M Hunt R Knipp

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Wright Henry DISTRICT 1

REGIMENT #2 Const. Bn. RANK Pte No. 931687

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.

No. 1 District Depot
JAN 2 1919
1 D.D.

	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 District	REMARKS
	Jan 2			1																		
Condition on first Examination	1919			7.																Ex. by R. G. McMillan Capt		Cav 4-5-14. 18-19 20.

M.F.B. 465.
200M.—6-18.
1772-39-950.

CLINICAL CHART.

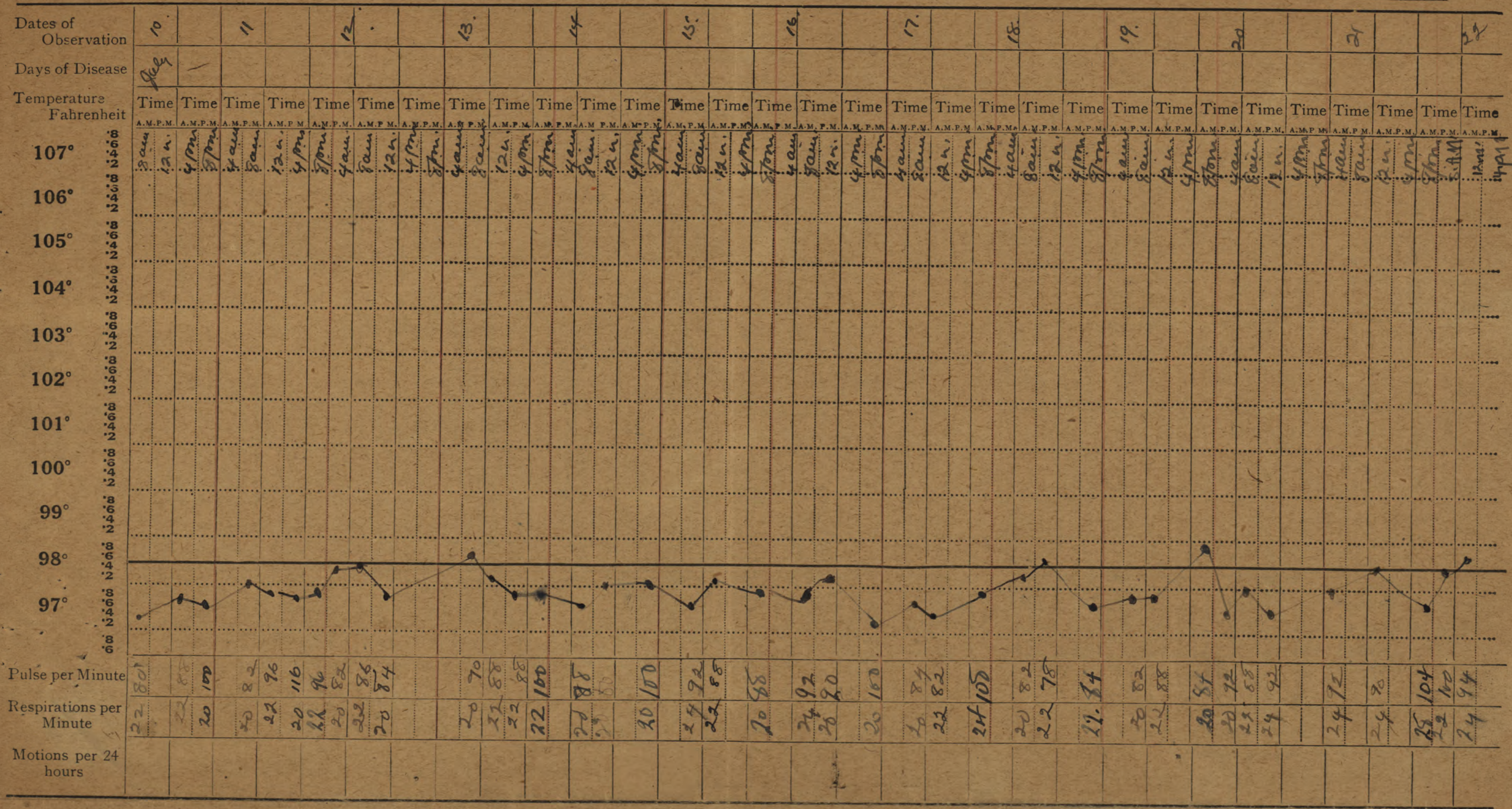
(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____ Military Hospital 4 CGH. Basingstoke

No. _____ Rank and Name Pte. Wright Age _____ Service _____

Disease _____ Date of admission 23/5/18. Date of discharge _____ Result _____



(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature _____ In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps ____________ Military Hospital #4 Mil. Hosp.[?] Basingstoke.

No. ____________ Rank and Name Wright pte. Age ____________ Service ____________

Disease ____________ Date of admission 23-5-18. Date of discharge ____________ Result ____________

Dates of Observation	July 22nd	23	24	25	26	27
Days of Disease						

Temperature Fahrenheit: 107° – 97° (Time, A.M. P.M.)

Time	8 P.M.	8 A.M.	12 m.	4 P.M.	8 P.M.	8 A.M.	12 m.	4 P.M.	8 P.M.	8 A.M.	12 m.	4 P.M.	8 P.M.	8 A.M.	12 m.	4 P.M.	8 P.M.
Pulse per Minute	92	94	88	84	90	84	98	88	100	96	80	82	80	84	82		
Respirations per Minute	20	20	22	20.	22	20	22	20	20	20	22	20	20	20	20		
Motions per 24 hours																	

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature ____________ In charge of case.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

E6 AD

Name Wright, Henry
Surname Christian Name

Regimental Number 931687 Rank Pte. Address (in full) 220-12th St.,

Unit C.F.C. Washington, D.C.,

Original Unit U.S.A.

District where paid M.D. 1.

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 46038—M. & D. 9215.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127.
25M.—8-18.
1772-30-1140.

Remarks: Account opened 6-1-19.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dependent.....

Address.....

.....

.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						1				
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

M. OR S. Single

1944 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 931687 RANK Pte NAME (IN FULL) WRIGHT, Henry 550 (BLOCK LETTERS, SURNAME FIRST)

AUDITOR | PAYMASTER

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 2nd Const. Bn IF IN P.F. WHAT UNIT? 72 High St, London, Ont.

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 2-1-17 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, $ nil DATE EFFECTIVE

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE London Ont DATE 6-1-19 REASON On demob AUTHORITY DO4 IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. No. of Days	Rate	Amount	Other Credits		Total Credits	Acquittance Rolls Col. No. 1	Col. No. 2	Col. No. 3	Cash Payments Col. No. 1	Col. No. 2	Col. No. 3	Assigned Pay	Regimental Charges	Other Charges		Total Debits	Balance Debit	Balance Credit	Particulars or Remarks
Balance from previous account: WAC					121.45									WAC 14/6/19						DO2 Tos 21-12-18
1/1/19-6/1/19	6	1.10	6.60	35.00	25	163.30		7725	7935 2/1/18		35.00	128.05		25			163.30		HB.	
6/1/19			70.00			70 —	3686 6/1/19			70 —							70 —			War service gratuity
6/2/19			70			70		6408 6/2/19			70						70			2 year $350
																				W.R. Mortimer
			NSG.							NSG								Bal Due		
6/3/19			210			210				70							70	140		3882 —
6/4/19			140			140				70							70	70		67927
6/5/19			70			70				70							70	0		77727
																	~~210~~ —			
			350 —			350 —				280 —	70 —						350 — ~~210~~ —	A. Gilbert Capt.		

—WAR SERVICE GRATUITY—

—WAR SERVICE GRATUITY—

60m.-11-18. L. L. 51777. M. & D. 9585.

MONTH	PAY AND P.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	