REGIMENTAL DOCUMENTS

NAME Cluff Harold David. Pte. REGT. NO. 218331. UNIT 18th Res H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				
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1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
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1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
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1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
2	Lab. 3				
1	M&W 67.				
1	Casualty.				
2					
3					
1					
1					

NOT-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Remark

DESERTION

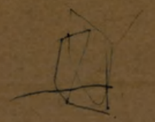
26-11-19

8-11-19

6-11-19

1

W. 2589
100M-11-18
4972-300-1177



Substituted for Original Attestation in accordance with Kings Regulations para 1904.

Class A 4

12

COPY

M.D. 10 O.C. 11th C.R. Bn.

Shorncliffe 9th January 1918

ATTESTATION PAPER.

No. 218331

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Cluff
1a. What are your Christian names?	Harold David
1b. What is your present address?	Killarney, Man. Canada
2. In what Town, Township or Parish, and in what Country were you born?	Killarney, Man. Canada
3. What is the name of your next-of kin?	George Cluff
4. What is the address of your next-of-kin?	Killarney, Man. Canada
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	August 31st. 1898
6. What is your Trade or Calling?	Student.
7. Are you married?	No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No.
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes.
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, Harold D Cluff, 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.

Harold D Cluff (Signature of Recruit)

Date May 25th. 1917. 191 . Robt. C. Wallace (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harold D Cluff, 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.

Harold D Cluff (Signature of Recruit)

Date May 25th. 1917 191 . Robt. C. Wallace (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 this 25th. day of May 191 7

Robt. C. Wallace J.P. (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Harold David Cluff on Enlistment.

Apparent Age 18 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft 6 1/2 ins.

Chest measurement.
- Girth when fully expanded ..... 34 ins.
- Range of expansion ..... 3 ins.

Complexion Fair

Eyes Blue

Hair Light Brown

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

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

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

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 25th May 1917.

Place Winnipeg

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 JUN 5 1917 APPROVED FIT

PRESIDENT

MEMBER

MEMBER

CERTIFICATE OF OFFICER COMMANDING UNIT.

Harold David Cluff ..... 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.

Rob-C Wallace Capt. (Signature of Officer)

JUN 22 1917

Date ..... 191 .

O.C., C.O.T.C. DRAFT, C.E.F. M.D.10.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
CLASS "A" NO. 186213 ISSUED

THIS IS TO CERTIFY that No. 2181331 (Rank) Pte

Name (in full) Cluff Harold David enlisted in

the C.O.S.C. Draft

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 25th

day of May 1917

HE served in France 43rd Bn

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness.~~ Demobilization R.O. 1420 (a)

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

Age 20.

Height 5' 7"

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars Nil

H D Cluff
Signature of Soldier

Date of Discharge

Dispersal Station "M" MAY 19 1919 Military District No. 10

Town Staudon
Issuing Officer

Lieut
Rank

Date 19 May 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. 1772-89-882.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

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..... C. O. T. C. DRAFT, C.E.F. M.D.10.

(2) Regimental Number 218133

(3) Full Name of Soldier..... Harold David Chaff

(4) Place of Birth..... Killarney Manitoba, Canada

(5) Are you married, or not ? ..... no

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address..... Killarney, Man. Canada

(7) Are you a widower ? ..... No

(8) Have you any children ?.....

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address George Cluff Killarney, Man. Canada

(10) Is your Mother alive ? yes

If so, state name and address Mrs Geo. Cluff

Killarney, Manitoba, Canada.

(11) If your Mother is a widow no

Are you her sole support, or not ? no

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

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

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

(15) Are you insured ? 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.

R M C Wallace Capt.

Officer Commanding.

Date 22nd June 1916

ORIGINAL C.E.F. DRAFT M.D.

MEDICAL HISTORY SHEET

Surname Cluff Christian Name Harold David

Examined { on 25th day of May 1917
at Winnipeg, Man

Birthplace { City or Town Killarney
County Man.

Apparent age 18 yrs.

Trade or occupation Student

Height 5 feet 6½ Inches

Weight 133 lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 37½ inches

Physical development

Small-pox Marks

Vaccination Marks { Arm Right Left
Number

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Vision R. Eye 20/20

" L. Eye 20/20

Hearing R. Ear

" L. Ear

Approved by

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
		MAY 25 1917	M.O.
25/5/17		A.J. MacKenzie Capt	M.O.
		MOBILIZATION MEDICAL BOARD APPROVED FIT	M.O.
		[illegible] PRESIDENT	M.O.
		[illegible] MEMBER	M.O.
		[illegible] MEMBER	M.O.

Date	Result	Vaccinations	
12-9-17		Wasmasch	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
20/6/17	9-4-18	J.S.C.	
20/6/17		Wasmasch	M.O.
28/6/17		Wasm	M.O.
5/7/17		Wasm	M.O.

Enlisted on 25th day of May 1917 at Winnipeg, Canada

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	C.O.T.C. Draft M.D 10	218331		18-6-17
Transferred to	No 1 Draft Manitoba Depot Batt. 11th Res Bn 43rd Bn			10/11/17.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Seaford	10-4-18	G.S.W. both Knees	B/U Granville Ont

CANADIAN

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Christian Name

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
SPECIAL MILITARY SURGICAL HOSPITAL. IONTON. LONDON. N. 18.		5	10	18	2	1	19	Shrapnel wd R. thigh.	90	Rt. Leg movements of both legs good and healing well. Transferred to Epsom.	W.B. Taylor MAJOR R.A.M.C. FOR M.O. i/c CASE.
Epsom	2	1	19	10	1	19	do	9	wds all healed. Knee swollen & inflamed. requires active treatment. Transfer to Basingstoke	G.J. Hamilton	
No. 4 Canadian Gen. Hospital Basingstoke.	10	1	19.	5	2	19	G.S.W. Legs.	26	Front of R. Thigh just above Knee wd has healed, is still slightly stiff on movement but this is rapidly improving. L. Leg wd rt leg wds epithelised and healed no bone injury and no stiffness remaining from it	A Brooke Taylor Capt	
Princess Patricia Canadian Red Cross Hospital, Cooden Camp, Battle.	5	2	19	28	2	19		23.	Discharged fit for duty.	J. Mackenzie Capt	

13.6.18

61403

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 Harold David 2. Surname Cluff.

3. Rank Pte. 4. Original Unit Depot Bn. Man. Regt. 5. Reg. No. 2181331

6. Address, in full, to which future payments of gratuity are to be forwarded
Bank of Hamilton, Killarney, Man.

7. Date of enlistment in the C.E.F. 25.5.1917.

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not applicable.

9. Relationship of such dependent Not applicable.

10. Address, in full, of such dependent Not applicable.

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not applicable.

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 Depot Bn. Jan 1918 to Dec 1917
11th Res Bn. Dec/17. to April 1918. 43rd Bn. April 1918 to Oct 1918.
Hosp. Oct 1918 to March 1919. 18th Res. March 1919
for return.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department Not applicable.

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? Not applicable

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. Not applicable.

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 Not applicable.

20. Have you been issued with a War Service Badge? If so what class?

21. Have you, during the present war, served in the Imperial Forces? Not applicable

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 Not applicable

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? Not applicable.

(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 19. 5-18. (b) Reason for discharge

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

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: N. D. Chaff

Place of Residence: Killarney, Man.

Declared before me at: Deloraine.

This 4th day of April 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.

12, 13, 14, 20 24 to 27 Questions Unanswered.

R. L. Turner Maj.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			280 00	210 00
			70 00	

Certified Correct.

District Paymaster.

1694 / 122

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

C-160

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 Harry H. 2. Surname Cluff

3. Rank Spr. 4. Original Unit C.E. 5. Reg. No. 2008900

6. Address, in full, to which future payments of gratuity are to be forwarded Bank of Ottawa (Head Office) Ottawa Ont

7. Date of enlistment in the C.E.F. Apr 30th/18

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

9. Relationship of such dependent Wife

10. Address, in full, of such dependent 42 Murray St. Brockville Ont

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:—

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 1 Mo C.E. 11th Bn 66. 3rd C.E.R.B. 8 mos in Can. & mos in France 6 mos in England

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department Yes Militia H. Qrs.

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.
6234. Wt. /P49. 25,000(4). 4/19. 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? 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? Yes.

(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 9-7-19 (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 No

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

Can Engr 29-9-18
PB 11-3-19

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? No

(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: A W Cuff

Place of Residence: 13 Sherbrooke Ave Ottawa Ont.

SEAFORD.

QUESTIONS- 12, 13, 14, 20, 24, 25, 26, & 27. ARE UNANSWERED.

Declared before me at:

This 29 day of May 19 19

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. 2nd C.E. Res. Bn.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

FORM OF WILL

I, Harold Hancock Cluff (Name in full)

Regimental Number ~~2181331~~ 2181331 serving in B.C.Y.C. Draft M.D 10

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Mrs George Cluff
Killarney
Manitoba. Canada

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs George Cluff
Killarney
Manitoba Canada

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.

this Twenty first day of June A.D. 191 7

Pte Harold H. Cluff Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Robert W Watson

Address of Witness Killarney Man Canada.

Occupation of Witness Commercial

Signature of Second Witness Agnes M. Watson

Address of Witness Killarney Man. Canada

Occupation of Witness Housekeeper,

M. F. W. 82.
300M.-12-16.
1772-39-983.

FORM OF WILL

E Town

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
MH 16649	2181331	Pte.	Cluff.	W D.
Year	Unit.		Age.	Service.
	43rd Bn Cans "1"		20	19/12 6/12

Station and Date.

10.1.19

Disease GSW Legs.

OCCUPATION Farmer

NEAT OF KIN Mother Mrs C A. Cluff Killarney Manitoba

ENLISTED May 24 - 1917 Winnipeg

ENGLAND Dec 10 - 1917

WARNED April - 1918.

TOOK FIELD Oct 1 - 1918 Cambrai

HOSPITALS 1-9-18 # 1 C.C.S. "Canadian"
4-11-18 # 9 C.G.H.

3-1-19 M.C.H Epsom.

OPERATIONS 1-10-18 # 1 C.C.S.
Large bullet wd. rt. leg freely opened.
Large sloughing wd. Thigh excised.

REMARKS

A.T.S. 1-10-18. 1500.

SUMMARY OF P.M.C.&.M.H.S.

PRESENT CONDITION As large wd above Left Knee

* 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.

Station and Date.	
	almost completely healed
	A T + I wd rt. leg. both R & L wds have
	been excised - wds are healed
19-1-19	wd healing
24-1-19.	wd healed.
28-1-19	To Convalescent Depot
	A Bracken Capt.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	378321	H	Cluff.	H D
	Unit.		Age.	Service.
	43rd Bn.		20	1 3/12

Station and Date.

3.1.19

Disease GSW both legs flist

W&A Elsom

Wound not yet healed knee much swollen & inflamed ~~tissue~~ think he should have active treatment transfer to Basingstoke

O/C 2 & 4 J Gds

Capt. C.A.M.C.,
No. 1 Division

* 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.

Station and Date.	

Forms/
I. 1237/
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	218331	Pte	Cluff.	Harold David
Year	Unit.		Age.	Service.
	43rd Canadians		20	1 12 6/12

Station and Date. Disease G.S.W. Right Thigh Shaft of Femur Gen Hosp Edmonton.

Extensive flesh wds one = R. popliteal space (the other attns & other wounds above R. knee movts. & both legs good. Wds healing in wkly

Plodaic RMO

Princess Patricia Canadian Red Cross Hospital
Cooden Camp, Bexhill.

5/2/19

28-2-19 Discharged fit for duty R.G.L. No disability

J. MacKenzie Capt

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

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

[P.T.O.

176038

Cluff H.D. Plc. 21st 1331

to 1st Mtn Bn.

Will deposited Dick H.D. - 1910 - Kin!

Recd from Pte Sleight

31st

Dec 4-17

Z 17.

In any further correspondence on this subject please quote Number and Date of this Communication.

No. .....

..... 191 .....

From .....

.....

To .....

.....

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—1.
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—P2 1150 1M 5/18 G.W.P.Co (3490)

2181331 Pte Cluff. H-D

(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
1-3-19	O C 11th	B O 52	S O S on posting to 18th Res Bn.	Seaford	1-3-19	C. McCrae Lt. For ADJT. II Can Res. Btn. (MAN.)
3/3/19.	O C 18th	D O 62:	S O S from 11th Res	Seaford.	1/3/19.	
17/4/19.	O.C. 18th	S O S on transfer to Kinmel Park for return to Canada	10 Wing	Seaford	17/4/19.	D O 106 C. J. W. Bourne Lieut for Assistant, 18th Depot

Nothing to be written in this margin.

18/4/19 To S

C.C.C. Kinmel Park for return to Canada Part I Orders No. 105 S O S

7/5/19. C.C.C. Kinmel Park on embarking for Canada, Part II Order No: 121

For W. Bowfield Lt Commanding 10 Wing, Kinmel Park Camp.

7-5-19 T.O.S. Dispersal Station

and Dispersed

Ramsdegall Lieut.
for O. C. 10 District Depot.

O.O. 141 Par. 2

M.

19-5-19 do. E.

SAILING TO 12
SS CRDUNA FROM
L'POOL 7, 5, 19

Steamer Salonika

W.S.B. Class A

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps #1 Dft. Man Dep. to 11th Res Bn C.D.T.C. Draft, C.E.F., M.D.10

Regimental No. 2181331 Rank Private C. E. F. Name Clutt, Harold David

Enlisted (a) May 25th 1917 Terms of Service (a) C.E.F. Dofw Service reckons from (a) May 25th 1917

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

Extended ..... Re-engaged ..... Qualification (b) Student: Passed University Entrance Exam

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
		Transferred to No. 1 Draft, Manitoba Depot Batt, Winnipeg		10/11/17	
		Embarked Halifax 24/11/17 S.S. Megantic Disembarked Liverpool 7/12/17			
1917	C.O. No. 1. Dft: M.R.D. Battn.	Struck off strength on Posting to 11th Res; Bn.	Dibgate	8-12-17	Pt;11,C.32.
					Capt;& Adjt; No.1, Draft M.R.D. Battn;
12 17	C.O. 11th Bn.	Taken on strength on arrival from Canada	Dibgate	8-12-17	Pt.11.C.294.

(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.

2181331 Cluff H. D.

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				
8-4-18	19 APR. 1918 C.M.R.	S.O.S. on proceeding O/S to 43rd Bn.	Delgate	7-4-18	P.H.Q. Bn. O 83 5277

CERTIFIED CORRECT. C.M.R. REG'D. EDMONTON.

Capt. & Adjutant, 11th (Res.) Battalion.

	O. C. C. B. D.	Landed in France.	Taken on	Nom. Roll d/	8.4.18
		strength 43rd Cdn.	Bn. 8.4.18	Pt II D.O.35 d/	12.4.18
	— do —	Left for Etaples	9.4.18	Nom. Roll d/	9.4.18
	O.C. Etaples	Arrived	"	" d/	"
14.4.18	Etaples	"	Left for Unit	14.4.18	M.R. S 213.
21.4.18	43 Bn				
1.10.18	1 Can. C.C.	Bomb Wds Both Legs	Adm	1.10.18	K 5977.
5.10.18	A.T. Brighton	To Both Legs & Posted To Man Regtl. Depot	England Reading	5.10.18	10 3083/616 Pt I 98/18

G.W. Doriel Lieut for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

C.A.D.C. 500

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CLIFF D. H.

REGIMENT 18th. RES RANK PTE No. 2181331

Date of Examination in England 8/4/19 | 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

32

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

Yet as my teeth.

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 YES
- (*b*) In England YES
- (*c*) In France

Signature of Dental Officer F. Ostrich Capt.

Form R 122.
10287—65M—28-7-17.

TLH Rank — Name CLUFF, Harold David, — Reg'l No. 2181331

NOT DUE MANITOBA DEPOT BN.

Unit — If in perm. Corps, What Unit? — Married or Single Single

1 TolIth. RES BN

Place and Date of Enlistment Winnipeg, May 25th. 1917 — Place of Birth Killarney, Man Canada.

Name and Address, Next-of-Kin George Cluff,

Killarney, Man. Canada. — Relationship Father

Assigned Pay Monthly $ — Payable to — Relationship

Separation Allowance $ — Payable to — Relationship

N/E. R.B. No. 21646
File R.L.

Discharge, Date and Place — Reason — Character O.R. Can.

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		7-12-17	S/S MEGANTIC
1-4-12-17		IIth Res T, O.S. from Canada		8.12.17	Pt II O. 294
8-4-18	—	SOS. to 43rd Bn o/seas	Ste Seliffe	7-4-18	Pte 0.83. 43rd Bn Pte O. 35. d/12-4-18
11-10-18	43rd Bn	Wounded	Field	1-10-18	Serial 37674
12-10-18	— " —	Dw. "W" posted to MRD	Rhyl	5-10-18	Pte 098 MRD Pte O. 287 d/14-10-18
3-3-19	MRD.	SOS. to 18 Res Bn	Ste Seaford	28-2-19	Pte 62 18 Res 72 d/13-3-19
19-4-19	MRD	Dis's from 18 Res.	Rhyl.	17-4-19	"102" 18th Res Bn P II 107 d/17-4-19
9-5-19	— " —	SOS to Canada	" "	4-5-19	D0123

Canada. 52-M-34.

7.5.19.

2181331 Cluff, Harold David

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.					

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C 7044 ~~7369~~ 7041

Date of Assignment Nov 1/14

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 218 1331

Rank Pte Promoted Reverted Discharge

Soldier's Name H D. Cluff

Battalion 1 Draft. Train. Depot Batton

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs C. F. Cluff

Address Killarney, Man.

Change of Address

1

2

3

4

3335-H-16

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec	B 63217		30	30	MP 30 adv
Jan	S 70384		15	15	
FEB.	D 95733		15	15	
Mch.	A 113930		15	15	
APL	N 7329		15	15	
MAY	M. 12326		15	15	
June	F. 23985		15	15	
July	I 34011		15	15	
Aug	F. 37184		15	15	
Sept	J. 45622		15	15	
Oct	I 54832		15	15	
Nov.	H 54818		15	15	
Dec	R 63704		15	15	
JAN 1919	J 74958		15	15	
FEB	M 79027		15	15	
MAR	H 86003		15	15	
APR	I 4357		15	15	
MAY	H 5265		15	15	
			285	285	

A/c Closed 31-5-19

Ret'd per Ordnance

Date 16/5/19 M.F.W.187 M.D. 10

Closed J Shanahan 5/19

M.R.O. 108483 - 26

AUDITED.

M. F. W. 128
400M.—6-17—1772-38-141
L. L. 22820—M. & D. 7693.

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
400M—6-17—1772-39-1141
L. L. 225.20—M. & D. 7493.

Surname	Christian Name or Names	Reg. No.
Cluff.	H.D.	2181331.

Rank	Unit
Pte.	Man. 43.

Cas. List.	
9.10.18. B340.3	Gen Mil. Edmonton S.10.18. GSW. thighs. H
7.1.19 B414	-3 Epsom Canal 3.1.19.
14.1.19 B420	4 D.R. Basingstoke 11.1.19.
10.2.19 B443	(3) T.P.C.R.X Bucknall 6.2.19
6.3.19 B464.1	Dis 28.2.19.

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.

H213

Number 218331 Rank Pte

Surname CLUFF

Christian Name Harold David

Units 43rd Can Inf Theatre of War France

Late of Service 7-4-18

Remarks 185 Leone Winnipeg

Latest Address ~~Killarney~~ Man

Roll No. 12. Page 21791

200m.-6-21.

GRATUITY (IMPERIAL)

CHRISTIAN NAME	SURNAME	REG. No.

SCHEDULE No.	LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA	IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.	DATE FORWARDED TO OTTAWA

DEC 13 1922
REGINA
No. 10965

868—D.P.—40M-1-12-19.

Form R. 149.

Harold David

Name CLUFF Rank Pte Reg. No. 2181331

Unit 43 Bn.

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	Records. GSW Thigh				H 38	
5.10	Gen Hd Edmonton			B340		28188.
3-1-19	Still (Con) Epsom		do	B 4 16		4247
11-1-19	4 C.G.H. B'ham		do.	B 4 20		4719
6.2.	P. Refle. Bexhill		do	B 4 43		6464
28.2	Discharged		do.	B 414		2157
12.3.19	4 Res Leaf'd. Res.	28.2.19				

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

NAME Cluff Harold Dan

REGT'L. NO. 218331

RANK AND CORPS Pte 43rd Can. Inf.

H. Q. FILE No. 649

FOLLOWS No.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
Nok/ Serge (Cluff father) Killarney Man H/382 146-6	11-10-18	Adm. Mil H Edmonton London M. Oct 5th/18 Gsw thighs
wsm212 17-1	20-11-18	Progressing fav. Mil Hosp Edmonton London. N.

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

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

Also 1 H 13-22-11-18 Engr. reported to C.R.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
B340.	Gen. Edm.	5-10-18	Gsw thighs
B414	Can Conv Epsom	3-1-19	" " "
B420	4 Can Gen. Basing	11-1-19	" " " "
B445	L.P. Con Ld't. Bexhill	6-2-19	Gsw Thighs
B464	Discharged	28-2-19	Gsw Thighs.

D.M.S.1317. 10M.
5798-18-3-18.

CANADIAN DIVISION),
CONVALESCENT HOSPITAL,
WOODCOTE PARK, EPSOM

HOSPITAL.

A. & D. No. 12837 Ward 1

Unit 4 Can Bn Sick or Wounded.

Regtl. No. 248331 Pl. of Act'n Edmonton Fld

Rank Pte Name Cluff W. G

Age 20 Religion C of E

Service compl'd 1 yr 12 Time with Field Force 6/12

Diagnosis GSW both Legs Chest

Admitted 2-1-19 Discharged

Transferred 4 Can Basingstoke 10-1-19

Record further remarks on back.

3.1.18

Wnd. not yet healed, Rheumatism swollen & inflamed think he should have ext.

Rad. Sumf. & Basmjsake

G Pulmk

Form DMS 1401.

A. & D. CARD

M—30—1 HOSPITAL.

AT

A. & D. No. M 4 T 6649 Pl. of Action France

Rank Pte Reg. No. 2181331 Unit 43rd Bn. Canrs. / Sick or Wounded

Name Cluff H.S. Age 20 Religion C.E.

Place in Hospital E.L.

Diagnosis G.S.W. legs

Admitted 10.1.19 From M.C.H. Epsom

Discharged To

Transferred 5/2/19 Pne & N Berwick

Service at Home 10 months 4 Days In Field 6 months

Results

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

P.T.O.

REMARKS.

Surname Cluff

Christian names Ira

Regtl. No. 2181328 Rank Cpl

Unit Mach Rifle Regt 1 Pioneer Bn

H. Q.

M. D. No. 10

T. O. S. Nov 10th 1917

D. O. Pt. II 2 of 6/11/17

S. O. S. 19

Reason

Auth.

Next of kin

Relationship

Address

Also notify:

No. 2 Canadian Field Amb. #10

BORN—Place

Date

ATTESTED—Place

Date

O/S

R/C

W. 22—50M.-3-19. 1772-3?-839.

No. 2181331. RANK Pte NAME Cluff H B

~~T.O.S.~~ UNIT 1st Depot Bn. Man. Regt.

Transfrom C.O.S.C. 10-11-17
(D.A.202 of 6-11-17.)

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Nov. 11	1917. Nov. 17.	H.		

Form DMS 1401.

A. & D. CARD

Princess Patricia Canadian Red Cross Hospital. HOSPITAL.

AT Cooden Camp, Bexhill.

A. & D. No. Regt 21813 31 PL. OF ACTION Canada 1 16485

RANK Pte REG. NO. UNIT 43rd Bn SICK OR WOUNDED

NAME Cluff HD AGE 20 RELIGION Ch.

PLACE IN HOSPITAL "

DIAGNOSIS GSW Lego Rt. Fleck.

ADMITTED 5-2-19 FROM No 4 C.G. Hosp Dennystoke

DISCHARGED 22-2-19 TO 11th Res. Bn. Seaford

TRANSFERRED

SERVICE AT HOME 20/12 IN FIELD 6/12

RESULTS

DISCHARGED TO DUTY.

Capt

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

P.T.O.

REMARKS.

Samuel

S.

Nov 30 1917

Winnipeg.

LIST OF DISCHARGE DOCUMENTS.

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

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

Group A

Checked by No. 26

C.M.M.

Date 6-5-19

M.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

WAR SERVICE BADGE
CLASS "A" NO. 186213 ISSUED

Group.19.

1. No. 2181331 SAILED MC 52
2 Rank. Pte. ES ORDUNA FROM L'POOL 7, 5, 19
3. Name. Cluff.H.D.
4. Unit. 18th.Res. Man.Dep.Bn.
5 Date of Discharge 19 5 19 Place Winnipeg.
6 Reason for Discharge Demob.
B Mother
War Service Badge
Class "A" No.
7. Authority. D.O. 141.
8. Proposed Residence after Discharge Killarney.Mna.

MEDICAL DOCUMENTS FORWARDED TO C. R. or P. B. C. on MAY 28 1919

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.?

H. D. Cluff

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Dispersal Station "M" Military District No. 10 MAY 19 1919

Place

Date

Signature (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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.)
(*b*) Service abroad, not general service,	(" B)	(Yes or ~~No.~~) yes B II
(*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~~ man be ~~discharged~~. (When not for discharge add special recommendation.)

Boarded for return to Canada
with A. Del. 2083 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.

Thomas Dan Capt. *President.*

PLACE Seaford

DATE 10-4-19

J. Wm Dodd Lt } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE..... } Members

DATE.....

APPROVED BY

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

DATE.....

OFFICE STAMP: MEDICAL BOARD 15 APR 1919 SEAFORD. SUSSEX.

APPROVED BY

Director-General of Medical Services.

DATE.....

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 9/4/19

1. 1 (*a*) Unit 18 RES (*b*) Regimental No. 218331 (*c*) Rank pte

(*d*) Surname CLUFF (*e*) Christian name HAROLD DAVID

(*f*) Home address KILLARNEY, MAN.

(*g*) Next of Kin MRS. C. T. CLUFF (*h*) Relationship MOTHER

(*i*) Address of Next of Kin (Same as above)

2. Age last birthday 20 Date of birth Aug 31st 1898

3. Enlistment, or Appointment (if an Officer) (*a*) Place Winnipeg Man (*b*) Date 25/5/17

4. Personal description:

(*a*) Height 5' 7" (*b*) Weight 160 (stripped) (*c*) Complexion Fair

(*d*) Colour of hair Brown (*e*) Colour of eyes blue (*f*) Identification marks, Scars, etc. Large scar Lft & Int. at Knee. Large scar above Lft Knee.

5. Former trade or occupation Student

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
	1	325.

	Periods	
	From	To
Canada	May 25. 1917	Nov 20 1917
England	Dec 2 1917	April 7. 1918
	Oct 1 1918	April 9 1919
France or other theatres of War	April 7 1918	Oct 6 1918

7. Original disease, or injury Laceration of muscles right and left Knees.

(*a*) Date of origin Oct 1 - 1918 (*b*) Place of origin France.

(*c*) Cause G. S. W.

M. F. B. 227.

300M.—8-18.
1772-33-117.

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

weakness in both knees.

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.)

Objective. Rt. Knee. Penetrating wound from ext. side below knee joint, emerging internal side a little lower down. Both scars abut 3½" long. Left Knee. Flesh wound above knee on ext. side, large ragged scar abut 5" long, well healed, no apparent adhesions to muscles. Patient otherwise quite fit.

Subjective. Weakness in both knees on walking. Has difficulty in going down hill. Has tendency to stumble. Has occasional pains in left leg above knee when fatigued but not severe. Complains of slight numbness in right calf. but is improving

(*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.

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

was wounded in Cambrai France. Oct 1st 1918. Evacuated to England. Special military Surgical hospital Lincoln for 90 days. C.C.H. Epsom. 9 days. Knee (left) was swollen and inflamed, rapidly improved under treatment. Discharged 20/2/19 fit for duty. M.H.S

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*).)

None.

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

Wounded 4. F.

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

not applicable

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

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

Hospital treatment. Exercises at Epsom.

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)

Not applicable

16. Can the former trade or occupation be resumed? Yes.
(If not, briefly state why)

17. Recommendations

E. Cuniet
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 H. W. Cluff 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

H W Cluff Pte Rank.
Signature of invalid examined.

P. 559.
MARRIED OR SINGLE: Single

PLACE OF BIRTH: Killarney man.

NAME AND ADDRESS OF NEXT OF KIN: George Cluff
Killarney Man.

RELATIONSHIP OF NEXT OF KIN: Father

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 2181331 RANK Private NAME Cluff Harold David
#1 Draft

IF IN PERMT. CORPS, WHAT UNIT | UNIT Man. Depot Batt. TRANSFERRED TO 11th Res Bn DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Hunnefs Man. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 25.5.17 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE Nov. 1st 1917

PAYABLE TO Mrs C. I. Cluff. Killarney Man. RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
17/11/17																																			63.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
	17/11/17 Balance from Canada								17 50		
	1-4-18								~~32 00~~		
	18/1/17-31/1/18 Smoke P.P.	82 50		C.A.P. Non Rec. Jan				45	55 20		
		~~101~~ ~~20~~ 82 50						45			
Feb		30 80		Can AP				15			
				C.H.005/697/A10428			1	72			
				AR 1662. 4.4.18 IIR			24	80			
				1813. 28.1.18 .			7	30			
				DH. 1628. 22.12. "			4	87			
				AR 1988 12.2.18 -			7	~~80~~			
									25 48		
		30 80			45 52			15			

83 2181331. Bluff. 162

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

CULARS CR.1 CR.2 PARTICULARS DR.1 DR.2 DR.3 DR.4 BALANCE PAY ENG.

					25 48 Vil.	
Mar. 20.	3+10	Canadian at.	—	15		
		aR2089 27.2.18. 118R	973			
		" 2268 13/3 "	487			
		" 2377 28-3-18 "	973		2025	
	2+10		2433	15.		

Pinned Cheque

2181331

BLUFF

1403

Orduna

M. or S.

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

REGT. No. 2181331 RANK Pte NAME (IN FULL) Cluff A D

AUDITOR | PAYMASTER

6

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
		19

ORIGINAL UNIT C.E.F. C.O.R. — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO Dis Stn M — DATE MAY 7 1919 — AUTHORITY D.O 141

DATE OF ATTESTATION 25-5-17. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1/6/19.

PAYABLE TO Mrs. C. J. Cluff. — RELATIONSHIP Mother — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Bank of Hamilton Killarney, Man.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE M. D. 10 — DATE MAY 19 1919 — REASON D — AUTHORITY D.O 141 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							29	86	✓ 29	86 ✓																						29	86	✓ 6 BAL. ENG. L. P. C. 29 86
30/4/19.																																		Paid 27/5/19. R
1/5-27/5	27	1.0	29	70 ✓	35	00 ✓	29	86 ✓								9 43 ✓											15	00 ✓		164	56 ✓				Clothing Alice, 1st payment W.S.G.
					40	00 ✓			164	56 ✓						9 43 ✓																		Advances - Boat - Train
																4 87 ✓																		A. P. chgd. on Eng. L. P. C. to May
																5.00 ✓																		6 League
																120 23 ✓																		
		W.G.	Sa							War Service Gratuity,								W.G.	Sa										Soldier. Dpt				
122 Days at Minimum		280.00	✓ —		280	00 ✓												70	00 ✓		8	80 ✓					201	20 ✓						1st Payment W.S.G. as above
17/6																767665	70										131	20						Dr. 8.80 Dpt. Pd. R
16/7									10/8							792835	70										61	20						70 - 2nd Pay W.G.
																171405	61	20									—	6						70 - 3rd
																																		61 20 4 Init —
					280	— ✓												271	20 ✓		8	80 ✓		29	0 ✓									
																		ok Ishael																

AUDITED
AUG 19 1919
Audit Clerk
M. D. 10

200M-3-19.—L. L. 58788-1. & D. 9985.
M. F. W. 2.96.
1772-39-1390.

P 820
12474—375M—13-2-18.

* Strike out whichever is inapplicable.

ASSIGNED PAY * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1. 11. 17.	EFFECTIVE DATE:-
AMOUNT:- 15.	AMOUNT:-

NAME:- CLUFF. Harold. David. E.
NUMBER:- 2181331.

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 E. I Cluff
Killarney Man. Canada.
Mother.

Stopped 1/5/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1st Dft Man Depot Bn.
DATE ACCOUNT FIRST OPENED - 18. 11. 17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			M. R. D.
P806	1-4-18	25-4-18	#3 Bn

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
21/3/19	4511	18 Res ~~4-0-0~~	~~19 44~~				
24/3/19	.	18 Res ~~10-0-0~~	~~48 67~~				
5/4/19	71	- 18 Res 3-0-0	44 60			Lis Bal	112 60
			87 74			L R C Bal	29 86

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE Disch Sick Can 29/4/19 HR. 6310. Seaford. 7/4/19 Seaford M.D. 10

MONTH 1918.	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Balance.								20 25		
Apl	P Pay.	33.		Can R. Pay				15.			
				A Voch: 957 24-4-18		26	10				
				D N A R 28 11 Rs 9-4-18	4	87					
		33			5	13		15	33 12		
May	P Pay	34 10		Can R Pay				15			
				A R 100 43 2-5-18	4	46					
				A R 180 " 13-5-18	4	46					
				A R 224 " 22-5-18	3	57			39 73		
		34 10			12	49		15			
June	P Pay	33		C R P				15			
				A R 310 43 4-6-18	3	57					
				" 115 9 B de 20 6 18	4	46			49 70		
		33			8	03		15			
July	P P	34 10		C R P				15			
				A R 334 9 B de 4-7-18	3	57					
				" 523 " 27-7-18	4	46			60 77		
		34 10			8	03		15			
Aug	P P	34 10		C R P				15			
				A R 733 9 B a 18-8-18	4	46					
				" 978 " 30-8-18	3	57			71 84		
		34 10			8	03		15			
Sept	P P	33		C R P				15			
				A R 1090 9 B a 14-9-18	3	57					
				" 1387 " 22-9-18	3	57			82 70		
		33			7	14		15			
Oct	✓	34 10		Can				15	101 80		
		34 10						15			
Nov	.	33.		Can.				15			
Dec	✓	34 10		A R. Sing. 9/12/18 Edmonton	9	73					
				Can				15			

COMPILED BY... C Cloutier
CHECKED BY... [illegible]

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		67 10			9 73			30	101 80		
Jany	RR	34 10		XR 58871 Edmonton 7/12	9 73						
				✓ 87462 " 20/12	14 60						
				leap.	34 06			15	123 94		
		101 20			34 06			45			
Febry		30 80		XR 2871. Epoa 2/1	9 73						
March		34 10		✓ 12778 B. Stake 11/1	4 87						
	D.A. 28/2/19 - 14/3/19 D.A. 14 - 15/3/19 18 Rs 1 Day	8 76		✓ 6450 B. Kiso 11/2	9 73						
				✓ 8038 ✓ 27/2	48 67						
				L.A.P.	13 06			30			
				✓ 4590. 18 Rs 25/3	48 67						
1/56	PP	33		leap				15	112 60		
				✓ 4511 ✓ ✓ 21/3	19 47				44 46		
		106 66			141 14			45			
				QR 71 ✓ 5/4	14 60						
April				✓ 1866. Kumasi Ents PC 21/4	9 73						
				3079 ✓ ✓ 5/5	9 73				10 40		
					34 06						
				Roslar 1/5/19 Al. 5 + 1 Rs.							