

(S)

NAME **BROWN JAMES**

REGIMENTAL DOCUMENTS  
(Pte) REGT. No. **2503260**

UNIT **10th For. Bat.** H. Q. FILE No. ....

**H**

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)				<b>44383</b>	
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		<i>Decemed 31-7-53</i>			<i>Demobilization</i>
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(M)

H



# CLASS **A** ATTESTATION PAPER.

No. 2503260

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... **Brown**
- 1a. What are your Christian names?..... **James**
- 1b. What is your present address?..... **25 Walnut and 9th. Street St. Louis Missouri USA**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Dublin Ireland**
- 3. What is the name of your next-of-kin?..... **Alice Shields**
- 4. What is the address of your next-of-kin?..... **1526 Callowhill Phildadelphia Pennsylvania USA**
- 4a. What is the relationship of your next-of-kin?..... **Sister-1-1**
- 5. What is the date of your birth?..... **Feb. 3rd. 1873**
- 6. What is your Trade or Calling?..... **Laborer**
- 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**  
*Or Naval*
- 10. Have you ever served in any Military Force?..... **No**  
*Or Naval*  
*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 } **Yes**  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. **No**
- 14. If so, what was the nature of the disability? .. **-**
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. **No**
- 16. If so, what was the reason?..... **-**

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **James Brown**, 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.

Date **Jan. 11th. 1918** 191 . *James Brown* (Signature of Recruit)  
*J. Martin* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **James Brown**, 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.

Date **Jan. 11th. 1918** 191 . *James Brown* (Signature of Recruit)  
*J. Martin* (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 **Winnipeg Manitoba** this **11th** day of **January** 191 **8**.

*R. Hamilton* (Signature of Justice)

Description of James Brown on Enlistment.

Apparent Age 44 years 11 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 7 1/2 ins.

Chest measurement: { Girth when fully expanded 37 ins.  
 Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Black

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

Vision R. Eye 20/20  
 " L. Eye 20/20  
 Hearing R. Ear h  
 " L. Ear h

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 Jan. 11th. 1918 191

Place Winnipeg Manitoba Canada

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:—

MOBILIZATION  
 MEDICAL BOARD  
 APPROVED BY

John H. Bond Capt PRESIDENT  
Thos. Woodhead Capt MEMBER  
W. J. Thurston Capt MEMBER

CERTIFICATE OF OFFICER COMMANDING UNIT.

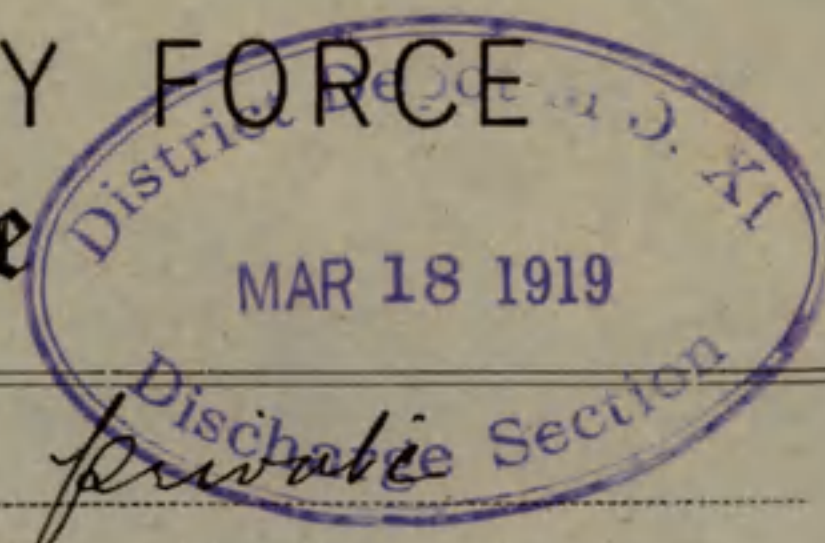
James Brown having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)

Date Jan. 11th. 1918 191

Officer Commanding No. 10 Forestry & Railway Construction Depot

# CANADIAN EXPEDITIONARY FORCE Discharge Certificate



This is to Certify that No. 2503260 (Rank) Private

Name (in full) James Brown enlisted in  
the 10<sup>th</sup> Lovat's Bn.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 11<sup>th</sup>  
day of January 1918

HE served in France with the 4<sup>th</sup> Bn. C. B. I.

and is now discharged from the service by reason of DEMOBILIZATION

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

Age 46 years  
Height 5' 7 1/2"  
Complexion Fair  
Eyes Blue  
Hair Black

Marks or Scars Scar front  
right knee

Signature of Soldier

P. A. Maclean  
Issuing Officer  
Captain  
Rank

Date of Discharge 18<sup>th</sup> March 1919

For V.C. District Depot XI  
Appointment

Signed at Vancouver B.C. this 18<sup>th</sup> day of March 1919

in Military District No. XI

File Reference No. D.D. B. 8629

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.

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 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

WAR SERVICE BADGE CLASS "A"

No. 64965 ISSUED

On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted.

LTR

Rank Name BROWN, James Reg'l No. 2503260  
 Unit No 10. Dft Rly Const If in perm. Corps, }  
 What Unit? }  
 Married or Single Single.  
 Place and Date of Enlistment Winnipeg, Jan, 11th, 1918. Place of Birth Dublin Ireland.  
 Name and Address, Next-of-Kin Alice Shields

1526 Callowhill Philadelphia Pennsylvania / USA. Relationship Sister. 17349.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 20049  
 File R.L. GAB OB  
 Category

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Date.	REMARKS Taken from Official Documents
Date.	From whom received.			
		Arrived in England	11-3-18	S/S MFTAGAMA
12-3-18	C.R.T.D	103 on arrival from Canada.	11-3-18	P#071.
30-4-18	"	Order H <sup>th</sup> C.R.T. of pleas	30-4-18	P#01207 H <sup>th</sup> C.R.T. 37/4/18
2-11-18	H <sup>th</sup> C.R.T.	Inv. (Inj. access) posted to C.R.T.D.	23-10-18	P#116. 60050. P#11 303. 1/11/18.
24-12-18	C.R.T.	in form. 1 <sup>st</sup> C.C.S.	18-12-18	P#11 355. 1 <sup>st</sup> 660 P#11 358 9/27/18
15-1-19	"	Leases on Com. 1 <sup>st</sup> 660	15-1-19	P#11 14 (1 <sup>st</sup> 660 P#11 13 (1/15/19)
10-1-19	1 <sup>st</sup> 660	A.W.L. 1900 30-12-18 to 0900-1-1-19 Awarded 2 days pay 2 J.P. forfeits 2 day pay. C.R. Regs Can. Total forfeiture 4 days pay.	3-1-19	-1-8
12-1-19	C.R.T.D.	A.W.L. 1900 30-12-18. } 2 days. 0900. 1. 1. 19. } Awarded 2 days F.P. No 2. forfeits 2 days pay. P.F. Regs Total forfeiture 4 days pay. 3/1/19	3-1-19	-1-11

A.F.B. 108 CHECKED

MAX

*guy*

*[Handwritten scribbles]*

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
21.1.19	C.R.S.D.	Sos. 16. M.D. 11. Phyl.	Spr. Willey.	21.1.19	pt II. 20.
19.2.19	M.D. 11.	S.O.S. 16 Canada S.P. 74	" Phyl.	17.2.19	pt II 43.



MEDICAL CASE SHEET.\*

49

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year 1918	250 3260	Sp.	13mm	J.
	Unit.		Age.	Service.
	4 Canadian - Railways Troops		44	172
Station and Date.	Disease <u>Sprain (R) foot. Accidental</u>			
Sheffield 3rd Northern Coy. 93 OCT 1918	<p>State he slipped between two rails                      &amp; sprain right ankle - not much                      swelling but some ecchymosis.                      Lin. alb. &amp; bandaged.</p>			
2.11.18	<p>Foot much better - joint (by toe) rather stiff                      to him &amp; managed please.</p>			
4.11.18	<p>Worse. RA.</p>			
9.	<p>Improving  <del>Worse</del> Improving RA.</p>			
13 NOV 1918	<p>I R.</p>			
Chunpin	<p>Nov 14 Admitted for Laceration                      26 with L-report - or Shethy                      29 The case or                      30 The case or                      a The case or</p>			
11/12/18 Trans.	<p>to Can Hosp. 2 person.</p>			

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

Station  
and Date.



Station  
and Date.

(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.

.....**Mrs. Alice Shields (Sister)**.....

.....**1525 Callowhill Philadelphia Pennsylvania U.S.A.**.....

(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.

Date.....**January 11th. 1918**.....

*J. P. ...*  
.....**Captain**.....  
.....**Officer Commanding.**.....  
.....**Officer Commanding No. 10 Forestry & Railway**.....

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.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number **2503260**.....

(3) Full Name of Soldier **James Brown**.....

(4) Place of Birth **Dublin Ireland**.....

(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.....

~~CANADIAN CONTINGENT EXPEDITIONARY FORCE~~

LAST PAY CERTIFICATE.

This form to be made for all ranks :-

Reg. No. 250260 Rank Cpl. Name Brown J  
Corps. No. 11 District Depot. C.E.F., who was Discharged  
on March 18 1919. to .....

The following is a statement of the account of the above named  
from Feb 1 1919. to March 18 1919 the inclusive  
date of transfer or discharge.

DR.		CR.	
Bal. Dr. from Prev. Month.....	<u>6933</u>	Bal. Cr. from Prev Month.....	<u>18621</u>
Advances..... # <u>59</u>	<u>5000</u>	Reg. Pay..... Dys @ \$.....	<u>4600</u>
.....		Fld. Allee..... Dys @ \$.....	<u>460</u>
S.A. and A.P.....		Sep. Allee. (Monthly).....	<u>1120</u>
Other Charges.....		Other Allee.....	<u>3500</u>
Payt. on Tranfr. or Disch. <u>23368</u>		Other Credits.....	
Bal. Cr. ( to be paid by new unit).....	<u>35301</u>	Bal. Dr. ( to be deducted by new unit).....	<u>7000</u>
			<u>35301</u>

A monthly stoppage of \$..... has..... been paid on account of  
Assgd. Pay for the Month of..... 1919.  
and Sep. Allee. for the Month of..... 1919.

To Assignee.....  
.....

On transfer of an officer.

Outfit Allee. of \$..... has been paid by the P.M. M.D. No.....

- REMARKS.:-
- State (1) date of enlistment.....
  - (2) if married and if S.A. Card has been submitted.....
  - (3) authority for transfer.....
  - (4) cause of discharge..... Auth. for discharge.....

I have carefully examined this statement of account and find it  
to be a correct extract from the payroll of the unit.

Date 17-3 1919. 1st war service pay paid  
Place VANCOUVER, B.C.  
Paymaster, Demobilization Pay, M.D. No. 11

CANADIAN GOVERNMENT EMPLOYEES' PLAN  
LAST PAY CERTIFICATE

This form is to be made for all persons who have been employed by the Government of Canada in the capacity of a member of the Canadian Government Employees' Plan. It is to be filled out by the member or by the member's representative, and it is to be submitted to the Registrar of the Plan.

The following is a statement of the account of the above named member from the date of his or her last payment to the date of the last payment of the Plan.

Date	Description	Amount
1919	Balance forward	
1919	Contributions	
1919	Interest	
1919	Other charges	
1919	Other credits	
1919	Balance forward	

A monthly statement of the account of the above named member from the date of his or her last payment to the date of the last payment of the Plan is being furnished to the member.

On the date of the last payment of the Plan, the member's account was in credit to the amount of \$.....

On the date of the last payment of the Plan, the member's account was in debit to the amount of \$.....

The above information is being furnished to the member for his or her information.

Yours faithfully,  
Registrar of the Plan



# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *10*

NAME OF SOLDIER

*Brown James*

REGIMENT

*A.A. Coy*

RANK

*Pt*

No. *2503260*



## 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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
	<i>1918</i>										<i>5-11</i>											<i>mouth plates</i>
	<i>Jan 18</i>										<i>13</i>									<i>w/9 Morrison Pt</i>	<i>10</i>	<i>unit 6</i>
	<i>Jan 15</i>										<i>12</i> <i>2-5-7</i> <i>8-9-10-12</i> <i>14-19-28</i> <i>29</i>									<i>✓</i>	<i>10</i>	<i>Ent Complete</i>

1  
**DENTAL HISTORY SHEET**

CANADIAN ARMY DENTAL CORPS

NAME: \_\_\_\_\_ RANK: \_\_\_\_\_ NO: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_

REGIMENT: \_\_\_\_\_

UNIT: \_\_\_\_\_

POST: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

AGE: \_\_\_\_\_

SEX: \_\_\_\_\_

HAIR: \_\_\_\_\_

EYES: \_\_\_\_\_

COMPLEXION: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

TEMPERATURE: \_\_\_\_\_

PULSE: \_\_\_\_\_

BLOOD PRESSURE: \_\_\_\_\_

RESPIRATORY RATE: \_\_\_\_\_

HEART RATE: \_\_\_\_\_

DIET: \_\_\_\_\_

TABACCO: \_\_\_\_\_

ALCOHOL: \_\_\_\_\_

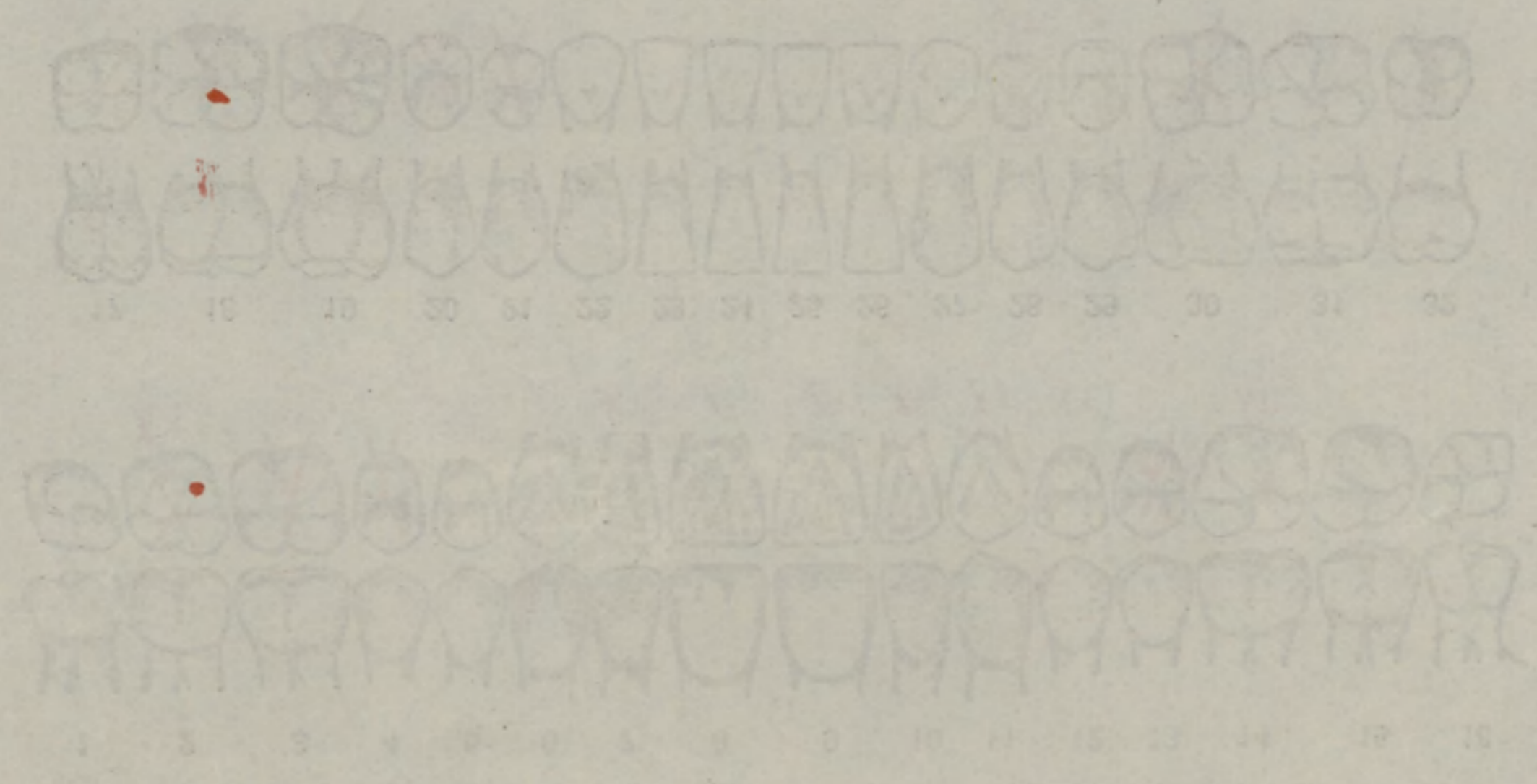
DRUGS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

PREVIOUS DENTAL WORK: \_\_\_\_\_

PRESENT DENTAL WORK: \_\_\_\_\_

REMARKS: \_\_\_\_\_



1. Condition on examination (in red)
2. Condition on leaving Canada
3. Condition on discharge
4. Condition on return to duty
5. Condition on return to duty (in red)
6. Condition on return to duty (in red)
7. Condition on return to duty (in red)
8. Condition on return to duty (in red)
9. Condition on return to duty (in red)
10. Condition on return to duty (in red)
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27. Condition on return to duty (in red)
28. Condition on return to duty (in red)
29. Condition on return to duty (in red)
30. Condition on return to duty (in red)
31. Condition on return to duty (in red)
32. Condition on return to duty (in red)

INSTRUCTIONS

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

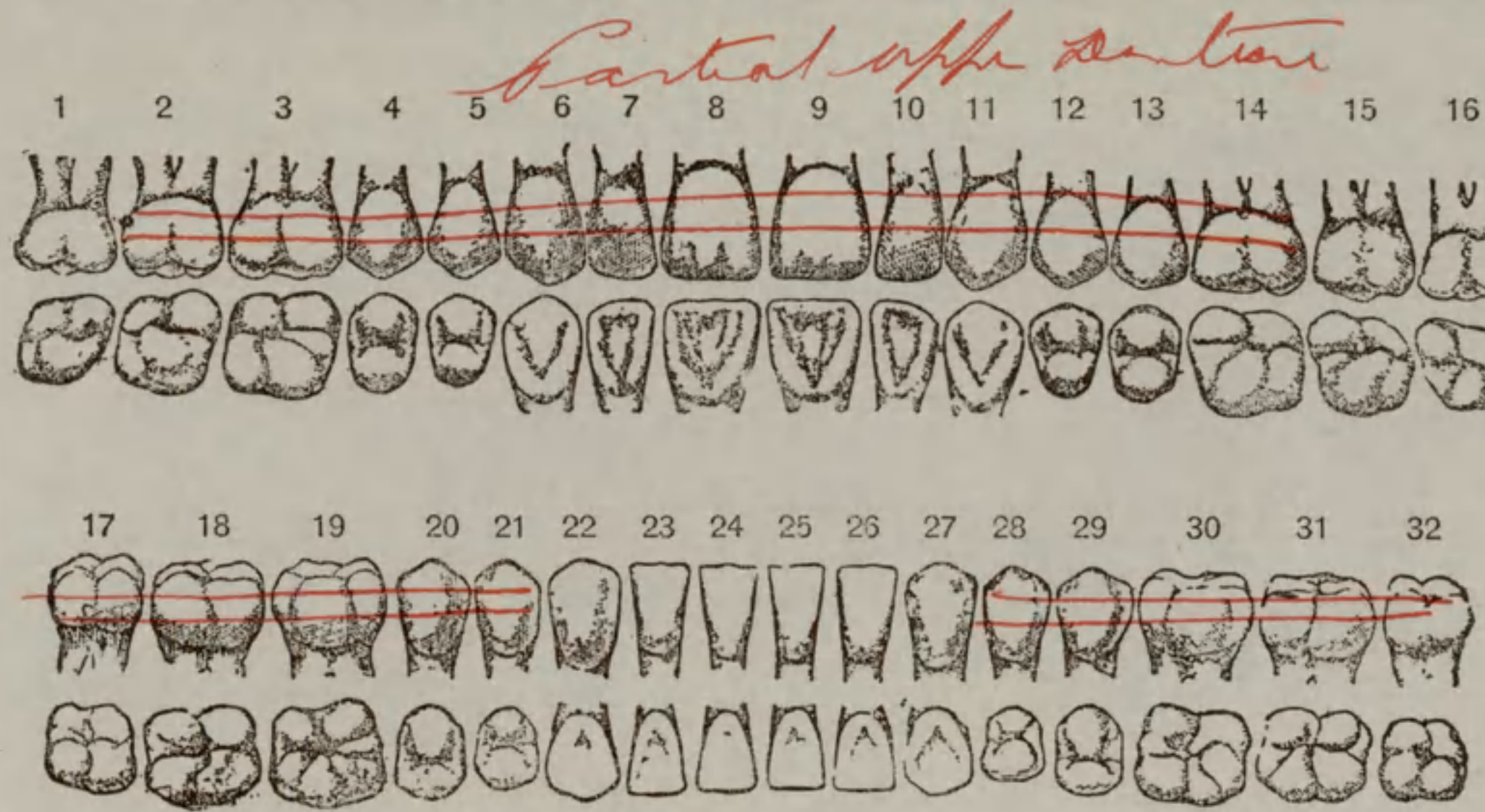
DISTRICT XI

NAME OF SOLDIER Brown James

REGIMENT C. R. J.

RANK Pte.

No. 2503260.



## 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 from the Service.

Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS	
											U	L	P			Gold	Porcelain						
<u>1919.</u>																						<u>Requires lower P. denture</u>	
<u>March 13</u>										<u>23</u>													Cavities
										<u>2-14</u>													Extractions
										<u>11-21</u>													<u>Going to have work done with C. S. R.</u>
										<u>28-32</u>													

Leat W. Alister XI



DEPARTMENT OF DENTISTRY  
UNIVERSITY OF CALIFORNIA  
DENTAL HISTORY SHEET

DATE OF BIRTH: \_\_\_\_\_  
AGE: \_\_\_\_\_  
SEX: \_\_\_\_\_  
RACE: \_\_\_\_\_  
RELIGION: \_\_\_\_\_  
EDUCATION: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
MARRIAGE: \_\_\_\_\_  
CHILDREN: \_\_\_\_\_  
MOTHER: \_\_\_\_\_  
FATHER: \_\_\_\_\_  
SIBLINGS: \_\_\_\_\_  
MILITARY SERVICE: \_\_\_\_\_  
SMOKING: \_\_\_\_\_  
ALCOHOL: \_\_\_\_\_  
DRUGS: \_\_\_\_\_  
DENTAL HISTORY: \_\_\_\_\_  
DENTAL TREATMENT: \_\_\_\_\_  
DENTAL X-RAYS: \_\_\_\_\_  
DENTAL X-RAY NUMBER: \_\_\_\_\_  
DENTAL X-RAY DATE: \_\_\_\_\_  
DENTAL X-RAY LOCATION: \_\_\_\_\_  
DENTAL X-RAY TYPE: \_\_\_\_\_  
DENTAL X-RAY NUMBER: \_\_\_\_\_  
DENTAL X-RAY DATE: \_\_\_\_\_  
DENTAL X-RAY LOCATION: \_\_\_\_\_  
DENTAL X-RAY TYPE: \_\_\_\_\_



**Medical Examination upon leaving the Service**  
**of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank..... *Spr.* Name..... *James* Surname..... *Brown*  
 Unit or Corps..... *4th C.R.I.* (If a soldier) Regtl. No. *2503260*  
 Born at..... *Dublin, Ireland* on, date..... *Feb. 2, 1879*  
 Signature (for identification)..... *J. Brown*

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

*None.*

Weight..... *150* lbs.  
 Height..... *5-8* ft..... ins.

2. **NUTRITION AND DIATHESIS?**

*Good.*

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**

*No.*

4. **RESPIRATORY SYSTEM.**

*No.*

5. **HEART?**

*No.*

Abnormal Sounds? *None.*

Abnormal Size? *No.*

Pulse Rate? *72.*

Intermittence or irregularity? *No.*

6. **ARTERIES.**—Any hardening?

*No.*

7. **DIGESTIVE SYSTEM?**

*No.*

8. **GENITO-URINARY SYSTEM?**

*No.*

Urinalysis—S.G.?..... *1020.* Reaction?..... *acid.* Albumen?..... *0.* Sugar?..... *0.*

9. **SKIN, MIDDLE EAR, EYE**  
or any other part?

*No.*

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

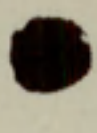
*None.*

11. Opinion as to the health and physical condition of the one examined?

*Good.*

Examined at..... *Shannon P.P.* Signed..... *J.A. Roche Capt* M.O.  
 Date..... *24/1/19* Signed..... *W. Seeley M.O.*

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.



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James  
Department  
of  
Biology

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**MEDICAL HISTORY SHEET**

**ORIGINAL CLASS A II ORIGINAL**

Surname *Brown*

Christian Name *James*

Examined on *9<sup>th</sup>* day of *Jan* 191*8*  
 at *Winnissey*  
 Birthplace { City or Town *Dublin*  
 County *Dre*

Approved by *[Signature]*  
 Rank *Capt* M.O.

Apparent age *74-11*  
 Trade or occupation *Labourer*

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
<i>12-12-18</i>	<i>Fit</i>	<i>29 OCT 1918</i> M.O.
		<i>John R. Bond. Capt</i> PRESIDENT M.O.
		<i>[Signature]</i> MEMBER M.O.
		<i>[Signature]</i> MEMBER M.O.
		Vision R. Eye <i>20/20</i> M.O.
		" L. Eye <i>20/20</i> M.O.
		Hearing R. Ear <i>N</i> M.O.

Height *5* feet *7 1/2* Inches  
 Weight *138* lbs.

Chest measurement { Minimum *34* inches  
 Maximum expansion *3* inches

Physical development *good*  
 Small-pox Marks *nil*

Vaccination Marks { Arm Right Left   
 Number *4*

Date	Result	VACCINATIONS
<i>21-1-18</i>	<i>+</i>	<i>[Signature]</i> M.O.

When Vaccinated last  
 (a) Marks indicating congenital peculiarities or previous disease

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>14-1-18</i>	<i>+</i>	<i>2ab [Signature]</i> M.O.
<i>21-1-18</i>	<i>+</i>	<i>2ab [Signature]</i> M.O.
<i>26-4-18</i>	<i>+</i>	<i>2ab [Signature]</i> M.O.

(b) Slight defects but not sufficient to cause rejection  
*Slight red discoloration*  
*2ab 14-1-18 ack*  
*2ab 21-1-18 ack*  
*2ab 26-4-18 ack*

Enlisted on *2* day of *Jan* 191*8* at *[Location]*

CORPS	REG'TL NUMBER	HABITS	DATE
	<i>2503260</i>		
Joined on enlistment			
Transferred to	<i>46 R I</i>		<i>JAN 20 1918</i>

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD**

STATION	DATE	DISEASE	RESULT
<i>Hamilton Ont.</i>	<i>12-2-18</i>		
<i>1st C.C.D.</i>	<i>8/1/19</i>	<i>nil</i>	<i>A2 cut A Mcabell capt</i>

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.

**CANADIAN**

MEDICAL HISTORY SHEET

Christian Name

Surname

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
3 <sup>rd</sup> Northern Gen; Hosp <sup>l</sup> Sheffield		23	10	18	11	12	18	Sprain R Foot	50	Slipped between two rails & sprained ankle. Improving. Fit for transfer to Canadian Hospital, Epsom	Eric Stacey Colonel, R.A.M.C. (T) Q.C. 3 <sup>rd</sup> Northern General Hospital
M. C. H. Epsom.		11	12	18	18	DEC 1918	Sprained R.H. Foot. (acc)	8	On adm - Foot O.K. No disability Quickly & cleared. Category II.	Kennedy. Lieut. C. M. C.	



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

*H/078 Service 1 year*

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *James* ..... 2. Surname *Jules Brown* .....
3. Rank *Sapper* ..... 4. Original Unit ~~4000~~ ..... 5. Reg. No *2503260* .....
6. Address, in full, to which future payments of gratuity are to be forwarded .....  
*San Francisco General Delivery*  
*U.S.A.* .....
7. Date of enlistment in the C.E.F. *Jan 18* .....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... *none* .....
9. Relationship of such dependent ..... *no* .....
10. Address, in full, of such dependent ..... *no* .....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ..... *no* .....
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
*4<sup>th</sup> C.R.J. 30/4/18 - 23/10/18* .....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? ..... *no* .....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service ..... *no* .....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ..... *1 year 70 Days*  
*France, Overseas 4<sup>th</sup> C.R.J.* .....
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..... *no* .....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ..... *no* .....

*16<sup>th</sup> C.R.J. 6. 11/1/18 - 30/4/18 - 4<sup>th</sup> C.R.J. 30/4/18 - 23/10/18. C.R.J. 23/10/18*  
*17/2/19. D.D. No 2 17/2/19 - 18/3/19*

*Mr.*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no*
20. Have you been issued with a War Service Badge? If so, what class? *Yes "A" class*
21. Have you, during the present war, served in the Imperial Forces? *no*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*  
 (b) If so, was such reversion in consequence of misconduct or inefficiency? *no*
24. Are you now serving in the C.E.F. *No* If not, give:—(a) Date of discharge *18.3.18*  
 (b) Reason for discharge *(Time expired)*
- Demobilization*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. *no*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which served at the front, and dates of such service with that unit. *4 C.R.T.*  
~~*April 29 to Oct 21 18*~~  
*30/4/18 — 23/10/18*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? .....  
 (b) If so, are you in receipt of full pay and allowances from that Department? *no*

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

Signature of Applicant: *James Brown*  
 Place of Residence: *San Francisco U.S.A General*  
 Declared before me at: *Vancouver B.C.*  
 This *10<sup>th</sup>* day of *March* 19*18*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

*H.M. Andrew*  
*Delivered*

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.  
 District Paymaster.

8629

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

No. 11CC

James Brown

~~POA~~  
L 17/3/19

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. 2503260.....Rank Pte.....Surname Brown.....  
(Give name in full)

James.....

Unit or Corps 4th C.R.T......Birthplace Dublin, Ireland.....

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

### 1. GENERAL DESCRIPTION:

Physique good.....Weight. 144...lbs. Height 5...ft. 7 1/2in. - Colour of Eyes blue.....

Nutrition good.....

Pulse 70.....

Condition of arteries good.....

Vision Rt. 20/20.....Left. 20/20.....

Hearing (conversational voice) Rt. 20 ft.

Left. 20 ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin.)  
scar front right knee  
cut in childhood

Opinion as to general health and physical condition good.....

### 2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no.....Genito Urinary System no.....Cardio-Vascular System no.....

Special Senses no.....Integumentary System no.....Respiratory System no.....

Disturbance of mentality no.....Muscular System no.....Digestive System no.....

Osseous and Joint System yes 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.

Sprained ankle at Cambrai, France, Oct 17th, 1918. In hospital 2 months. Joint is still somewhat stiff, but is steadily improving. No disability.

# 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 N. Westminster (Canada)

Date ..... 13-3-19 ..... Signed *W. F. McKay M.O.* 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 *J. Brown* .....

(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]

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

Canadian Printing and Stationery Services, London

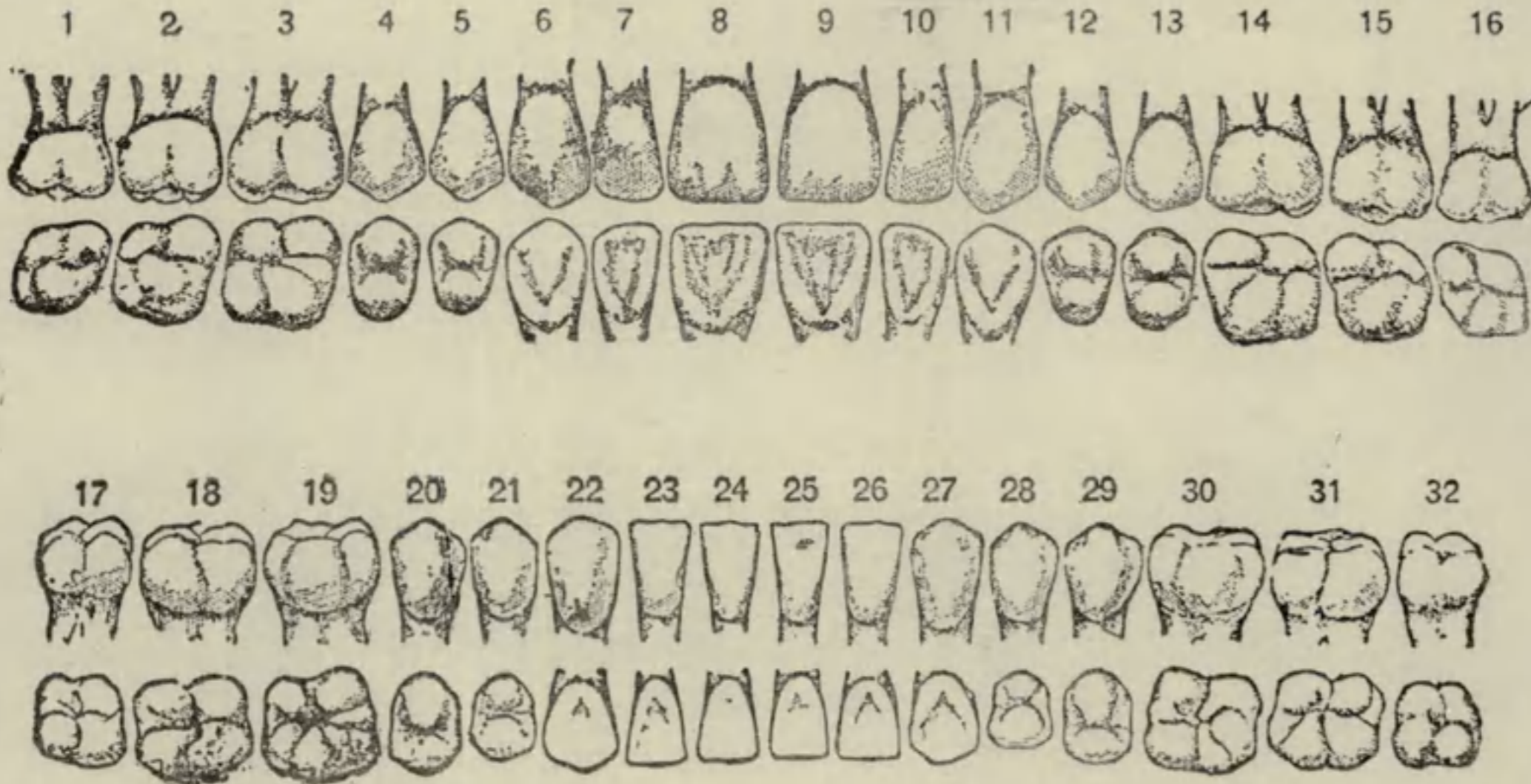
### DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) BROWN L M.D. II

REGIMENT 4th C.R.T RANK Sap<sup>2</sup> No. 2503260

Date of Examination in England 25.1.19 Date of Examination in France \_\_\_\_\_

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



### PRESENT DENTAL REQUIREMENTS

1. FILLINGS 5

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper Re. Set.

(c) Full Lower 17, 18, 19, 20, 21, 28, 29, 30, 31, 32.

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada Yes.

(b) In England

(c) In France

KINMILL PARK,  
NORTH WALES.

Signature of Dental Officer [Signature]



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 *Forestry Draft*

Regimental No. *2503260* Rank *Pte* Name *Brown James*

Enlisted (a) *11-1-18* Terms of Service (a) *D of W* Service reckons from (a) *11-1-18*

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>6-3-19</i>	<i>OVERSEAS</i>	<i>T.O.S. DISTRICT DEPOT XI</i>	<i>HASTINGS PARK VANCOUVER, B. C.</i>	<i>17-2-19</i>	<i>D. O. Pr. II 65. 1919.</i>
	<i>DISCHARGED</i>	<i>DEMOBILIZATION</i>	<i>VANCOUVER, B. C.</i>	<i>18/3/19</i>	<i>D.O. 78/34</i> <i>J. Maclean Capt.</i> <i>For O.C. District Depot, XI</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g. Signaller, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.





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

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

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. No. 10 Forestry and Ry. Const'n. Depot  
 Regimental No. 2503260 Rank Private Name Brown James  
 C. E. F. 11-1-18 Enlisted (a) 4-1-18 Terms of Service (a) D. of War Service reckons from (a) 4-1-18  
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }  
 Extended. Re-engaged. Qualification (b) Laborer

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				
RAILWAY CONSTRUCTION DEPOT M. D. 2 JAN 29 1918					
		EMBARKED	Canada	27.2.18	
		DISSEMBARKED	Glasgow	10/3/18	
		Taken on Strength on arrival from Can. Purflat		11/3/18	Depot 1/1
30/4/18	C.R.T. Depot.	S.O.S. on proceeding C/S. to 4th Batt CRT.	Purfleet.	30/4/18	Part 11 D.O. 120. Capt for Adjnt. Can. Railway Troops Depot.

CERTIFIED CORRECT.  
 3 MAY 1918  
 CAN. RECORDS, 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) 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.  
 (c) 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.  
 (d) 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.  
 (e) 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.  
 (f) 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.  
 (g) 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.  
 (h) 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.  
 (i) 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.  
 (j) 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.  
 (k) 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.  
 (l) 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.  
 (m) 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.  
 (n) 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.  
 (o) 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.  
 (p) 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.  
 (q) 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.  
 (r) 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.  
 (s) 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.  
 (t) 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.  
 (u) 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.  
 (v) 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.  
 (w) 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.  
 (x) 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.  
 (y) 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.  
 (z) 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.

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					
7.5.18	by B.D.	Embarked Disembarked Injured	Palpatine Boulogne by B.D.	29.5.18 30.4.18	Rank 235 Rank 1701	
"	"	held for 4 days	do	7.5.18		
7.5.18	Obit. Cl.	T.O.S. as reinforcement	Field	30.4.18	Rank 1701	
11.5.18	do	joined unit	do	2.5.18	B 13	
26-8-18	56 C.C.S.	Veneraal Rovee	TO	32 A.T.	28-8-18	A. 8051
28-8-18	1 Slaty.	(not stated)	Detained at	1 Slaty	25-8-18	W 1776
30-8-18	51 Gen	D.O.S.	Adm.	51 Gen	2-9-18	H 5398
24-9-18	by B.D.	T.O.S. by B.D. "A"	by B.D.		24.9.18	N.R. 1453.
24.9.18	51 Gen	S.C.T. N.V.	To Duty,		24.9.18	H. 3350
1-10-18	by B.D.	Left Base for Unit	Field		1-10-18	NR. R+R 1407.
5-10-18	OB Unit	Rejoined from Base	Field		1-10-18	B 213. 2/5/10/18
20-10-18	do	Injured (acc.) R. Duke	to	11 C.C.S.	17-10-18	B 213 2/20-10-18.
18.10.18	11 F.F.	Spr. Sect. R.	adm.	11 F.F.	18.10.18.	L. 9714
Do	Do	Do to Do	To	C.C.S.	19.10.18	L. 9714
23.10.18	20 Gen. Hoop	Do Do Do	To	Eng.	23.10.18.	M. 499
22.10.18	Do	Do Do Do	To	20 Gen Hoop	22.10.18	M 499
21.10.18	57. C.C.S.	Do Do Do	To	36. A.T.	21.10.18	M 484
23.10.18	20 Gen.	Do Do Do	To	Eng	23.10.18	A.F. 3033/6346 per A.T. Princess Elizabeth
23.10.18	20 Gen H 30 33/6346	S.O.S. Invalided to Eng Injured (acc.) per A.T. Princess Elizabeth + posted to C.R.T. Depot Purfleet.		G. H. O. 3rd Echele Canadian Section, G. H. O. 3rd Echele	23.10.18 Lieut. for Lt.-Col., A. A. G.	D.O # 116 of 2.11.18 B. E. F.

2503260.

BROWN James.

2503260

(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

2.11.18.	H <sup>1</sup> 609	303	Posted from 4 <sup>th</sup> CRT. Inf <sup>ry</sup>	Perfect.	23.10.18.18	
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*[Handwritten signature]*  
for Hospital Records. *[initials]*

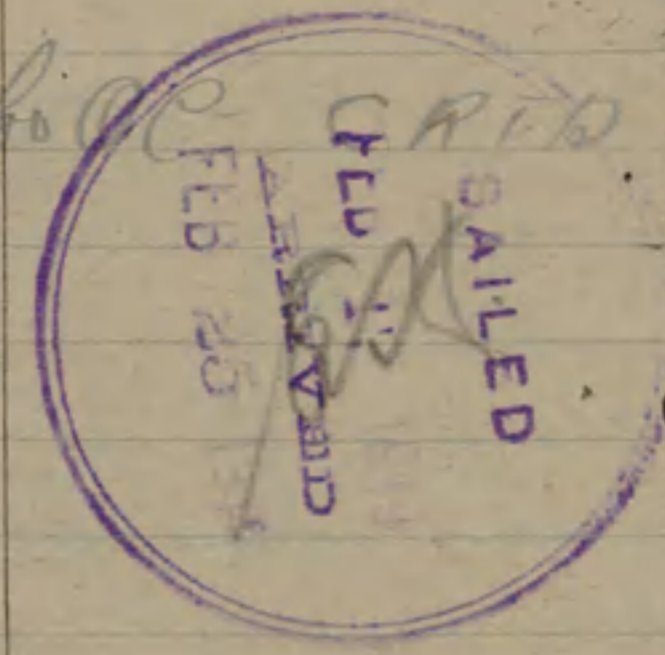
15/1/19. Ceases to be attached on proceeding to CRT D.O.No. 14 of 15/1/19.  
1<sup>st</sup> Lt. *[Signature]* for. Adjutant  
Canadian Command Depot,

15/1/19	CRT.D.		Off Comm <sup>d</sup> 1 <sup>st</sup> C.C.D.	Witley	15/1/19	Pt. II D.O. 14.
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21/1/19		20	S.O.S Kimmel M.D.11	"	21/1/19	
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attached C.C.O. Kimmel Park for  
u.n to Canada. Part II Orders  
Ceases to be attached  
C.O. Kimmel Park on embank-  
3 for Canada, Part II Order  
41 17/2/19  
Commanding " Wing,  
Kimmel Park Camp.

Q.T. EMPRESS OF BRITAIN



Nothing to be written in this margin.

Second sheet

# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1.  
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP 1150 IM 5/18 G.W.P.Co (3490)

(1) *Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps <i>10<sup>th</sup> Lf. Paily Const.</i>	(3) Regtl. No. ..
(4) Surname	<i>BROWN.</i>	<i>2503260</i>
(5) Christain Names	<i>JAMES.</i>	.
(6) Army Form, number of, Attestation } Form or Record of Service paper }		.
(7) Whether of British or of Alien origin [ <i>vide</i> A.C.I. 578 of 1918]		.
(8) Date of birth as stated on enlistment		.
(9) (a)		

(10) Enlistment (b)	(11) Engagement (c)	Initials and Rank of an Officer.
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)	
(14) Any subsequent variations (if any) } of conditions of service }	(Authority)	(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life ( <i>vide</i> Army Order 93 of 1917))
				Industrial Group No.
				Trade or Calling
				Married or Single
				Particulars of Trade Test
				Occupation Cards despatched on (date)
				Secord Occupation Card despatched on (date)

(17) Next of Kin			
(18) Demobilizer (f)	(Place)		(Signature of Posting Officer)
(19) Pivotal-man (f)	(Date)		
(20) Qualifications (g)	or (21) Corps trade and rate		
(22) Extended }		(23) Re-engaged }	

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

\*Name Brown James Rank Sgt Regtl. No. 2503260  
 Original unit 30th Co. 1st Div. 1st Inf. 1st Army Present unit CRT M. or S. Age 45 Religion Pres. Fyle Depot 8629  
 Ref. H.Q.

Port, ship; and date of arrival Belfast Empress of Britain 25.2.19  
 Next of kin Alice Shields, 1526 Callowhill, Philadelphia, Penn, Pa.

Address on leave  
 Address on discharge San Francisco P.O. U.S.A.

Transportation issued  Yes  No Date 17/3/19 Character on discharge

Previous occupation Laborer Date and place of enlistment Winnipeg 11/1/18

Diagnosis Fit Date of Medical Boards 13/3/19

Date.	Remarks	Pt. 2 Order No.
6.3.19	T.O.S. from O/seas 17/2/19 Posted to Cas. Coy. 4/3/19 Leave 17/3/19	653A
	Discharge Section 18/3/19	48/2.E
	WAR SERVICE BADGE CLASS "A"	

Date.

Remarks.

Pt. 2 Order No.

10-3-19 Routed to Dis Sec from Cas Coy U.S.A. 026 19-3-19 20-3-19

79.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

BROWN

J.

2503260

RANK

UNIT

Co.

TROOP

BATTY

<sup>Spr</sup>  
HOSPITAL

C.R.T. (4)

DATE OF ADMISSION

51 General Hosp Etaples

HOSP. 30-8-18

2. 57. C.C.S.  
3rd. N. Gen. Sheffield

19.10.18

HOSP. 23-10-18.

3. Woodcote Ph. Epsom.

12.12.18

HOSP.

4.

HOSP.

DIAGNOSIS

1.

V.D.S. & C.H.

2.

*spr R. Foot*

3.

DISPOSITION

C.L. 5-9-18 A311-2

*Dis 24-9-18*  
DATE  
" 18.12.18.

REMARKS

1-10-18 A333-2  
23.10.18 A352  
29-10-18 B357(1)  
16.12.18 B398-2  
20.12.18 B402-3.

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.



Number. 2503210 Rank. *Spr*

Surname. *BROWN*

Christian Name. *James*

Unit. *C.R.T.* Theatre of War. *France*

Date of Service. *30-4-18*

Remarks. *of British Counsel*

Latest Address. ~~*400 ...*~~

*9<sup>5</sup>/<sub>34</sub>* *Cal. U.S.A.*

Roll No. *4267*

*13*

*V*

5-11-34

DESP. MAY 12 1934

REGN. NO. 328

JAMES.

Name **BROWN**

Rank

Sgt.

Reg. No. **2503260**Unit **4<sup>th</sup> Coy.**Next of Kin **Alice Shields, Sister, 1526, Callowhill, Philadelphia, PENN. USA**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-8	1 <sup>st</sup> Lt. H. Brown		V. D.	310		3695-7
30-8	5 <sup>th</sup> Lt. H. Brown		V. D.S. + C.	311		3946-3
24-9	20 duty		- do -	4899		2396-11
19-10-18	5 <sup>th</sup> Lt. H. Brown	4 <sup>th</sup> Coy	foot R	A352		38822
23-10-18	3 <sup>rd</sup> Northern Gen H. Sheffield		DO	B354		30077
12-12	Mr. H. Brown		- do -	A398		3048
18-12	Discharged		Do	B402		1579
18-12	Mr. H. Brown	30-12-18 to 1 C.C.C. Battery		Exp. B.		4390



SURNAME.

*Brown*

CARD NO.

*11/4*  
*Sold Dec 18-3-19*  
*Demol FOLL.*  
*2078 of 19-3-19*  
*1122*

CHRISTIAN NAMES

*James*

REGL. NO.

*2503260*

RANK

*Pte.*

UNIT

*Rly. Con. & For. Dep. (M.P. 10)*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Shields, Alice*

RELATIONSHIP TO SOLDIER

*Sister in law*

ADDRESS

*1526 Callowhill,  
Philadelphia, Pa., U.S.A.*

COUNTRY OF BIRTH

*Ireland Dublin*

DATE

*Feb. 3<sup>rd</sup> 1873*

PLACE OF ATTESTATION

*Winnipeg Man.*

DATE

*Jan 11<sup>th</sup> 1918*

*O/S. 28-2-18  $\frac{1115}{2}$*

*12/625-2-19 270 Spr.  
87*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Reg. No. <i>2503260</i> <i>4<sup>th</sup> CRT.</i>	Rank. <i>Spr</i>	Surname <i>BROWN</i>	Category. <i>D1</i>	Dentally Unfit.
		Christian Names (1) <i>James</i>	Date	
		(2).....	(3).....	

Place of Enlistment: <i>Winnipeg.</i>	Date of Taken on from <i>Wopson</i>	Religion	Inoculations	Company
Province: <i>Man</i>	Age on Date <i>44 18-12-18</i>		Vaccination	

On Command.....	Hospital.....	Permanent Cadre Date taken on	Employed as
Date Proceeding	Date Admitted		

Record of Overseas Service:	Profession or Trade (Civil) <i>Labourer.</i>
Reason for Return:	Transferred or Posted to Date.....

Married or Single .....	LEAVE.			
	No. of Pass Issued	FROM	To	Free Transportation
Address of Next of Kin.....		<i>18-12-18</i>	<i>30-12-18</i>	
Country .....				





LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 311	51 Gen Staples	30-8-18	(4) W.D. Sre
A 310	1st St. Konefn	28-8-18	W.D.
A 333	51 Gen Staples	24-9-18	W.D. Sre
B 357	3rd Mothern Gen Sheffield	23-10-18	Sp. K. font

NAME

*Brown*

REGT'L. No.

*2503260*

RANK AND CORPS

*J CRT*

H. Q. FILE NO 649

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 352	57 Coe Street	19-10-18	(4) Spr. Rt foot
B 398	Mil Court West Nepom	12-12-18	.. .
Q 402	43 1/2 Nathan St. Sheffield Mil Court West Nepom D. S. C. H.	18-12-18	.. .

NAME

*Quinn J. Kelly*

REGT. No.

*2503260*

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

## List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
Field Conduct Sheet	" W. 178	Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465	(a) Proceedings on Discharge.	
Last Pay Certificate	" W. 44	(b) Attestation.	
Duplicate Discharge Certificate	" W. 39A	(c) Medical History Sheet.	
‡Form of Will	" W. 82		
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

WAR SERVICE BADGE CLASS "A"

No. 64965 ISSUED

This space to be for numbers.

## Proceedings on Discharge.

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

No.	2503260
Rank	private
Surname.....	Brown
Christian name.....	James
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	10 <sup>th</sup> Toronty Batta
Date of discharge	18 <sup>th</sup> March 1919.
Place of discharge	Hanover BC
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....	46 years..... months.
Height.....	5 feet 7 <sup>1</sup> / <sub>2</sub> inches.
Complexion	Fair
Eyes	Blue
Hair	Black
Trade	Laborer
Intended place of residence	San Francisco
To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of <u>under R.O 1420</u> <u>of 12-12-18</u>	
Authority for discharge.....	
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.	
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.

200M.—5-18.  
H. Q. 1772-39-113.

(OVER)

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, to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place)..... *James Brown* (Signature of Soldier)

(Date)..... *J. Johnson* (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)..... *MAR 18 1919*

(Signature)..... *V. H. Maclean* Capt.

for O. C. District Depot, XI

(Date).....

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*  
*James Brown*







ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME: *BROWN James*

EFFECTIVE DATE: EFFECTIVE DATE:

NUMBER: *2503260*

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.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

UNIT AND TRANSFERS

ORIGINAL UNIT: *10th Draft & CRT.*  
DATE ACCOUNT FIRST OPENED: *1-3-18*

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

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F'D UNIT TRANSFERRED TO

DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT

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*Will - 2126  
Rely  
M 11*

*L.P.C. Original Vouch.  
Duplicats. Rendered 16/2/19*

*Trans to Canada 3/1/19 CR 2126 10/1/19 Rly M 11 Ledger Bal 200 68 186 21*

PARTICULARS OF RENDERING NON-EFFECTIVE:

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
									29 - 15		
	<i>PP</i>	<i>33</i>		<i>101 26/4</i>	<i>DR 12</i>	<i>14 60</i>			<i>47 40</i>	<i>30</i>	
		<i>33</i>				<i>14 60</i>					
<i>May</i>	<i>PP</i>	<i>34 10</i>		<i>306 10/5</i>	<i>4 CRT</i>	<i>3 57</i>			<i>44 93</i>	<i>45</i>	
		<i>34 10</i>				<i>3 57</i>					
<i>June</i>	"	<i>33</i>		<i>406 1/6</i>	<i>4 CRT</i>	<i>3 57</i>					
				<i>511 15/6</i>	"	<i>3 57</i>			<i>103 49</i>	<i>60</i>	
		<i>33</i>				<i>3 57</i>					
<i>July</i>		<i>34 10</i>		<i>604 2/4</i>	"	<i>3 57</i>					
				<i>410 16/4</i>	"	<i>3 57</i>			<i>130 75</i>	<i>75</i>	
		<i>34 10</i>				<i>3 57</i>			<i>164 85</i>		
<i>Aug</i>		<i>34 10</i>		<i>494 1/8</i>	"	<i>3 57</i>			<i>181 71</i>		
				<i>811 18/8</i>	"	<i>3 57</i>			<i>154 41</i>	<i>90</i>	
		<i>34 10</i>				<i>3 57</i>			<i>198 71</i>		
<i>Sep</i>		<i>33</i>		<i>10483 20/9</i>	<i>C&amp;B D</i>	<i>8 92</i>			<i>181 79</i>	<i>105</i>	
		<i>33</i>				<i>8 92</i>					
<i>Oct</i>		<i>34 10</i>		<i>11190 3/10</i>	<i>4 CRT</i>	<i>3 43</i>			<i>212 16</i>	<i>120</i>	
		<i>34 10</i>				<i>3 43</i>					
<i>Nov</i>		<i>33</i>							<i>245 16</i>	<i>135</i>	
				<i>Drop Rem 52498 15/11</i>	<i>CR M</i>	<i>9 43</i>			<i>235 43</i>		
				<i>" 53611 16/11</i>	"	<i>48 64</i>			<i>186 76</i>		
<i>Dec</i>		<i>34 10</i>				<i>58 40</i>			<i>220 86</i>	<i>150</i>	
				<i>50 3534 12/12</i>	<i>Epsom</i>	<i>9 43</i>			<i>211 13</i>		
				<i>59 6844 18/12</i>	"	<i>48 64</i>			<i>162 46</i>		
<i>Jan</i>		<i>34 10</i>							<i>196 56</i>	<i>165</i>	
		<i>106 12</i>				<i>46 80</i>					
	<i>Int on Defray.</i>	<i>4 12</i>							<i>200 68</i>		
		<i>106 12</i>				<i>116 80</i>					

*D.P.  
eff  
1/3/18*

*COMPILED BY...  
ED BY...*

NUMBER 2503260 RANK

Sp.

NAME Brown James

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION	
	Balance forward.								200 65			
	S.F. 18/12-30/12. NO 359 28/12/18 154000 876 Duplicate 2.16 entered. 16/12/19								409 44			
				Adv. 1900. 30/12/18/1900 1/1/19 D.O. 8 Awarded 2 days pay 2/1/19 10/1/19 Subst. pay 2/1/19 10/1/19 9722. 11/1/19 ch 70. Q. 4005. 4.30. 191. ch 90.		4 110				205 04		
					4 47				200 17			
					5 20				194 97			
				692. 12/20 Kimmel End.	9 73				185 24			
		8 76			19 80							
				S.O.S. 12/19. S.L. 24. H. Col T.								

CANADIAN  
 ASSIGNED PAY AUDITED  
 no ass PC 20/1/19  
 DATE 26/1/19  
 AUDIT CLERK



