9052

I.D. number No. d'identification	Surname Nom de famille	Given names Prénoms
503476	CARROL	SOLOMON JAMES.

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 1526

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC-1048 (r. 87/05)

NAME CARROL Sol. Spr REGT. NO. 5-03476 UNIT 3rd Cav H. Q. FILE NO.

REGIMENTAL DOCUMENTS

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				09052	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
2	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
2	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Honor.
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Cert. 3					
1	Cascand					
1	POR					
1	PW Cas					
1	Ret					
1	Re					

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W. 2589

CERTIFIED TRUE COPY
SUBSTITUTED FOR TRIPLICATE
K. R. & O. PARA. 1904.

R. 101.

UNIT ..... Regimental No. 503476.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS)
1. What is your name ?	Sol Carrol
2. In what Town, Township or Parish, and in what Country were you born ?	Pembroke Ont.
3. What is the name of your next-of-kin ?	Father A. Carrol
4. What is the address of your next-of-kin ?	Pembroke, Ont. Canada.
5. What is the date of your birth ?	24th March 1882
6. What is your Trade or Calling ?	Laborer
7. Are you married ?	No
8. Are you willing to be vaccinated or re-vaccinated ?	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

(ogd)

Sol Carrol ..... (Signature of Man.

A. J. Loody ..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Sol Carrol, do solemnly declare that the above answers made by me to the above questions 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.

(ogd)

Sol Carrol .....(Signature of Recruit).

Date 27th Nov. 1915 A. J. Loody .....(Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Sol Carrol, 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.

(ogd)

Sol Carrol .....(Signature of Recruit).

Date 27th Nov. 1915. A. J. Loody .....(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 Lethbridge Alta. this 27th day of Nov. 1915.

Duncan W. Davis (Signature of Justice).

I certify that the above is a true copy of the Attestation of the above-named Recruit.

W. P. Ball .....(Approving Officer).

(843) Wt. /42P 3/19 10m(2) D.St.

Certified true copy
for Lt.-Col. i/c Records, C.O.M.F.

Description of Sol. Carroll **on Enlistment.**

Apparent Age 33 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Service.)

Height	5 ft 11 ins.	
Chest measurement. Girth when fully expanded	40 ins.	
Chest measurement. Range of Expansion	3½ ins.	
Complexion	Fair	
Eyes	Brown	
Hair	Dark	
Religious Denominations. Church of England		
Presbyterian		
Wesleyan		
Baptist or Congregationalist		
Other Protestants (Denomination to be stated.)		
Roman Catholic	R.C.	
Jewish		

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.)

Deep scar under left Axilla

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 27th Nov 1915. .....

Place Lethbridge, Alta. P. W. Fuller M. D.

* Insert here "fit" or "unfit."

Medical Officer.

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 :–

.....

.....

.....

.....

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CERTIFICATE OF OFFICER COMMANDING UNIT.

Sol. Carroll 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.

W. P. Ball (Signature of Officer).

Date Nov 27th 1915.

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE.
CLASS A No. 213311

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 503476 (Rank) SAPPER

Name (in full) SOL CARROL enlisted in

the 113th BN

CANADIAN EXPEDITIONARY FORCE at LETHBRIDGE, ALTA on the Twenty seventh

day of MARCH NOV. 1915

HE served in FRANCE - 2nd TUNN. COY

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness~~. This hospital for Gen Service Rs 1894

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

Age 37

Height 5ft. 11 in

Complexion Fair

Eyes Brown

Hair Dark

S Carrol
Signature of Soldier

Marks or Scars 2 scars on lt. side
L chest, mid-axillary line
level 7th rib

R Chapple Lieut
for O. C. Dispersal Area Station H.
Issuing Officer

Date of Discharge

DISPERSAL AREA STATION H. KINGSTON ONT. JUL 7 1919 NO. 3 DISTRICT DEPOT

Rank

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

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

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

Sheet No. 3.

Perforated sheet for Will from Pay Book of Reg. .

No. 5e3.476.

Name Pte Sol Carrol

Unit No 2 Tunnelling Coy

Military Will. C.C.F.

On the Event of my Death I Leave all my Property To my Mother Mrs Alphonse Carrol

Signature Pte Sol Carrol

Rank and Regt. Pte 2nd Tunnelling Coy C.E.F.

Date 16/3/16

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09266

G. P. O.
Edmonton

503476

If not delivered in 5 days
RETURN TO
DIRECTORATE OF RECORDS
M. & D., OTTAWA

O.H.M.S.

EDMONTON
NOV 15
AWAITING PICK UP

OTTAWA
1 PM
NOV 5

Postal Service FREE

228

870-

8438

Carroll

Edmonton

Alta

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OTTAWA CANADA
NOV 9 ON

EDMONTON
ALTA.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
8234	5-03476	Spr.	Carrol	S.
Year	**Unit.**		**Age.**	**Service.**
13/3/19	3rd C.E.R.B.		29	4 0/12

Station and Date.

Disease Influenza

Taken sick. 12/3/19 Reported sick. 13/3/19

Enlisted. 19/9/15 Previous occupation. Railroading

To England. 8/1/16 Family History. Neg.

To France. 15/2/16

~~Sick.~~ ~~Wounded.~~ Returned prisoner

Ex. France.

Complaints:- Headache. Pain in left mammary region. Slight cough.

Previous Illnes :- Measles and Inflammation of lungs when a child. Typhoid Fever 1907. Influenza July 1918. Wounded land mine explosion 2/6/16 left chest wall (non-penetrating)

Present Illnes.: Prisoner 3/6/16 to 3/12/18.

(In Seaford area since 19/2/19)

Has had slight cough ever since returned from Germany.

On 12/3/19 had chills and headache followed by fever. Next day had pain in left side as well. Reported and was sent to hospital.

Physical examination:-

Eyes. ——— Ears. ——— Nose. clear Throat. ———

Teeth. ——— Tonsils. ——— Sputum. {Muco-purulent} Tongue. clean

Skin:- ———

Upper extremities. ——— Lower extremities. ———

14/3/19 Urinalysis. D. under Vessel / acid / 1016 / Sug. ni / alb. nil

Blood Culture. W.R. 25/3/19

8234

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

tion and Date.	
	T. P.-R. 101 — 86 — 20
	Heart :- normal
	Lungs :- normal
	Abd :- normal
	A.W. Trefry, Capt.
15-3-19	T. P. R. 98⅘ 96 - 24
	Says sputum has some blood in it last night. No blood to-day.
	Heart normal. Lungs clear.
	Mans is very fat — body & face.
	A.W. Trefry, Capt.
24/3/19	Lungs clear
	Maj. McPhedran
25/3/19	Discharged Cat A.
	A.W. Trefry Capt.
	Canada

4443 C6

Regional No..... **MEDICAL HISTORY OF—** A.F. B.178.

Regimental No. 50347 Region.....

Surname Carroll Christian Names A.L.

TABLE I.—General Table.

Birthplace { Parish Pembroke
County Ontario

Examined { on 27 day of Nov. 1915.
at Lethbridge Alta.

Declared Age 33 years 8 days.

Trade or Occupation Labourer

Height 5 feet 11 inches. Weight ..... lbs.

Colour of Hair Dark Complexion Fair

,, Eyes Brown

Chest Measurement { Girth when fully expanded 40 inches.
Range of expansion 2 inches.

Physical development Good

Vaccination Marks { Arm, Right. | Left.
Number ..... | .....

When Vaccinated.....

Vision { R.E.—V = ... With Glasses { R. .....
L.E.—V = ... L. .....

Identification Marks, such as Tattoo, Moles, Scars, etc.:—
Deep scar on inside left axilla

Defects or Ailments :

.....

.....

Examined and found— fit.

Fit for Grade { I. / II. / III. / IV.

(Strike out those which do not apply.)

Signature P. E. Fullerton M.D.
Chairman of Medical Board.

Re-examined for posting at .....

On.....day of .....191...

Enlisted { at Lethbridge Alta.
on 27 day of Nov. 1915.

Joined on enlistment	Corps.	Regtl. No.
	.....	.....
Transferred to	.....	.....
	.....	.....
	.....	.....

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Date.	Brief details and Signature.
29-4-19	D.S.O. Chest Left.
Seaford	Bn D.P.Dyas Capt
.....	.....
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COPIED Author's COPIE

Special Remarks : state if a discharged Soldier

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TABLE IV.—Service Table.

Station or Troopship.	Date of arrival or embarkation.	Date of Departure or disembarkation.
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Became non-effective by .....

on.....day of.....191...

(Signature).....

(Rank).....

M683 Wt.12046/457 400,000 7/18 CL&P 324.

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital.			Discharged from Hospital.			Disease.	Number of days in Hospital.	Remarks bearing on the cause, nature, or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
	13	3	19	25	3	19	Influenza	13	Mild case Lungs not involved Discharged Cat "A"	J. O. Baker Capt Canc Registrar

Temporary - created 25-3-19
Add: 40620. 2613 d. 6/9/17

Army Form B. 178

To be used (*a*) for recruits enlisting direct into the Regular Army, and (*b*) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178[A] to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Carol *Christian Name* J

TABLE I.—General Table.

Birthplace { Parish..... / County .....

Examined { on.....day of.....191 , / at .....

Declared Age .....years.....days.

Trade or Occupation.....

Height.....feet.....inches

Weight .....lbs.

Chest Measurement { Girth when fully Expanded .....inches / Range of Expansion .....inches

Physical Development .....

Vaccination Marks { Arm..... RIGHT | LEFT / Number ..... | .....

When Vaccinated .....

Vision { R.E.—V= ..... / L.E.—V= .....

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

.....

.....

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

.....

.....

Approved by .....

Rank .....

Medical Officer.

Enlisted { at..... / on..... day of .....191...

	Corps	Regtl. No.
Joined on enlistment	3 C L R B	503476
Transferred to	.....	.....
	.....	.....
	.....	.....

Became non-effective by .....

.....

on..... day of .....191...

(*Signature*).....

(*Rank*) .....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
Knights NK	
July 3rd 19	Cat B II
	Pains & Weakness of Left Chest
	Gastric case
	Wm Begg Capt RAMC

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TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
.....	.....	.....
.....	.....	.....
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[11,823] W2836/M2217 1,800,000 6/17 W. P. & Co. (1349)

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
	13	3	19	25	3	19	Influenza	13	Mild Case - Lungs not involved Discharged to Duty A	J Forbes Capt. R.A.M.C.

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DUPLICATE.

MEDICAL HISTORY SHEET.

Surname CARROL *Christian Name* SOL

Examined { on 27 day of Novr 1915
at Lethbridge, Altz.

Birthplace { City or Town Pembroke, Ont.
County

Apparent age 33 Years 8 Mos.

Trade or occupation Laborer

Height 5 Feet 11 Inches.

Weight 175 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 40 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. upper
Number One

When Vaccinated last 1907

(*a*) Marks indicating congenital peculiarities or previous disease Deep scar under left axilla

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

Approved by P.W. Mullerm D

Rank Lieut. A.M.C. M.O.

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

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Date	Result	Vaccinations.
1916 21.2		J.H. Jones Capt. CAMC M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
1916 21.2		J.H.Jones Capt. CAMC M.O.
25.2		J.H.Jones Capt. CAMC M.O.
		M.O.

Enlisted on 27 *day of* November *1915 at* Lethbridge, Alta.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	113 Kilted B	att. ~~93608~~		27th Novr 1915
Transferred to..	#2 Comp Tunnelling Coy	503476		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.

150M.—8-15.
H. Q. 1772-39-439.

Surname C A R R O L Christian Name Sol

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.

C-2730

1467 1 183

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Sol 2. Surname Carrol

3. Rank Spr 4. Original Unit Ind C Tr Coy 5. Reg. No. 503476

6. Address, in full, to which future payments of gratuity are to be forwarded

G P O

Edmonton Alta

7. Date of enlistment in the C.E.F. ~~17 December 1915~~ NOV. 27-1915

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs E. Carrol

9. Relationship of such dependent Wife

10. Address, in full, of such dependent Gilmonby House

High Stanley County of Durham. Eng.

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No

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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:—

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?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

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 3 years 6 months.
1 mo. in Canada
2nd C Tr Coy, 3rd C E R A B 1 mo.
in Canada. 21 mos in France (1 year 8 mos in Eng)

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

5434. Wt. /30P. 250,000(8). 2/19. S.O.,F.Rd

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? A

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? not applicable.

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge 7-7-19 (b) Reason for discharge Demob.

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

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit 2nd C. Company 2-6-16 17.2.19

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?

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: Carrol Sal

Place of Residence: Edmonton Alb

Declared before me at: SEAFORD

This 16 day of May 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

A Hibbert — Major, C.E.
Cmdg. 3rd C.E. Res Co.

COPIED

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			183 days	$600.00

Certified Correct.

District Paymaster

2-7-32

+ D. A. "G."

SHORT FORM.

War Service Badge Class... A...

No. 2.1.3.3.1.4. Issued

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 503476

2. Rank. SAPPER.

3. Name. CARROL - S.

4. Unit. 3 C. E. R. B.

5. Date of Discharge 7 - 7 - 19 Place Kingston Ont

WAR SERVICE BADGE.
CLASS A. No.

6. Reason for Discharge ~~Demob.~~
~~CESSATION OF HOSTILITIES~~
On Demob Med unfit for General Service.
O.C. 21 - 5 C. D. R01894

7. Authority. 1420 R.O. R01894

8. Proposed Residence after Discharge G. P.O.
EDMONTON, ALTA.

9 CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? B 39

× S Carrol
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place DISPERSAL AREA STATION H. KINGSTON ONT. No. 9 DISTRICT DEPOT

Date JUL 7 1919

Signature R C Rapple Lieut
for O. C. Dispersal Area Station H
(O. C. Discharging Unit.)

Medical Documents Forwarded to ~~S.C.R. of~~ B.P.C. on JUL 16 1919
Date

Embarked Liverpool 28/6/19 Disembarked HALIFAX 7/7/19 Capt & Adjt

M.F.B. 218a (1184) Wt. /P53 5/19 25M (2) D.St.

R32

DEPT.
MILITIA & DEFENCE
NOV 19 1921
H.Q.
CANADA

M.I.B.440.
100m-9-21.

In reply please quote

MILITIA AND DEFENCE

OTTAWA,

No.....

Nov. 2nd/21

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Archives
COPIE

From;

The Adjutant-General,
Canadian Militia.

To; 5-034 76 A. Carroll
G.P.O.
Edmonton

Sir:-

Enclosed herewith please find Military Will executed by you while in the C.E.F., and returned, the same being your own property.

for Colonel,
Director of Records,
for Adjutant-General.

D-1
MBM

C.A[illegible]5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CARROLL, S.

REGIMENT 3rd CERB. RANK Spr. No. 503476

Date of Examination in England 20/2/19. | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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1. FILLINGS
2. EXTRACTIONS 30.
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No.

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

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

Signature of Dental Officer Chas H Maas Capt

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CARROLL, S.

REGIMENT 3rd CERB. RANK Spr. No. 503476

Date of Examination in England 19-2-19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

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PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS 30.
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

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

HAS HE EVER REFUSED DENTAL TREATMENT? No.

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

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

Signature of Dental Officer Chas Thomas Capt

VES

Rank Pte. Name CARROL Sol. Reg'l No. 503476

Unit No.2. Tunnelling Coy If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Lethbridge, Alta, 27 Nov. 1915 Place of Birth Pembroke, On

Name and Address, Next-of-Kin A. Carrol
Pembroke, Ont, Canada. Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance Payable to

Relationship

PAY OFFICE, N. E. BRANCH
FRM
AUG 3 1916
CANADIAN CONTINGENT

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1916																	Clothing Credit $0.12. 1 days subsistence trans from 11th Batt'n. 15-1-16
Jan. 15	31	17	1.00	17.	17	.10	1.70	10.60	29.30							29.30	
Feb. 1	29	29	1.00	29	29	.10	2.90	~~29.30~~	31.90			34.06			34.06	27.14	
Mar. 1	31	31	1.00	31	31	.10	3.10		34.10			5.24			5.24	56.	
		77		7.70			10.60	95.30				39.30			39.30	56	

Carried forward to Large Ledger sheet

Checked C.D.F

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

Form P. 812B.
79691 6m 22/8/19 D.671

C A
FILE NO 5999

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to Mrs E. Carol (Wife)
Address Gilmonby House
High Stanley, Durham

Dependent 503476 Carol Sol
Address 2nd A T. Co

Date	Cheque No.	Gratuity	Payments	Balance Due	Remarks
1919		32 5 2 ✓			
~~Sept~~ Nov 1	126895		26 1 11 ✓	6 3 3	1st 5
Nov 3 CA to Canada			6 3 3 ✓	. . .	C.A. 1195
		32 5 2	32 5 2		Ret Can.

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L. L. 28912. [illegible] & D. 8368.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

To Whom

Address

Rate $1.25 July 1st 1918.

By Whom Assigned Carroll S.

Regtl. No. 503476

Rank Pte.

Corps 2nd Tunnelling Co.,

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Checked & found Correct 7.2.19 K

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MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
25m.—10-17.
1772—39—819.

Sheet No. 2.
(Assignee)

Name of Soldier Carroll S.

L. L. 28913—M. & D. 8368.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July		K42444	15	

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MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
			12	
Aug.	1918	E 33150	15	
Sept.		H 47493	15	
Oct.		J 50075	15	
Nov.		D 50115	15	
Dec.		M 65821	15	
Jan.	1919	J 70631	15	Acct. trans. to Eng.
Feb.		J 80766	15	Eff 1-3-19
March				
April			180	
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

COPIED Militia

Canadian Pay Office.
Received by Par II.
APR 15 1919
and Passed for Action to
Date

Paid War

Spr. Carroll S No 503470

(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
18/7/19	3rd E.R.B.		D.O.S. from 6 E.R.D.	Seaford.	17/7/19	Pt. 11 D.O. 41
19/3/19	3rd. E.R.B.		Restricted Pay for Period 9/. "4-Months" (Havenscroft.)	Seaford.	18/3/19.	Pt. 11. D.O. 66

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Nothing to be written in this margin.

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

(1) *Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(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*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.
Trade or Calling
Married or Single
Particulars of Trade Test

Occupation Cards despatched on (*date*)
Second Occupation Card despatched on (*date*)

(17) Next of Kin
(18) Demobilizer (*f*) (Place)
(19) Pivotal-man (*f*) (Date)
(20) Qualifications (*g*) *or* (21) Corps trade and rate

(Signature of Posting Officer

(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.

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

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co (3490)

VES

R—122.

Rank Pte. Name CARROL Sol. Reg'l No. 503476

Unit No.2.Tunnelling Coy. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Lethbridge,Alta, 27 Nov.1915. Place of Birth Pembroke,Ont.

Name and Address, Next-of-Kin A.Carrol
Pembroke, Ont, Canada. Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

19187
N.F. R.B. No.
File R.L.
Category CAN C

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
		Arrived in England	30 JAN 1916 ~~2 FEB 1916~~		S.S. Missanabie.
		Embarked for France.		10 MAR 1916	Nom. Roll.
10.6.16	II Farm C	Missing	In the field	2.6.16	Cas List #45
7.6.16	"	Reported missing after Action struck off strength	"	2.6.16	P.II Orders #71
22.6.16	"	Previously reported Missing now unofficially reported Prisoner of War at Sefangenen-lager Dulmen &c.	"	7.6.16	Cas List #54
18.7.16	"	Now officially reported P of W at Dulmen		18.7.16	Cas List #70
31.7.16	do	Previously reported missing now reported P. of W. at Dulmen			Pt. II O. #76

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P. T. O

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				
7-12-18	C. L.	Previously Rept- Prisoners of War now Released &c.	Ripon	4-12-18	C. L. B 381
12-12-18	C L R D	S.O.S. as Rep P of War & Shown on conv to 36 Coy Ripon	Seaford	4-12-18	P 2 D 321
19-2-19	-"-	S.C.L to 3 C.E.R.D.	-"-	17-2-19	D.O. 50. 36 E R B 41/18 2/19
25-2-19	36 E R B.	A.W.L. from 23-59.	-"-	24-2-19	D 050.
5-3-19	-"-	Returned from AWL	-"-	4-3-19	D 054.
11-3-19	-"-	to D.A.S. A.W.L. from 23 59 / 24 1/19 entered 11 00 4 3/19 Abs 7 days. 11 hrs. Awarded 28 days confine. forfeits 8 days pay. Lost P. & A. Reg Ch.	-"-	5-3-19	D 059 & 6 3/19 3/19
31-3-19	"	The Date of marriage of the Mpn. which took place at Stanley Chapel Stanley	"	26-1-19	D 076
13-5-19	3rd C.E.R.B.	Absented without leave from 23.59 A.W.L. awarded 7 days F.P. No 2	-"-	8.5.19	D 111
26-5-19	"	forfeits 1 day pay P. & A. Reg	"	23-5-19	D 0121
23-6-19	3 CERB	SOS TO CANADA	Seafo d	3.6.19	DO 148
		71-9-119		23 6/19	

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

M. F. W. 54.
150M.—10-15.
H.Q. 1773-39-92

Casualty Form—Active Service.

CERTIFIED CORRECT
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Unit, Regiment or Corps *2 Tunnelling Coy (CE) C.E.F.

Regimental No. 503476 Rank Pte Name Carrol Pol

Enlisted (a) 29/11/15 Terms of Service (a) Dofw Service reckons from (a) 29/11/15

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

Extended Re-engaged Qualification (b)

Report: 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.
		Proceeded over Sea	10th March	1916	
			W. T. Richardson Lt		
		EMBARKED FOR FRANCE.		13 3/16	A.G/a. 11442.
2/6/16	Ellwd.	Rejd. marching after action	Field.	2/6/16	Sick Sick: 2nd Ech Fld 137-21. DCS. 38. 7-6-16. Pt 2 Orders. 71. 7-6-16
					D. C. Skinner LIEUT. OFFICER i/c RECORDS CANADIAN SECTION G.H.Q. 3RD ECHELON

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				
31.7.16.	2 Com Co	Joins reported for War at Dulmen			Pte 0.78.
12.12.18.	C&RD	Ptes as repatriated P. of War to Coln 36 Camp Repon	Seaford	4.12.18	DO 321.
					L Lt Saunders LIEUT: FOR LT-COL I/C RECORDS, S.E.M.F Major
19/3/19.	C&RD	Leave to Base Furlough and is to rpt C&RB	Seaford	17/2/19	pt II DO 60 L.W.Ware F Lieut or O.C. CERD

Temporary

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—I.
Part I.

(1) *Substantive rank *Acting rank *(To be entered in pencil to facilitate alteration.)	(2) Regiment or Corps	(3) Regtl. No.
(1) Pte	No 2 Tun Co.	503476
(4) Surname: Carol		
(5) Christian Names: Sol.		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin (*vide* A.C.I. 578 of 1918)		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(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*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place)

(19) Pivotal-man (*f*) (Date) Signature of Posting Officer

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended (23) Re-engaged

(24) Miscellaneous entries:—

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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.

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

Nothing to be written in this margin.

Forms/B. 103/3

(6 28 19) W10416—P2151 100,000 3/19 HWV(R1460)

503476 Carol S.

(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
			Arr in England S/S Missanabie		30/1/16	
			Embarked for France		10/3/16	
10/6/16	T.F.	Fun C. Cas List 45	Missing	Field	2/6/16	
7/6/16	"	F.F. 71	Rept missing after action			
			Struck off strength	"	2/6/16	
22/6/16	"	C.L. A 54	previously rptd missing now unofficially rptd p.of.w. at			
			Gefangenenlager Dulmen I/Vr	"	7/6/16	
18/7/16	"	C.L. A 74	now officially rpt p.of.w. at Dulmen.		18/7/16	
31/7/16	"	F.F. 78	previously rptd missing now rptd p of w at Dulmen			
7/12/18	C.E.	C.L.B. 381.	prev. Kept p of w now released	at Kilmarnock	4/12/18	
12/12/18	C.L.R.D.	F.F. 321.	T.O.S. accepted p.o.w. + shown on Com to 36 Camps Kilmarnock	Seaford ~~Before~~	"	
19/2/19	"	50	S.O.S. to 3 C.E.R.B.	Seaford	17/2/19	
18/2/19	3 C.E.R.B.	41	T.O.S.	"	"	
28/2/19	"	50	A.W.L. from 23.59	"	24/2/19	
5/3/19	"	54	Retd from A.W.L.	"	4/3/19	
11/3/19	"	59	was as. A.W.L. from 23.59. 24/2/19 to 1100			
19/3/19	"	63	4/3/19 also 7 days with awarded admonished forfeits 8 days pay by F.C.A. Reg Con	"	5/3/19	
31/3/19	"	76	The past Marriage of M/R which took place at Stanley Chapel Stayle	"	26/1/19	

E. Edwards LIEUT.

FOR LT: COL: I/C RECORDS, C.O. MDF

COPIED Address

Nothing to be written in this margin.

Army Form B. 103—2.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps _____ Regimental Number 570476

*Substantative Rank _____ Surname _____ Christian Names _____

*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.
11/6/19	3 CRB	DO ~~39~~ 143	SO Dof O Swd of 9 to CEF/m Canada	Seaford	23 14/6/19	

for O.C. 3rd CRB

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To be folded on this line.

Nothing to be written in this margin.

(B26383.) Wt. W. 9693—P. 2068. 500,000. 3/19. S. & S., Ltd. E. 4602.

(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.
			Embarked Liverpool SS [illegible]			
			Disembarked HALIFAX [illegible]			
			R Hooper LT FOR Capt & Adjt.			
23-6-19	S. O. S.	302	Discharged 7-7-19 Kingston			

RO 1894

Pt. 2. Order 189

J. T. Parker Major
O. C. Dispersal Area Station #

Nothing to be written in this margin.

Sort.No. Rank. Name. Spr. Carnal. 503476. Ward. E II

Diagnosis. Lentlewrga.

(10)

Officer i/c Laboratory.

Please carry out an examination of the accompanying specimen of Urine with special regard to. Tubercle

Date. March 19 191.. ..a. G. Fuller.....
Officer i/c Ward.

LABORATORY REPORT.

Color. D. Amber (cloudy)

Reaction. Acid

S.G. 1018

Sugar. neg

Albumen. neg

Microscopic

Special

Date of Exam. March 4th 1919.

1/B. Kellaway

.....
Officer i/c Laboratory.

96

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LABORATORY EASTBOURNE 14 MAR 1919 SUSSEX 14th (SUSSEX) GENERAL HOSPITAL

Surname	Christian Name or Names	Reg. No.
Carrol.	S.	503476.

Rank	Unit
Pte.	2 TRC (TE) 3 CERB

Cas. List.	
7.12.18 B39 ①	Strength Repts 9/18 Munster. Now Released & at "36 Camp Ripon 4-12-18
19.3.19 b469	11 bfl Thorncliffe 14.3.19 Influenza
28.3.19 b477 ②	Note. (Ref. b469) Hosp: Shorncliffe Road 14 C.G.H. Eastbourne.
19.3.19 b469.	14 C.G.H Eastbourne 14.3.19. Influenza. Disc 25.3.19
1.4.19 C480	

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A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London

D.M.S.1300. 50M-30-8-18.

Cas. List.

London Command 29. F 36

Corps.	Unit.	Rank.	Reg. No.	Surname.	Christian Names.
Canadians	2nd Tun. Co C. Engineers	Spr.	503476	CARROL	Sol.

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Date of Capture.	Place Captured.	Last Place of Internment.	Born in the year	Term of Service.	Date of Enlistment.	Married or Single.
2-6-16	Ypres.	Munster / Westphalia	1883	N.A.	18-12-15	S

Medical Category.	Address.	Date of Arrival at the Camp.	Date of Departure from the Camp.	Industrial Group.	Trade or Occupation.
A	Maple Leaf Club. London.	4-12-18.	5/12/18	31.	Railway Worker.

For Repatriation Overseas after the War.	
Yes.	Calgary Alberta.

London.

Number 503476 (x 73608 2) Rank Spr.

Surname CARROL

Christian Name Lol

Units C.E. Theatre of War France

Date of Service 10-3-16

Remarks Radway Centre Alta

(Latest Address) not available

{not available/add: of n/k: A. Carroll, (Father)
R.O. Dimers Centre, P.Q.

~~177457~~ Roll No. Blagg 18565

177451

200m.-6-21....

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(This form to be filled in by all ranks on voyage to Canada)

M.D. No.....

NUMBER RANK SURNAM. INITIALS

....

Full postal address..... .....
(Street) (City or Town) (Province)

Name of one person to be notified of arrival..... .....

Address ....

Railway Station in Military District to which a furlough warrant is required ....

..... Railway..... .....

If married, is your wife on board..... Number of children on board..... .....

Their destination.....

(Sgd.)..... .....

M. F. W. 2502

DESP. AUG 22 1924
REGN. NO. 7079
COPIED
COPIE

P. Bhd released

SURNAME. Carrol

CHRISTIAN NAMES Sol

REGL. NO. [redacted] 03 476 RANK Pte.

UNIT No. 2 Tunnelling Co., Can. Eng.

FORMER CORPS Mil.

N.S. CARD NO.

D.O.S. Pte. 3/7/19
Demob. FOLL.
N.O. 189 8/7/19 # 32 A.D.

NEXT OF KIN.

NAMES IN FULL Carrol, A.

RELATIONSHIP TO SOLDIER Father.

ADDRESS ~~Pembroke, Ont.~~ Demers Centre. P.Q.

CHANGE OF ADDRESS

COPY NOT COPY

S.a.a. P. 18-9-18

COUNTRY OF BIRTH Canada Pembroke, Ont. DATE Mar. 24th 1852

PLACE OF ATTESTATION Lethbridge, Alta. DATE Nov. 27th 1915

O/S 22-1-16 3rd/3

R/C 1/7/19 356 10 6 Pr

MARRIED ——— SINGLE Yes. WIDOWER ———

TRADE OR CALLING Laborer. RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 33 YEARS 8 MONTHS

HEIGHT 5 FEET 11 INCHES

CHEST MEASUREMENT 40 INCHES EXPANSION 7 INCHES

COMPLEXION Fair EYES Brown HAIR Dark.

DISTINGUISHING MARKS Deep scar under left axilla.

COPIED Admiral COPIE

MEDICAL EXAMINATION. PLACE Lethbridge, Alta. DATE Nov. 27th 1915.

No. 305456 Rank Pte. Name Carrol ?

T.O.S. [redacted] Unit No 2 Tunnelling Coy (Engineers) C.E.F.

Transf[redacted]m 113th Bde Bn.
14.1.16 DO 12 of 15.1.16

M. D. 13.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 (no account)	1916	R.	On D.O. not on paylist	DO 12 of 15.1.16

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UNIT SAILED
JAN 22 1916

No. 736082 Rank Pte. Name Carrol Sol.

T. O. S. 27-11-15
D.O.1 of 10-12-15

Unit 113th Battalion C. E. Fr.

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov. 27	1915 Dec. 31	V		
1916 Jan. 1	1916 Jan. 14	V	Trans. to #2 Tunnelling Co. 14-1-16	D.O. 16 of 14-1-16.

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UNIT SAILED
SEP 25 1916

Form DMS 1401.

CASUALTY U.K.

No. 14 CANADIAN GENERAL HOSPITAL WYNDS, EASTBOURNE, SUSSEX

HOSPITAL.

A. & D. CARD

AT

A. & D. No. 8234. PL. OF ACTION

RANK Spr. REG. No. 503476 UNIT 3 CERB SICK ~~OR WOUNDED~~

NAME Carrol A. AGE 29 RELIGION R.C.

COPIED Authorised COPIE

PLACE IN HOSPITAL E2

DIAGNOSIS Influenza

ADMITTED 13-3-19 FROM

DISCHARGED 25.3.19 A TO 3 C E R B

TRANSFERRED

SERVICE AT HOME 4 9/12 IN FIELD

RESULTS

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

Imp.

REMARKS.

R. 149.

Name Carrol, Sol *Rank* Spr. *Reg. No.* 503476

Unit 3 C E R B. ~~2nd Tunn. Coy~~ R.L 25-6-1391

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
June 2	Reported from Base				7101	
	MISSING			A45		
7-6.	Unoffy rptd Pris of War at	Gefangenenlager Dulmen i. Wa	5-4		8596.	
6-6	Officially Rptd Pris of War at	Dulmen	A 74		9851	
	Trans. to Munster			A198		
4 12 1919	Released Pol. W. now at 36 Camp Ripon		B 391	H54	PW.361	
143	11 6 G A Sicliffe		Influe	C469		8691

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
25 8	Ref 62 Lb 469 d/2. 19/3/19 Read. Adm 14 Lb G H. E'bourne. Disch		Hospitald Cirty do. CHO		6	869/ 2492

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H. Q. FILE No. 649-

NAME Carrol, Sol

REGT'L. No. 503476

RANK AND CORPS Spr. Pte 2nd Tunnelling Company

CASUALTY

NO.	DATE	NATURE OF CASUALTY
M.7707	9-6-16	Missing since June 2nd. C
M 8696	21-6-16	Previously rept missing now unofficially prisoner of war at Gefangenenlager Dulmen. C
M9881	18-7-16	Prev. rept unoffic. Now rept. offic P. of War at Dulmen.
N.A.	Carrol (father) Demers Centre. P. Q.	
N547. 11-8	8-12-18	Prev Rep. Pof W now released arrived Ripon Dec. 4th/18.

COPIED WITHIN COPYR

L. L. Job 86907- -M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—59-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 45	Rept. from Base	2-6-16	Missing
A 3-4	Brev. rept Missing now unoffic. rept. P of W at Gefangenenlager Dulmen i W.		
A 74	Brev. unofficially rep. now officially P of W. at Dulmen		
A 198	Brev. P of W at Dulmen Northrans to Munster (HQ dated 19-1-17)		
B 391	Released now at Camp Ripon 4-12-18		
C 469	14 Con Hosp Eastbourne Aspen C47 7/21		
C 486	11 Convn Hosp Shorncliffe	14-3-19	Influenza
	Discharged	25-3-19	

COPIED
CO

Name Carol Eul. 27-11-15

Date of Embarkation for England Arr. 30-1-16

Proceeded to France 13-3-16

Returned to England 4-12-18

" Pg War.

Date returned to Canada 23/6/19

P.R.2855.

Child 12-10-89 Omer

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Cas. Sheet

2/6/16 Missing P. of War. to Eng. 4/12/18

Date of Enlistment 24.11.15.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch C

OVERSEAS CONTINGENTS

15614

Date of Assignment 1 July 1918.

1/L 11 C 1 ALLOT

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 2nd Tun. Co.

Beneficiary

Relationship

Address

COPIED ANSWER COPIE

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS.A.CARROLL,
~~ALUMET ISLAND VIA PEMBROKE,~~
~~ONT.~~

2 15 15.00
% 503476 PTE S.CARROLL
FIFTEEN DOLLARS

3

4 Demars Centre Ont P Que.

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						7-X 2838-S-2. M.R. 413.
1918 July	K 42444		15-	15-	-	Cap Cheque 4401 issued for July A.P. Mailed 7/8/18
Aug	E 33150		15-	15-	-	(1) PMR 9558-5 Prev. rept - P of W now released
Sept	H 47493		15-	15-	-	Dec 4/18
Oct	J 50075		15-	15-	-	
Nov	D 50115		15-	15-	-	
Dec	M 65821		15-	15-	-	
1919 Jan	J 70631		15-	15-	-	
FEB	J 80766		15	15	✓	
MAR						
			120			

Stop ap. 1-3-19 Cable PS726-19 2/19 M.R.O. 70372 Jan 20 2-19

a.p. transferred in England Eff 1-3-19 to wife (Mrs Lizzie Carroll) auth 2 M 15 2/19 Jan 15 2/19

ENGLISH

Belgic

Rec'd per.....

Date 1-2-19 M.D.3.

Cleared.....

AUTHORITY FOR NEW ACC'T. 2 M.D. July 1918 M Holleran 3.8.18

M. F. W. 128.
4'OM. 6-7—I'72-39-1141
L. L. 22220—M. & D. 1933.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
4'0M. 6-7—1-72-33-1141
L. L. 2250—M. & D. 1933.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid
(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Boarded for return to Canada

Auth. A.G. Tel. 9083 dated 11-11-18.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

(Sgd) G.G. Malcolm, Capt. *President.*

PLACE Seaford (Sgd) Jos. C. Copp, Lieut. } Members

DATE 29-4-19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE ..... } Members

DATE .....

APPROVED BY

D.P. Byers capt
for *Assistant Director of Medical Services.*

DATE .....

APPROVED BY

Director-General of Medical Services.

DATE .....

29 APR 1919

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Seaford DATE 29-4-19

1. 1 (*a*) Unit 3rd C.E.R.B. (*b*) Regimental No. 503476 (*c*) Rank Spr.

(*d*) Surname C.A.R.R.O.L. (*e*) Christian name Sol.

(*f*) Home address Edmonton, Alta.

(*g*) Next of Kin Mrs. L. Carrol (*h*) Relationship Wife

(*i*) Address of Next of Kin Gilmondy House, High Stanley, Durham, Eng.

2. Age last birthday 34 Date of birth 24-3-1885

3. Enlistment, or Appointment (if an Officer) (*a*) Place Lethbridge (*b*) Date 27-11-1915

4. Personal description:

(*a*) Height 5' 10" (*b*) Weight 175 lbs. apt. (stripped) (*c*) Complexion Dark

(*d*) Colour of hair Black (*e*) Colour of eyes Brown (*f*) Identification marks, Scars, etc. Scar on left side of chest, mid axillary line, level of 7th rib.

5. Former trade or occupation Laborer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	89

	Periods	
	From	To
Canada	17-11-15	30-1-16
England	30-1-16	1[illegible]-3-16
	4-12-18	Present
France or other theatres of War	1[illegible]-3-16	2-6-16
England	2-6-16	4-12-18

7. Original disease, or injury 1. Penetrating wound left side of chest.
2. D.A.H.

(*a*) Date of origin 1. and 2. 2-6-16 (*b*) Place of origin 1. and 2. Ypres.

(*c*) Cause 1. G.S.W. 2. Concussion due to shell explosion

AM SATISFIED

M. F. B. 227.
400M.—11-18.
1772-39-117.

S Carrol

BOARD CONFIRMED
Ont.
Major CAMC
Capt CAMC

3-6-19

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

1. Pain and weakness left chest.

2. Rapidity of rate of heart beat.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

1. Scar on left side of chest mid-axillary line abutt level of 7th rib, firmly adheret to bone, slightly tender, not painful. There is part of 6th rib missing subjacent to scar. He complains of pains in left side, cough, weakness as regards exertion and injury of left chest.

2. Heart beat 85 per min. sitting, 92 per min. standing, 110 upon exertion, returningnto original in 3 mins. B.P. 108D to 139 Sys. No murmur. Slight irregularity. Apex beat in normal position. He is very fat and there may be some fatty infiltration of heart.

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

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

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems No. Any other general condition No.

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

1. Wounded by shrapnel and blown up 2-6-16. Says he was operated upon in Germany, portion of rib being removed and tube ?ing put in Was in hospital for four months. Was then put at work in a coal pit, at light work. Continued at this until repatriated in December, 1918.

2. Says he was blown up when he was wounded. Has been short of breath ever since then. Was not troubled in any way before being wounded.

10.—(*b*) Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Influenza in July, 1918, good recovery.

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

Scar in left side as described above.

11.—(*a*) Did the disabling condition have its origin before enlistment? 1. No 2. No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

1. and 2. N.A.

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

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Six months 2. Six months

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

1. No details available

2. None

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

1. No.

2. No

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16. Can the former trade or occupation be resumed? No.
(If not, briefly state why)

17. Recommendations

(Sgd) K.A. Denholm, Capt. CAMC.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Spr. Sol. Carrol have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of Nil

(Sgd) S. Carrol, Spr. Rank.
Signature of invalid examined.

MARRIED OR SINGLE S.

PLACE OF BIRTH Pembroke, Ont.

NAME AND ADDRESS OF NEXT OF KIN A. Carrol,
Pembroke, Ont, Canada

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE D	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 503476 RANK Private NAME Carrol, Sol.

IF IN PERMT. CORPS WHAT UNIT UNIT No 2 Depot Batt. Cdn. TRANSFERRED TO Non-Effte DATE 1-7-16 AUTHORITY G.A.74. 18-7-16.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Lethbridge, Alta. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 27th Nov. 1915. 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) 1st July 1916
Amt to CRX 107- 1/8/16

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

COPIED

PAY OFFICE, N. E. BRANCH
AUG 3 1916
CANADIAN CONTINGENTS

Germany.

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Mar. 31	Forward from Old Ledger													1060	9530									3930						3930	56..				
April-30	30	1-	30		30	.10	3.								33			64	24-4						261						261	86 39				
May 1-31	31	1-	31		31	.10	3 10								34 10	96	4-5							256											
— —																95	4-5							256											
																137	15-5							255		973				1740	103 09				
Checked C.D. Stewart June 1-30	30	1-	30		30	.10	3.								33																1360 9				G.A.74. 18-7-16 Trsf of Ward at Dulmen
July 1																															136.09				
Sept.	92	1-	92		92	-	9 20								101 20																4 86	732 43			
1/31 Oct	31		31				3 10								34 10																243	264 10			
Nov 30																																			
Jan 31 17	92		92				9 20								101 20																729	358 01			
28 Feb	28		28				2 80								30 80																2 43	386 38			
March	31	1/10	34 10												34 10																243	411 80			
a/l	30		33												33.																243	168 62			

Balance on transfer to N.E. Branch..

503476 Pte Carrol S.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
																														44862				
May 31	1	10	34	10											3410														24348029				
Jun 30			33												33															51329				
Jul 31			34	10											3410															54739				
Aug 31			34	10											3410															58149				
Sep 30			33												33															61449				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
OCT 1917	Balce FORWARD	~~6449~~							6449		
	Jobs pay	34 10							648 59		
		$34\ 10$									
Nov	"	33 –									
Dec	"	34 10							715 69		
		67 10									
JAN 1918	"	34 10							749 79		
		34 10									
FEB 1918	"	30 80							780 59		
		20 80									
MAR 1918		34 10							814 69		
									814 69		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.

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AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 503476 RANK Spr. NAME (IN FULL) CARROL Jas. (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. 2nd C.T. Coy. IF IN P.F. WHAT UNIT?

NEXT OF KIN Mrs. E. Carrol RELATIONSHIP Wife

ADDRESS Gibraltar House, High Stanley Co. Durham, Engd.

IS SEPARATION ALLOWANCE PAID? yes DATE EFFECTIVE

TO WHOM PAID Mrs. E. Carrol RELATIONSHIP Wife

ADDRESS C/O Mallay Gibraltar House, Scotford High Stanley Co. Durham, Via Fort Saskatchewan Alta England.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Spr. Jas. Carrol, England. Edmonton, Alta. District Superintendent Soldiers Settlement Board Edmonton Alta	15/10/19	All Payments

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 27-11-15. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 15.50 DATE EFFECTIVE Paid by England. Stopped 1-5-19.

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

Mrs. E. Carrol, Wife

ADDRESS Gibraltar House, East Stanley Co. Durham.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

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

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						1467
									150	00																									150	00		Returned "Belgic".
									150	00																										150	00	Bal. per Eng. A/c.
June 8	10	3 50	35	00					150	00																											Clothing Allce. and 1st Payment W.S.S.
			70	00					113	60							43	87	5	00	194	20											213	80			Pay to Estimate date of discharge.
																													1	10			1	10	1	10			Allowances to England. Rail Money, Trans. Money.
																																						Overpaid 1 days on discharge.
	W.S.S.						War Service Gratuity				W.S.S.																												M.W.25778 Rec
123 days at minimum 1.50			180	00	600												70	00															70		350		180		1st Pay't. W.S.S. as above.
																															23	50							o/p S.A. - 23 days.
																													1	10									C. Salaries as above.
																	68	90	~~37~~	~~10~~													~~210~~ 140		280		180		937433 - ~~###~~ Aug 6/19
																			157	00													320		280		—		Transferred to Eng. pay M.T.W. 26.07 Aug 6-19
Sept 29/19	Receipt 9/38.6546		70		70												70																390		~~210~~ 280		—		1306548 Sept 3/19
					67	00											140																530		140				Cheque returned
			30														70																600		70				1334945 Oct 17/19
					4	00											70		30														400				30		1328889 Nov 4/19 Returned from Eng.
																																						1337837 8 DEC 4 - 1919

200M-8-19.—L. L. 38788—H. & D. 9985.
M. F. W. 2696.
1772-49-1290.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.

Do not transfer out pending SA.

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

NAME:- CARROL Sol

EFFECTIVE DATE:- 1 July 1918.

AMOUNT:- 15.00 Apay 26/15

EFFECTIVE DATE:- 26 1/19

AMOUNT:- $ 30.00

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

Mrs. A. Carroll. Mother
Alumette Island - Ottawa cabled to
Upd Pembroke, Ont. 1-3-19.
EF 1-3-19.

Mrs E. Carroll 15.00
Gilmours House Same.
East Stanley Edmonton
Remittance of 15.00 from to take place.
of A.P. from 1st June 16 to 31st Dec 18 in
accordance with Soldiers instructions. P.O. R. 118967 7-12-18

PARTICULARS OF RENDERING NON-EFFECTIVE:- To Canada 30/6/19 AR 86H. 3rd CERD. Sfd 2/6/19 Sfd. & P.C. Cr Bal $100.00

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
10/9/19	335	GERR	2 43				
28/9	648	"	2 43				
29/9	28	"	1 87				
3/6	1/33.	"	19 47				
7 days 5%		23 5/19 Jan 1 days 6 33 6 6 19 4 FE 20 16 8 33 6 6 19	8 80				

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NAME:- CARROL Sol

NUMBER:- 503476

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- #2 Tunn Coy.

DATE ACCOUNT FIRST OPENED:- 1-2-16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			Pris of war

DAILY RATES OF PAY AND ALLOWANCES

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

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918											
	TIME FORWARD								814 69	75	
April	pte pta	33							847 69		
		33 -									
May	do.	34 10							881 79	75	
		34 10									
June	Do	33.		Spec Rem. 25.6.18 " C6648	3 75				839 79		
		33		see Note above.	375						
July	Do.	34 10		Ca Pay				15.	558 89		
		34 10						15			
Aug	D	34 10		-				15.	577 99	450	
		34 10						15			
SEP 1918	✓	33.		✓				15	595 99	450	
		33.						15 -		75	
OCT 1918	✓	34 10		✓				15	615 09	450	
		34 10						15	101 20		
NOV 1918	✓	33		✓				15	716 29		
	✓ Dec ✓ Jan	68 20		ap 86 4/12 Repon	24 33 ✓						
				Cash 4/1-7/18 # 78354	97 33 ✓						
				CP 81884 17/12.	48 67 ✓						
				Car Dec ✓ Jan				30			
				AK 1263 20/12 Sfd ADG	14 60 ✓				486 36	75	
1919		101 20			184 93			45			
Feb + Mar.		64 90		CP 9857 16/1 19	12 67 ✓						
	Cq 6603 Unspent money Chx		1 22	CP 9410 30/12.	19 46 ✓						
				CAP				15			
				CP 34948 15/2.	73 ✓						
				G 36018. Mar. ✓	38 94		15	15			
		149 90	1 22		389 34						

NUMBER 503476 RANK Lt NAME CARROL S

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Ford		64 10	12		3 89 34		15	15	486 36		
				A/C Nuts 19 3/19 3rd CERB	9 73				66 12		
				quit from 2359 24-2.19 till 11.00 4-3-19 forfeit 8 days Pay 5-3-19 Do 59 11-3-19 3rd CERB		8 80			552 48		
		6 4 10	12		3 79 87	8 80	15	15	482 74		
				Ad 301 15 3 19 3 C & RD	4 87				109 74		
April/May		67 10			4 03 94				176 84		
				apl. 2847			15		54 34		
				Pay 1/4 to 31/5/19 Lapsk						1	6 5 80
				a 346							
				apr. 5 a. roy A 2897							30
				May A 8724			15				30
				AR DN 3304 24 3/19 3rd CERB	11 87						
				G.R. 29. 14/5/19 3rd CERB.	1947				122 50		
		67 10			24 34		30				125 50
June		33 -		June July A 9830			15				30
	Interest on Def Pay	12 50					15				30
				2 A 3514 4/3 CERB	2 43						
				DN. 648 3 4 CERB 15.2 8/4 4	2 43						
				✓ 28 - 29/5 9	4 87						
				✓ 1434 ✓ 3/6 9	19 47				108 80		
		45 50			29 20		30				60
				AR 2036. CERB. 16/6/19.	9 73						
				A.W.L. from 21.30 12/5/19 until 12.00 13/5/19 awarded 7 days No 2. Forfeits 1 days Pay by Pr A R 22/5/19. 8 Days D.O. 121 3rd CERB. 26/5/19.		8 80					
					9 73	8 80			90 27		

S.O.S to Canada 25/4/19 Mp 5

S.L 84 (R.T)

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12 50
33
15 50
30
125 50
38
87.50

30
35

122.50
45.50
168.00
60
29.4

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

23918 Pte Leonard to Canada 3624 Can. Regt.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.

2 Rank.

3. Name.

4. Unit.

5 Date of Discharge | | Place

6 Reason for Discharge.....

.....

.....

.....

7. Authority.

8. Proposed Residence after Discharge.....

.....

.....

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W. ?.....

.....

.....

Signature of Soldier.

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10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....

.....

Signature.....

(O. C. Discharging Unit.)

Died 11-4-19.

M.F.B. 218a—300M.-11-18—1772-39-113.