

Original

ORIGINAL

No. 875254

Folio.

Manitow, Report, at.

ATTESTATION PAPER.

1841th OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Dalgetty*
- 1a. What are your Christian names?..... *Louis Cleveland*
- 1b. What is your present address?..... *Manitow Manitoba*
2. In what Town, Township or Parish, and in what Country were you born?..... *Shakespeare Ontario Canada*
3. What is the name of your next-of-kin?..... *Thomas Dalgetty*
4. What is the address of your next-of-kin?..... *Treherne Manitoba Canada*
- 4a. What is the relationship of your next-of-kin?..... *Father*
5. What is the date of your birth?..... *Dec 16th 1897*
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?..... *No*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Louis Cleveland Dalgetty*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date..... *Mar 21st* 1916..... *L.C. Dalgetty* (Signature of Recruit)
H.E. Brandes (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Louis Cleveland Dalgetty*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date..... *Mar 21st* 1916..... *L.C. Dalgetty* (Signature of Recruit)
H.E. Brandes (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 *Manitow* this *21st* day of *March* 1916.

J.W. Alexander (Signature of Justice)
Pol. Mag.

Description of Louis Cleveland Dalgetty Enlistment.

Apparent Age.....19.....years.....3.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft. 5¹/₂ ins.

Chest measurement. { Girth when fully expanded.....35 ins.
 Range of expansion.....2 ins.

Complexion.....Medium

Eyes.....gray

Hair.....brn

Religious denominations. { Church of England.....
 Presbyterian.....yes
 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.)

V. L. 1 Childhood

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.....March 21.....1916

Place.....Manulic man.....J. H. Davidson
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Louis Cleveland Dalgetty.....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.

Chas. Newcomb Capt (Signature of Officer)

Date.....April 19.....1916. 184th OVERSEAS BATTALION

REGIMENTAL DOCUMENTS

NAME DALGETTY LEWIS, C. (PTE) REGT. NO. 875254 UNIT 184: Bw H. Q. FILE NO.

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)

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

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1 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 7643
1 m h w 61

1 Prop cert

1 CA, D. C. 5879a

1 misc

1 R149

1 Co cert

2 a x 1. 1207

2 a x 1. 172

2 a x 1. 181

2 a x 1. 0212

MM

12-2-20

~~Discharged
2-17-59~~

C1070

DEATH

Category

DISCHARGE

Category

Discharged

DESERTION

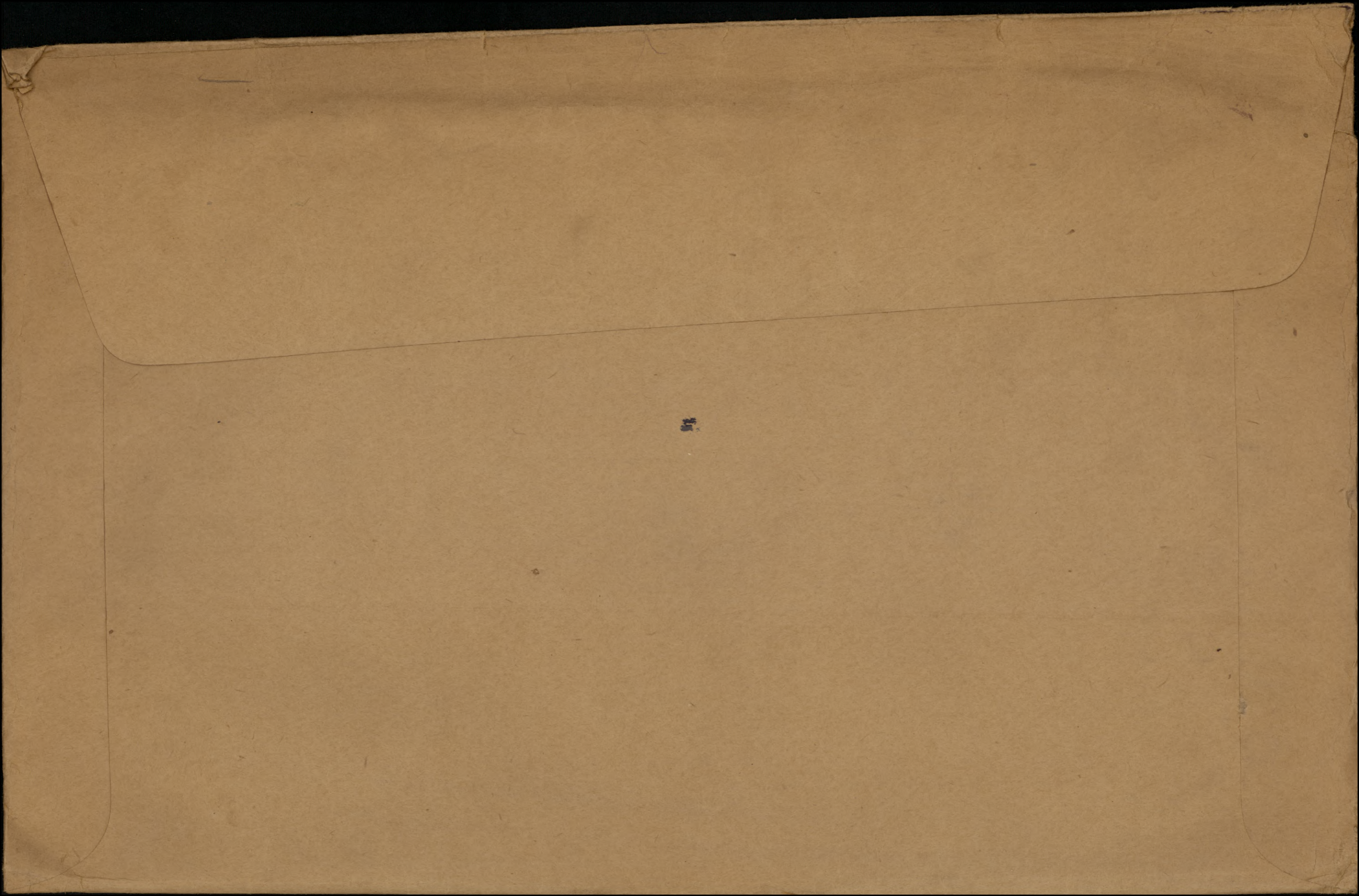
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27-28

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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. 8165), 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 Lewis Cleveland 2. Surname Dalgetty
- 3. Rank Pte. 4. Original Unit 184th Bn. 5. Reg. No. 875254
- 6. Address, in full, to which future payments of gratuity are to be forwarded.....
Bank of Commerce
Treherne Man.
- 7. Date of enlistment in the C.E.F. 21. 3. 16
- 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.....
" "
- 10. Address, in full, of such dependent.....
- 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..... Canada 8 months
England 20 months
France 8 months.
- 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

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?

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?

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge

19. 5. 19

(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: *H. Dalgetty*

Place of Residence:

Declared before me at: **Seaford, Sussex, England.**

This 31st day of March 1919 Questions 12, 13, 14, 20, 24, 25, 26, & 27 unanswered.

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

W. J. Jarvis-Mitchell Esq.
2nd. i/c Canadian M.G. Depot.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			4 20 00	3 50 00
			70 00	

Certified Correct.

District Paymaster.

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

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

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

184 Apr

10th CANADIAN MACHINE GUN COMPANY

Unit, Regiment or Corps ~~10th CANADIAN MACHINE GUN COMPANY~~

C.M.G.P.

Regimental No. 875254 Rank Pte Name LOWIS CLEVELAND DALGELY.

Enlisted (a) Mar 21/16 Terms of Service (a) 6 mos. after war Service reckons from (a) Mar 21/16

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 Mach. Gun

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				
		<u>Embarked.</u>	<u>Canada</u>	<u>31.10.16.</u>	<u>No. 1. Company of Britain.</u>
		<u>Dis "</u>	<u>England.</u>	<u>11.11.16.</u>	
<u>13.11.16.</u>	<u>O.C. 184th</u>	<u>Transferred to 11th Res. Battalion.</u>	<u>Sharncliffe.</u>	<u>13.11.16.</u>	<u>Pt. II. Bn. Co. 228.</u>
<u>16-11-16</u>	<u>O.C. 11th</u>	<u>Taken on Strength</u>	<u>11th. Res. Bn., Sharncliffe</u>	<u>12-11-16</u>	<u>Pt. II. Bn. Co. 274</u>

W. Shuck
Lieut-Col
O. C. 184th Overseas Battalion

(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.

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				
10-2-17	O.C. 11th	Trans to 5th Divisional Machine Gun Companies	Witley	10-2-17	Pt 11 Bn.O. 33 <i>Godfrey Sumner</i> for Captain & Adjutant, 11th (Res.) Battalion.
12-2-17	O.C. 19th C.M.G.C.	Taken on Strength 19th C.M.G. Company	Witley Surrey	10-2-17	Part 2: C.O. #1 <i>Sumner</i> - Lieut. for O.C. 19th C.M.G.C.
18-2-18	O.C. 19th C.M.G.CO.	POSTED TO: C.M.G.D., SEAFORD.	WITLEY	18-2-18	PART II, C.O. 9. <i>Sumner</i> CAPT. O.C., 19th C.M.G.CO.
19/2/18	Comd C.M.G.D.	Taken on Strength,	Seaford	18/2/18	Auth. Depot Order Pt. II No. 50
2/3/18	Comd C.M.G.D.	Transferred to C.M.G. Pool O/Seas.	Seaford	1-3-18	Depot Order Pt. II No. 61 <i>Lemard</i> A/Adjutant, C.M.G. Depot, DB
4/3/18	O.C. Pool	Arrived in France 70th M & R. Pool.	Comiers	2/3/18	ROR 224 Pt II Ord. 21 d/26/3/18
19-5-18	b.c.R.C.	S.O.S. C.M.G. Pool on transfer to 19th C.M.G.C.		19/5/18	ROR 755 S 20 43.

CORRECT.
 8 MAR 1918
 LONDON

Casualty Form—Active Service.

Regiment or Corps.....

Rank..... *Pte* Surname..... *Dalgetty* Christian Name..... *D.C.*

Religion..... Age on Enlistment..... years..... months

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

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended {.....} Re-engaged {.....} Qualification (b).....

or Corps Trade and rate.....

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ...		
			Disembarked ...		<i>R.A. 455, B.213 16.5.18.</i>
<i>19.5.18</i>	<i>CCRC.</i>	<i>Lo S. 19 in Coy from 6 in R. Post Field.</i>		<i>19.5.18</i>	<i>Pte 94 13</i>
<i>8.5.18</i>	<i>Cdr Coy</i>	<i>SOS 19 MG Coy to 2nd mmg Bde</i>	<i>Do</i>	<i>7.6.18</i>	<i>P/13 14.20.7.18</i>
<i>8.5.18</i>	<i>Do</i>	<i>TOS 2nd, MMG Bde from 19 Cmasco'</i>	<i>Do</i>	<i>8.6.18</i>	<i>P/11 12/05-1050</i>
<i>13.7.18</i>	<i>Unit</i>	<i>Awarded one Good Conduct Badge</i>	<i>Do.</i>	<i>21.3.18</i>	<i>B.213 16.5.18</i>
<i>12.10.18</i>	<i>53 General</i>	<i>S. S. W. 7' arm (L.)</i>	<i>Adm. 53 General</i>	<i>12.10.18</i>	<i>L. 3342.</i>
<i>12.10.18</i>	<i>30 CCS</i>	<i>Do.</i>	<i>To Base A.T.1</i>	<i>11.10.18</i>	<i>L. 21004</i>
<i>10.10.18</i>	<i>964 A.</i>	<i>Do.</i>	<i>To CCS</i>	<i>10.10.18</i>	<i>L. 21038</i>
<i>12.10.18</i>	<i>Unit.</i>	<i>Do arm.</i>	<i>To CCS.</i>	<i>10.10.18</i>	<i>B.213</i>
<i>29.10.18.</i>	<i>53 Gen'l</i>	<i>Do.</i>	<i>To England</i>	<i>29.10.18</i>	<i>In 915.</i>
<i>29.10.18.</i>	<i>Sgt David</i>	<i>Invalided to England (wounded)</i>			<i>W 3083/6404</i>
		<i>Posted to Cdr's Depot Seafood</i>	<i>England</i>	<i>29.10.18</i>	<i>P/24 d/ 16.10.18</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

W. 8635-M2733 2000m 9/17 (35611) C. & S., Ltd., Form B.103, E/1807.

P.T.O.
W.S. Jamieson
not to be used
not to be used
not to be used

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
3-12-18	CMCCD	T.O.S. from 2nd C.M.G.	Seaford	29-10-18	St 0-275-C
17.3.19	CMGD	T.O.S. from CMGD	Seaford	12.3.19	D.O. Pt. 11 No. 64
12/4/19	C.M.G.D.	S.O.S. to M.D. to WING RHYL	SEAFORD	12/4/19	PT. 11 No. 88
					LIEUT. ASST. ADJT. C.M.G.D.
		13/4/19 To S.C.C. Kinmel Park for return to Canada Part II Orders No. 101. S.O.S. C.C.O. Kinmel Park on embarking for Canada, Part II Order No. 121. W. B. S. Field			
		7-5-19 For Commanding 10 Wing, Kinmel Park Camp.			
		4-5-19 T.O.S. Dispersal Station N. S.O. 141 2			
		and Dispersed 19-5-19 S.O. 141 par. 3.			
		Rumacdonald Lieut. for O.C. 10 Wing Depot.			

Paul Brown

LIEUT.
FOR THE COLLECTING RECORDS. C.M.G.D.

Embkd Lt. pl. - Cettlc May 7

A.C. Rank Name **DALGETTY, Louis Cleveland.** Reg'l No. **875254**
 Unit **184th. Bn.** If in perm. Corps, }
 What Unit? } **Married or Single** **Single.**
 Place and Date of Enlistment **Manitou, March. 21st. 1916** Place of Birth **Shakespeare,**
Ontario, Canada.
 Name and Address, Next-of-Kin **Thomas Dalgetty.**
Treherne, Manitoba, Canada. Relationship **Father.**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

B.
 N/E. R.B. No. **9603**
 File R.L.
 Category **OR CAN**

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England.</i>		<i>11.11.16</i>	<i>Empress of Britain</i>
<i>23.11.16</i>	<i>11th Bn</i>	<i>Taken on strength.</i>	<i>Shorncliffe</i>	<i>12.11.16</i>	<i>Pt. II. O. 274-280.</i>
<i>16-2-17</i>	<i>"</i>	<i>S.O.S to 5th Division Machine Gunners.</i>	<i>"</i>	<i>10-2-17</i>	<i>33</i>
<i>12-2-17</i>	<i>19th M G Coy</i>	<i>T.O.S from 11th Res Bn</i>	<i>Seliff</i>	<i>10-2-17</i>	<i>19th M G Coy.</i>
<i>19-2-18</i>	<i>C.M.G.D.</i>	<i>T.O.S. from 19th M G Coy.</i>	<i>Seafood</i>	<i>18-2-18</i>	<i>Pt. II 20th 50. & Pt. II 20th 9 1/2 18-2-18.</i>
<i>2-3-18.</i>	<i>do.</i>	<i>Asst. O.S. 16 M G Pool, Overseas.</i>	<i>do.</i>	<i>1-3-18.</i>	<i>M G Pool Pt. II 20th 61. & Pt. II 20th 16-3-18.</i>
<i>29.5.18</i>	<i>W.C.P.</i>	<i>Asst. to 19th M G Coy</i>	<i>Field</i>	<i>18.5.18</i>	<i>43.29 19th M G Coy.</i>
<i>20-7-18.</i>	<i>19th M G Coy.</i>	<i>Asst. to 2nd Bn. M.M.G. Bde.</i>	<i>do.</i>	<i>7-6-18.</i>	<i>Pt. II 20th 13. & *19/20/7/18.</i>
<i>11-10-18</i>	<i>2nd Bn M G B</i>	<i>Granted Good Conduct badge</i>	<i>do</i>	<i>24-3-18</i>	<i>-16</i>
<i>17.10.18</i>	<i>2nd Bn M G B</i>	<i>Wounded.</i>	<i>Field.</i>	<i>12-10-18</i>	<i>C.L.A. 3/16.</i>
	<i>2nd Bn M G Bde.</i>	<i>(Amended "A-348" of 19-10-18)</i>			

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.				
16-11-18	2 ^d Lt. MMSB	Inw. (wided) & Posted to CMEB D	Pa. Field	29-10-18	7-6-19 CMEB D. P. No. 24. & 27593-1218.
14-3-19	LMSCA	Sol to CMEB	✓ Scold	11-3-19	-73 & CMEB 17-3-19 64
14-4-19	MST-10	To S from CMEB	✓ ✓	12-4-19	Pt-101 88 d/1449 CMEB D
<i>Sailing SO - B - 6 at 7.5.19.</i>					
9-5-19	10 MDC Wing	SOS to CEF Canada sailing SO + 102	Pt Rhyll	7-5-19	Pt # 120123

CLINICAL CHART.

(To be attached to Case Sheet.)

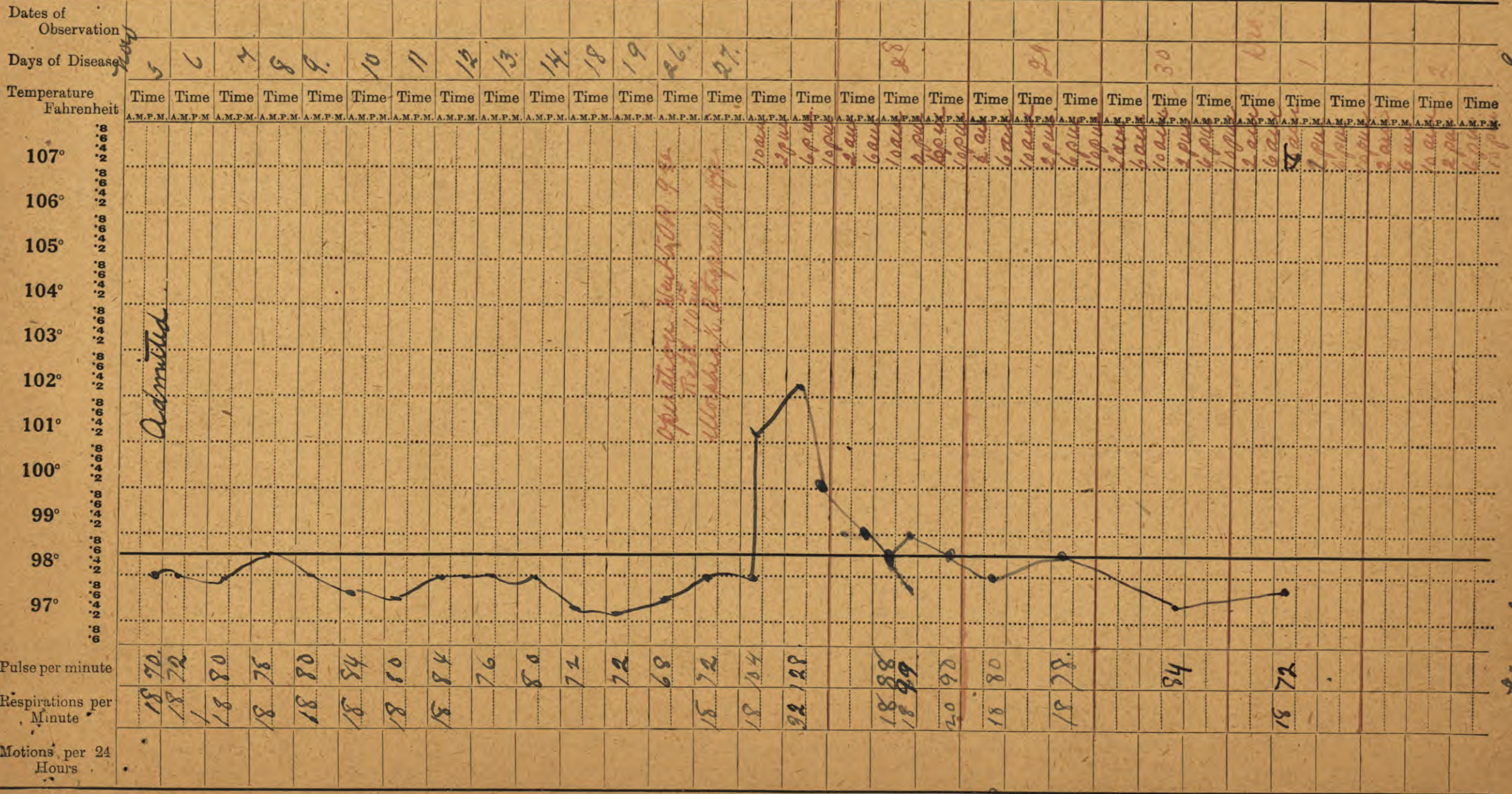
7th Army Form B, 181.

Corps 2nd. C.M.M.G. Bde.

Military Hospital 13 Cav. Gen. Hosp. Hastings

No. 875254. Rank and Name Pli. Dalgetty, L. C. Age 21. Service 32/12.

Disease G. S. W. Forearm. Date of admission 5-11-18. Date of discharge _____ Result _____



Signature W. R. Coast In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 2nd. C.M.M.G. Bde.

Military Hospital 13 Cav. Gen. Hosp. Natick Army Form B. 181.

No. 875254. Rank and Name Pvt. Salgetty, L.C.

Age 21. Service 12/12.

Disease G.S.W. Forearm. Date of admission 5-11-18. Date of discharge _____ Result _____

Dates of Observation	Time																											
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
Days of Disease	<div style="position: absolute; left: 100px; top: 100px; color: red; font-size: 2em; transform: rotate(-90deg); opacity: 0.5;">Discontinued</div>																											
Temperature Fahrenheit	<div style="position: absolute; left: 100px; top: 100px; color: red; font-size: 2em; transform: rotate(-90deg); opacity: 0.5;">Discontinued</div>																											
Pulse per minute	<div style="position: absolute; left: 100px; top: 100px; color: red; font-size: 2em; transform: rotate(-90deg); opacity: 0.5;">Discontinued</div>																											
Respirations per Minute	<div style="position: absolute; left: 100px; top: 100px; color: red; font-size: 2em; transform: rotate(-90deg); opacity: 0.5;">Discontinued</div>																											
Motions per 24 Hours	<div style="position: absolute; left: 100px; top: 100px; color: red; font-size: 2em; transform: rotate(-90deg); opacity: 0.5;">Discontinued</div>																											

Signature W.R. [unclear] In charge of case.

B.I.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
	875254	Pte	Walgetty	L.C.
Year	Unit.	Age.	Service.	
	2 nd Can M. Gun Bty.			
Station and Date.	Disease			
P.P.C. R.C. Hospital 2-11-18	S. W. left forearm Fract of ulna.			
	Wound discharging on admission			
	Comp frct at junction of middle and upper third.			
	Date of wound.	10/10/18.		
	Date of admission	2/11/18		
	Examination	3/11/18		
5-11-18	Unsuitable case for transfer to A. T. H.	P.A. Moraulty S.D. Can		
No. 13 CANADIAN GENERAL HOSPITAL HASTINGS, SUSSEX. 5-11-18.				
P.P.C. Red Cross Hospital Bexhill				
4. 2. 19	Wound not healed Dressing No P.S.	D.S. [Signature]		

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

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>T 395</i> Year <i>1918</i>	Regimental No.	Rank.	Surname.	Christian Name.
	<i>875254</i>	<i>Pte</i>	<i>Dalgetty</i>	<i>L B</i>
	Unit.	Age.	Service.	
	<i>2nd C.M.M.G. Bde.</i>	<i>21.</i>	<i>32/12</i>	
Station and Date. <i>5-11-18</i>	Disease <i>ISSW Forearm Lt, Fracture Ulna</i>			
	First felt ill	<i>Oct 10/18</i>	Reported Sick	<i>Oct 10/18</i>
	Complaint	Onset	Duration	
	Family History. <i>neg</i>			
	Personal History.			
	(a) Previous occupation & environment.			
	<i>Student ; Manitow ;</i>			
	(b) Previous illness. <i>never ill.</i>			
	Present illness. <i>On Oct 10th at Cambria received ^{trapezoid} gunshot wound in left forearm fragment entered about the middle of the ulna fracturing it in middle 1/3. Arrived in England Oct 29 at Chatham. There until Nov 2/1918 when he went to Bexhill for 3 days & then transferred to no 13 Canadian Hosp. Hastings.</i>			
	Physical Examination.			
	General Inspection.	Skin.	<i>normal</i>	
	Hands.		<i>normal</i>	
	Eyes.		<i>normal</i>	
	Nose & Throat.		<i>normal.</i>	
	Teeth & Gums.		<i>good.</i>	

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

Station
and Date.

Examination of left forearm shows a granulating
wound opposite middle of left ulna 1" in length
showing by means of a probe the presence of
sequestrum. Opposite the outer part of
the elbow is a wound $1\frac{1}{2} \times \frac{3}{4}$ " clean & nicely
granulating the result of an incision.
There is very little swelling, very little pain
and arm is in an angular splint midway
between supination & pronation.

W.R. Coats Capt. Comd.

7-11-18

X ray of arm taken today

W.R.C.

15/11/18

The ray report shows very little dead bone but the
probe comes in contact with a considerable
area of bare bone, not loose. Discharge creamy

25/11/18

Condition remains unchanged

W.R.C.

26/11/18

Under anaesthetic the site of the fracture was explored
& several pieces of dead bone removed. Wound packed
with bipp & gauze

W.R.C.

1-12-18

Dressed & looked healthy and clean

W.R.C.

4-12-18

No discharge. Feels comfortable

W.R.C.

14/12/18

Wound is healing up. No discharge & no pain

W.R.C.

20/12/18

Ematun permit. Splint left off

W.R.C.

27/12/18

Arm quite comfortable & granulating up fine

W.R.C.

28/1/19

almost completely healed. Feeling fine

W.R.C.

31/1/19

Completely healed and movement of arm good. Discharge

at Gooden Convalescent Hospital

W.R. Coats Capt. Comd.

Princess Patricia Canadian Red Cross Hospital

3-2-19 Gooden Camp, Barkhill.

Wd. not healed - Dressings - no P.I.

12/2/19

R.G.

11/3/19

To Duty A.

W.R. Coats

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.

25m-4-17.

H. Q. 1772-39-819.

To Whom James W. Dalgetty By Whom Assigned Dalgetty Lewis C.
 Address Wurtleford Regtl. No. 875254
Sask Rank Pte
 Corps 184 Bn.

Rate 15⁰⁰ Apr. 1/172m 4⁰⁰ 1/17 - 28⁰⁰ 1/17 E.H.

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				



11
12
13
14
15
16
17
18
19
20

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 18m.-4-17.
 1772-39-819.

Sheet No. 2

James A. Dalgetty
 (Assignee)

PAYMENTS.

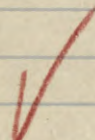
Name of Soldier

Pte Dalgetty Lewis C.
875254 184 (Inv.)

L. L. Job 1927-M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
				15 ⁰⁰ Apr 1/17.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April			-	
May			-	
June		D 18195	45	5
July		K 21164	15	15 ⁰⁰
Aug.		Q 27938	15	6
Sept.		P 34585	15	5
Oct.		C 40714	15	
Nov.		Q 53398	15	
Dec.		R 56432	15	135
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

166a. 10/17



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

P.G.
FORM OF WILL.

I, Louis Cleveland Dalgetty (Name in full)
Regimental Number 875254 serving in 184th Batt
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

Elizabeth Dalgetty
Treherne, Manitoba
Canada } Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Elizaleth Dalgetty
Treherne, Manitoba
Canada } Name and Address
of person or
persons to receive
personal estate*
(See note).

**IMPORTANT
NOTE**

This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this twentieth day of September A. D. 1916

L. C. Dalgetty 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.

Signature of First Witness Roy Harold Catt
Address of Witness Laureham, Man. 184th Batt.

**THE TWO
WITNESSES
MUST
SIGN HERE**

Occupation of Witness Teacher
Signature of Second Witness H. Perry 186670
Address of Witness Manitow Ma.
Occupation of Witness Banker

FORM OF WILL

I, _____ (name in full) _____
Resident of _____ (name of town or village) _____
of the Canadian Expeditionary Force do hereby revoke all former wills by me
made and declare this to be my last will.

I bequeath all my real estate unto

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

absolutely and in personal estate I bequeath to

Name and Address
of person or
persons to receive
personal estate

This I make on this _____ day of _____ A.D. 1918

Signature of Soldier

NOTE
This will is signed
by
THE SOLDIER
HIMSELF.

This will is signed by the Soldier in full possession of his mind and memory and is not subject to any legal disability.

Witnessed and acknowledged by the Testator he and I 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.

Signature of First Witness _____

Address of Witness _____

Occupation of Witness _____

Signature of Second Witness _____

Address of Witness _____

Occupation of Witness _____

FORM OF WILL.

Name in full.

I Lewis Cleveland Dalgetty

Regimental Number 875254 serving in 19th C. M. G. Coy.

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

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

I DEVISE and BEQUEATH all my real estate unto.....

Mrs. L. C. Dalgetty
Ireherne Manitoba
Canada.

absolutely, and my personal estate I bequeath to.....

Name & Address of persons or person to receive personal estate (see Note 1.)

Mrs. L. C. Dalgetty
Ireherne Manitoba
Canada.

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this 24th day of April A.D. 1917.

L. C. Dalgetty
(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness Sgt. A. M. Murray
Address of Witness 19th C. M. G. Coy Witley Camp
Occupation of Witness Soldier.

Name of Witness W. G. Buchanan
Address of Witness 19th C. M. G. Coy Witley Camp.
Occupation of Witness Soldier.

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

FORM OF WILL

Name of Testator

I, Richard B. [unclear]
Resident of 12345 [unclear]
of the County of [unclear] State of [unclear]

Name of Executor

My will is to be in full force and effect from the date hereof, and I hereby appoint [unclear] as my executor, and I give and bequeath unto the said executor, my personal and real estate, together with all my rights and interests therein, unto the said executor, to be held and disposed of by him or her as he or she may think proper, for the purposes hereinafter expressed.

Name of Beneficiary

I hereby bequeath unto the said executor, the sum of [unclear] Dollars, to be paid to [unclear] as soon as the same shall be received by the said executor, and I give and bequeath unto the said beneficiary, the sum of [unclear] Dollars, to be paid to the said beneficiary as soon as the same shall be received by the said executor.

Name of Child

I hereby bequeath unto the said executor, the sum of [unclear] Dollars, to be paid to [unclear] as soon as the same shall be received by the said executor, and I give and bequeath unto the said child, the sum of [unclear] Dollars, to be paid to the said child as soon as the same shall be received by the said executor.

Name of Beneficiary

I hereby bequeath unto the said executor, the sum of [unclear] Dollars, to be paid to [unclear] as soon as the same shall be received by the said executor, and I give and bequeath unto the said beneficiary, the sum of [unclear] Dollars, to be paid to the said beneficiary as soon as the same shall be received by the said executor.

Name of Beneficiary

I hereby bequeath unto the said executor, the sum of [unclear] Dollars, to be paid to [unclear] as soon as the same shall be received by the said executor, and I give and bequeath unto the said beneficiary, the sum of [unclear] Dollars, to be paid to the said beneficiary as soon as the same shall be received by the said executor.

Address of Beneficiary

I hereby bequeath unto the said executor, the sum of [unclear] Dollars, to be paid to [unclear] as soon as the same shall be received by the said executor, and I give and bequeath unto the said beneficiary, the sum of [unclear] Dollars, to be paid to the said beneficiary as soon as the same shall be received by the said executor.

Occupation of Beneficiary

I hereby bequeath unto the said executor, the sum of [unclear] Dollars, to be paid to [unclear] as soon as the same shall be received by the said executor, and I give and bequeath unto the said beneficiary, the sum of [unclear] Dollars, to be paid to the said beneficiary as soon as the same shall be received by the said executor.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) dalgetty l. DALGETTY L.
 REGIMENT C.M.G.D. RANK PTE No. 875254
 Date of Examination in England - 4 APR 1919 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

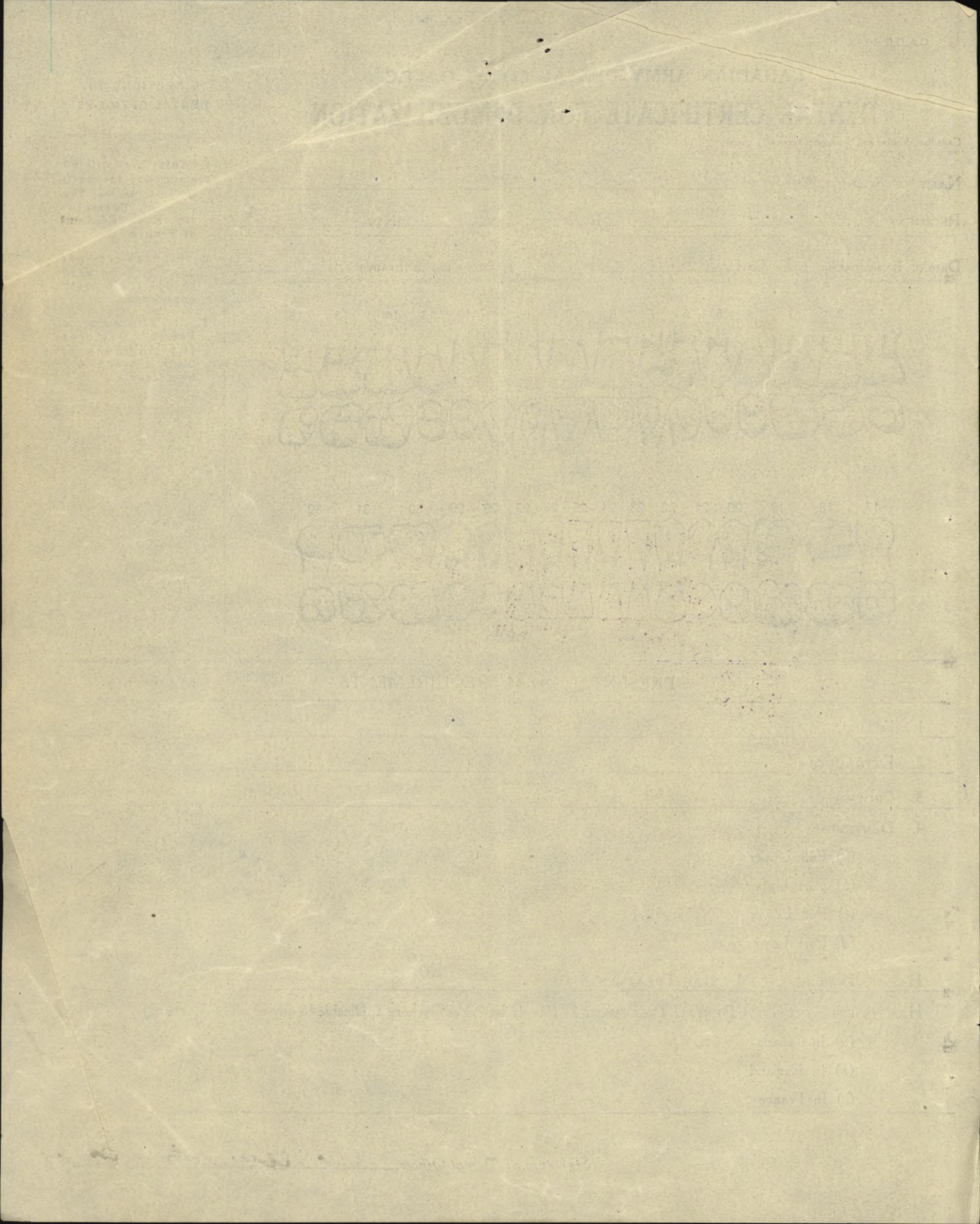
1. FILLINGS 29
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES _____
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

*lit
awm/hs*

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 _____
 (c) In France _____

Signature of Dental Officer J. Stewart Capt



ORIGINAL.

ORIGINAL

MEDICAL HISTORY SHEET.

875254

184th. OVERSEAS BATTALION

Surname

Dalgerty

Christian Name

Lewis Cleveley

Examined { on *21* day of *March* 191*6*
at *Manitou Man*

Approved by

J. Davidson

Birthplace {

City *Shakespeare*
County *Ontario*

Rank

M.O.

Apparent age

19

Trade or occupation

Student

Date

11/3/19

Fit or Unfit

a

EXAMINED FOR RE-ENGAGEMENT.

2 - DEC 1918

Height

5

Feet

5 1/2

Inches

Weight

135

Lbs.

Chest measurement {

Minimum *33* inches

Maximum expansion *2* inches

Physical development

Well developed

Small-Pox Marks

Vaccination Marks {

Arm Right Left *Yes*

Number *1*

When Vaccinated last

childhood

Date

SEP 24 1918

Result

J. Wright

VACCINATIONS.

M.O.

(a) Marks indicating congenital peculiarities or previous disease

7/2/19

TAB

U.S.

M.O.

(b) Slight defects but not sufficient to cause rejection

Date

8/16/16 OK

17/6/16 OK

28/5/17 T.A.B.

1916-17-18

Result

J. Wright

J. Wright

J. Williams

J. Davidson

ANTI-TYPHOID INOCULATIONS, ETC.

M.O.

M.O.

M.O.

Enlisted on

21 day of *March*

191*6* at

Manitou Man

Joined on enlistment

184th O.B.

REG'TL NUMBER

875254

HABITS.

DATE

March 21/16

Transferred to

19th C.M.G. 12

875254

*Hitley
Curry*

10-2-17.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Seaford</i>	<i>8-4-18</i>	<i>93 W foran</i>	<i>Sp. Br. Gmule</i>

CANADIAN

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

Princess Patricia Canadian Red Cross Hospital,
Cooden Camp, Bexhill.

Day	Month	Year	Day	Month	Year
2	11	18	5	11	18

&c., will be given in the special syphilis case sheet

L.W. left forearm 3

Compound fracture of ulna
at junction of mid and upper 1/3

Christian Name *Laura C.*

Sgt. Pitt Hill Hoop
Bexhill

29 10 18 2 11 18

BW LR
Fore arm

Trans to Bexhill

signed
R.G. Miller Lt
R. A. Mc

No 13 Can Gen
Hp Hastings

5 11 18 3 2 19

LBW left forearm
with fracture ulna

61

When admitted had discharging puer
leading down to the shaft of the ulna. The
probe showed considerable loose dead bone
By operation the area well cure
The unhealthy bone removed and dress
applied. Healing was healthy though slow.
The wound now is entirely filled in & healed
Transferred to Cooden Convalescent Hoop

Copy 804

Princess Patricia Canadian Red Cross Hospital
Cooden Camp, Bexhill.

3 2 19 11 3 19

36

(Masc. & R.G.) To Duty

DR Read Capt Case
DR Bone case

Surname *Salpette*

CANADIAN EXPEDITIONARY FORCE

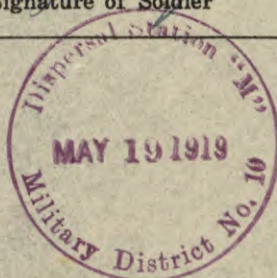
WAR SERVICE BADGE

DISCHARGE CERTIFICATE

CLASS "A" NO. 189076 ISSUED

THIS IS TO CERTIFY that No. 875254 (Rank) Pte
Name (in full) Dalgetty Lewis Cleveland enlisted in
the 184th Bn
CANADIAN EXPEDITIONARY FORCE at Manitou Mar on the 21st
day of March 1916
HE served in France CMB C
and is now discharged from the service by reason of Demobilization. Demobilization R.O. 1420 (a)
Medical Unfitness.

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

Age <u>22</u>	Marks or Scars <u>Nil</u>
Height <u>5. 6</u>	
Complexion <u>Medium</u>	
Eyes <u>Grey</u>	
Hair <u>Brown</u>	
<u>L.D. Dalgetty</u> Signature of Soldier	<u>W. H. H. H. H.</u> Issuing Officer
Date of Discharge	<u>Leut</u> Rank
	Date <u>19. 5.</u> 19 <u>19</u>

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Rank)

_____ (Name) _____ (Rank) _____ (Regiment)

was discharged from the service of the CANADIAN EXPEDITIONARY FORCE on the _____ day of _____ 19____

He served in _____

- 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.

Signature of Soldier

Signature of Officer

Rank

Date



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.....

.....184th Overseas Battalion, C.E.F.

(2) Regimental Number.....875254.....

(3) Full Name of Soldier.....Dalgetty Louis Cleveland.....

(4) Place of Birth.....Shakespeare, Ont.....

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

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

(b) Present Postal Address.....

(7) Are you a widower?.....

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

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

Also their names and ages.....

(9) Is your Father alive? Yes

If so, state name and address Dalgetty Thomas, Treherne, Man

(10) Is your Mother alive? Yes

If so, state name and address Dalgetty Elizabeth,

Treherne, Man

(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.

C. W. Hewson

Officer Commanding.

Date SEP 21 1916

649-D-12342

95
B

Number

875 254

Rank

Surname

DALGETTY

Christian Name

Louis Cleveland

Units

Co. M. G. Bde

Theatre of War

France

Date of Service

1-3-18

Remarks

Latest Address

Truhome, Jurtleford
Man, Ask

Roll No.

R. Page 21313

200m.-2-21.M.

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE DATE AND PLACE OF ORI
AND HOW LONG

DISEASE OR INJURY

OPERATIONS.....

RESULT OF OPERATIONS.....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION.....

(B) AS A TRANSFER (STATE WHERE FROM).....
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT IN CA

DATE OF DISCHARGE AS AN INVALID.....

DATE OF DEATH.....

DATE OF TRANSFER (STATE WHERE TO).....
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED.....



Princess Patricia Canadian Red Cross Hospital HOSPITAL.

Gooden Camp, Bexhill.

A. & D.
CARD

AT Rept 875254
 A. & D. NO. 76 PL. OF ACTION Cambri T6406
 RANK 76 REG. NO. 2nd mtr C.M. & C SICK OR WOUNDED
 NAME Salgetty L. C. AGE 22 RELIGION Pres.
 PLACE IN HOSPITAL Div 1
 DIAGNOSIS S.W. Left Forearm Frac. ulna
 ADMITTED 3-2-19 FROM 13 C. G. Hoop Hastings
 DISCHARGED MAR 11 1919 TO M. G. D. Seaford
 TRANSFERRED _____
 SERVICE AT HOME 35/12 IN FIELD 9/12
 RESULTS _____

Cava

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

REMARKS.

Student -

Nov. 1st 1916

Winnipeg man.

T 40521

Princess Patricia Canadian Red Cross Hospital
 Cooden Camp, Bexhill



Regl AT
 A & D. No. 875754 PL. OF ACTION Cambrai
 RANK P/B REG. No. UNIT 2nd C.M.M.G. Bde. SICK OR WOUNDED
 NAME Dalgetty Lb. AGE 71 RELIGION Brechy
 PLACE IN HOSPITAL Din II
 DIAGNOSIS SW Forearm (HT)
 ADMITTED 2-11-18 FROM Cent Mil Hosp Chatham
 DISCHARGED To
 TRANSFERRED 5-11-18 No 13 Large Type Hastings
 SERVICE AT HOME 32/12 IN FIELD 9/12
 RESULTS

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

REMARKS.

Student

A series of horizontal dotted lines for writing remarks.

No. 875254 RANK

Pte.

NAME

*Dalquetty Bonus Cleveland.
Dalquetty May Paylist.*

T.O.S. 21-3-16

UNIT 184th Battalion C. E. G.*D.O. 48, 30-3-16.*

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 <i>Mar. 21</i>	1916 <i>Apr. 30</i>	<i>o. p.</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug.</i>		<i>m.</i>		
<i>Sep.</i>		<i>✓</i>		
<i>Oct.</i>		<i>m.</i>	<i>a. H. L. 1 day</i>	<i>D.O. 220, 24-10-16.</i>

No

NAME

NAME

T O S

UNIT

M. D.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

AUTHORITY

PARTICULARS

DATE
OR
REGDDATE
TODATE
FROM

LOUIS. CLEVELAND

Name DalgettyRank PTE.Reg. No. 875254Unit 2nd CMM G. BNext of Kin CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<u>1918</u> 12 10	<u>53 9th B'logne</u>	<u>95th Farm Lt</u>		<u>A 346</u>	<u>NMB</u> <u>2040</u>	
	<u>Product in app on A 346 to</u>					
	<u>read as above</u>	<u>(2 BN) 17-10</u>		<u>A 348</u>		
<u>29 10</u>	<u>Pl. Lt. Graham</u>			<u>B</u>		<u>2034</u>
<u>3 11</u>	<u>Pl. Lt. Beahm</u>			<u>B</u>	<u>380</u>	<u>373</u>
<u>6-11-18</u>	<u>13. S. U. Washington</u>	<u>Spw. 4. Fran. Ulna</u>	<u>L. B.</u>			<u>5-38</u>
<u>4-2-19</u>	<u>Pl. Lt. Beahm</u>			<u>B 435</u>		<u>6274</u>
<u>11-3-19</u>	<u>Disch</u>			<u>B 469</u>		<u>2444</u>
	<u>W.O. 382 Leave 11-3-19 to 23-3-19</u>					<u>Reg. in Rep. of</u>
	<u>Three</u>					

REGT'L. No. 875254

H. Q. FILE No. 649

NAME

Dalgetty

Louis Cleveland

RANK AND CORPS

Plt.

2 Can. Div. M. G. Co. Form.

FOLLOWS
NO.

84th Br.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

NO.	DATE	NATURE OF CASUALTY
n. d. 14. also notify:- 21-4/17 9646.	19-10-18	Thomas Dalgetty (Father). Treherne, Man. Lt. Col. The Hon. Gen. St. Sharpe. The Senate Adm 53 Gen. St. Boulogne Oct. 12 /18 S.W. L. Arme

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
1346 ⁽²⁾	53 New Canolgne	12-10-18.	Asu L F Arm (27m 9d) as per 1348
1380	13 leam Bur. Huddot	6-11-18	Examination & treatment
1380	PP. Cantel of pch Hill on the	11-18	Asu Tract L llna
1434	PP. IX. Dephell	4-2-19	
1469	Disch	11-3-19	Asu fraa ulna l.

Remedial Treatment Gymnasium,
Canadian Hospitals and
~~Princess Patricia Canadian Red Cross Hospital~~
Command Depots.
Cooden Camp, Bexhill.

LEAVE THIS
BLANK

Place: -

Regt. No. 875254 Rank Pt Name Dalgetty L.C.

Unit 2nd M G B Coy Age 22 (Adm. 3.2.19)

Division I Hut G Date of (Disch. 11.3.19)

DISABILITY. SW Forearm Lt.

Date. 10.10.18

CLASS. 3/3/19 ~~18/2/19~~ 3rd Lt. M. 9

Hours of
Attendance,
a.m. 10
p.m. 2

MACHINES. 13/2/19 ~~Went Roll~~

REMARKS. 4/2/19 Wd was healed. During
18/2/19 Went Roll & mess of him
left
24/2/19 Went Roll
3/3/19 Went Roll

LEAVE THIS
BLANK.

PROGRESS, Notes.

DISPOSITION.

gomanal Intyre
Officer i/c Gymnasium.

Capt.

Surname
DALGETTY

Christian Name or Names
L.C.

Reg. No.
875254

Rank
Pte.

Unit
MG 2 2. M M 9 B.

Cas. List.

	53 Gnl. Boulogne	12-10-18.
17-10-18 A346-2	GSW L. Fore-Arm R	
19.10.18 A348-3	<i>made correct unit. Track to Hill</i>	
29.11.18 A380	I Fox Pen Chatham	29.10.18
	P.P. CRCH Kestell	2.11.18
29.11.18 A380 II	13 CPH Hastings	6.11.18.
Y. 2. 19 B435	<i>Pr. to</i> Kestell	4.2.19
19.3.19 B469.	Dis	11.3.19.

A.M.D. 2 Dept.

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

Cas. List.

29. 11. 1815.

* Strike out whichever inapplicable.

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

NAME: **DALGETTY, Lewis Cleveland**
NUMBER: **875254**

EFFECTIVE DATE: **1-4-17** EFFECTIVE DATE: **-**

AMOUNT: **\$ 1500** AMOUNT: **-**

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.

**J. C. Dalgetty,
Tuttleford, Sask:
Brother**

Stopped off 1/5/19

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS
ORIGINAL UNIT: **184th Battr**
DATE ACCOUNT FIRST OPENED: **1-11-16**

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO
AD21	1-4-18		b. m. G. D. M. G. R. Pool

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
11/3/19	8808	Corden	£10				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans Can eff 1/5/19 Ref K 5873 Seaford 3/3/19 Seaford 2/4/19 b. Bal. 197.48. Deferred 75*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3.	DR 4.	BALANCE	DEFERRED	SEPARATION
Arch 31	Bal forward.								109 09	75	
Apr	Pte's Pay	33		ban A.P.				15			
				31. b. m. G. R. D ^{3/4}	4 46						
				24005 ^{4/4} 163209. b. m. G. R. D ^{25/2}	3 91				118 69	75	
May	P. P.	33		b. m. G. R. D	8 40			15			
				123. 12-A-18. b. m. G. R. D	3 57						
				182. 4-5-18	4 46						
				" 210. 16-5-18	3 57						
				" 1145. 30-5-18 b. m. G. R. D	3 57				122 62		
June	P. P.	34 10			15 17			15			
				ban A Pay				15			
				1967 1/2 b. m. G. R. D 10/6/18	3 57						
				2327 do 20/6/18	4 46						
					8 03			15	132 59		
	P. P.	34 10		ban A Pay				15	166 69		
				2460 SS b. m. G. R. D 2-7-18	3 57				22 02		
				3229 - 16-7-18	4 46						
					8 03			15	143 66		
Aug	"	34 10		ban A P				15			
				3782 2-8-18 CCNO 15	3 57						
				" 4234 18-8-18 "	3 57			15	155 62		
					7 14						
Sept	"	33		b. m. G. R. D				15			
				4431 1-9-18 "	3 57						
				" 5163 19-9-18 "	3 57			15	166 48		
					7 14						

*Compiled by
G. McCaughy*

NUMBER 875254 RANK Pte

NAME Dalgetty L.C

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Sept	Brought Forward								166 48		
Oct	Pte's Pay	34 10		Loan a P				15	185 58		
		34 10						15			
Nov	" "	33 -		" "				15			
Dec	" "	34 10		AR 10923 5/11/18 Bexhill	9 73						
1919	" "			" 1017 25.11.18 Hastings	4 87						
Jan		34 10		Loan a P				15			
				AR 1091 11/12/18 No 13 G. L. H. Hastings	9 73						
				Loan a P				15	217 48		
		101 20			24 33			45			
Feb	" "	30 80		AR 1299 8/1/19 "	4 87						
Mar	" "	34 10		" 1430 22/1/19 "	4 87						
				" 5966 5/21/19 Bexhill	9 73						
				" 8380 5/31/19 "	9 73						
				Loan a P Feb March				30			
Apr		30		AR April				30	228 15		
	Int on def. pay.	5 00			29 20			30	48 67		
		69 90							48 67		
"	Pte Pay	33 -		Loan a P				15	197 48		
"	SIP 11/3/19 to 23/3/19 12 days	8 76		AR 112 8/4/19 to meo	48 67						
	76 & 16 advised			" 1797 19/4/19 to meo Kimmel PK	9 73						
				" 8808 10/3/19 Bexhill	48 67						
				" 2998 3/5/19 to meo Kimmel PK	9 73				138 11		
		41 76			116 80			15			

S O S to Canada 7/5/19 \$250 - to meo meo 10

m B. demob

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

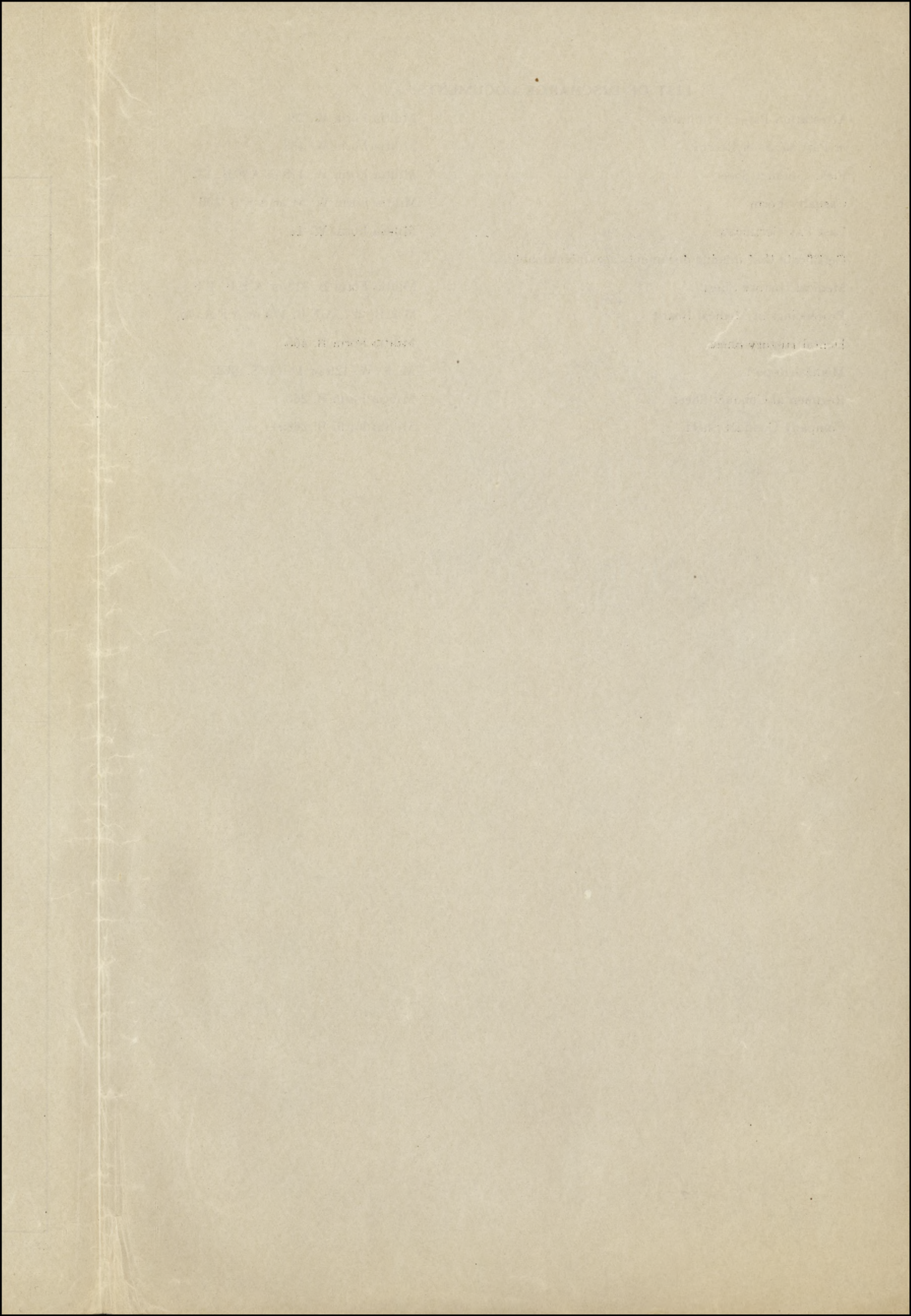
M. D.
10.



Group 19

1. No.	875254
2. Rank.	Pte.
3. Name.	Dalgetty, L.C.
4. Unit.	CMGD 184th Bn.
5. Date of Discharge	19 5 19 Place Winnipeg.
6. Reason for Discharge	Demob. B Father
7. Authority.	D.O 141.
8. Proposed Residence after Discharge	Treherne, Man.
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ?</p> <p style="text-align: right;"><i>L. Dalgetty</i> Signature of Soldier.</p>	
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place: _____</p> <p>Date: _____</p> <p style="text-align: right;"><i>Wm. Macdonald</i> Signature (O. C. Discharging Unit.)</p>	

Handwritten notes and scribbles at the bottom of the page.



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
[Signature]
 Date 4-5-19

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 8/4/19

1. 1 (a) Unit C. M. G. D. (b) Regimental No. 875254 (c) Rank PTE.
 (d) Surname DALGETTY (e) Christian name LOUIS CLEVELAND
 (f) Home address TREHERNE MAN.
 (g) Next of Kin MRS. T. DALGETTY (h) Relationship FATHER
 (i) Address of Next of Kin (same as above)

2. Age last birthday 22 Date of birth Dec. 16th 1896

3. Enlistment, or Appointment (if an Officer) (a) Place Moncton, N.B. (b) Date 2/13/16

4. Personal description:
 (a) Height 5 ft 6 ins (b) Weight 138 lbs (c) Complexion Dark
(stripped) 507
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. marked scar back of left arm and elbow.

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

	PERIODS	
	From	To
Canada	21-3-16	31-10-16
England	31-10-16 29-10-18	2-3-18 (Present)
France or other theatres of War	2-3-18	29-10-18

7. Original disease, or injury Loss muscular tissue, left forearm.

(a) Date of origin 10-10-18 (b) Place of origin Cambrai
 (c) Cause G.S.W.

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.)

Partial Loss Junction Left Forearm

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.)

Scar parallel to ulna, left forearm. Adherent to bone slightly tender. Scar over olecranon process. Well organized. Not tender.

Left forearm weakened. But movements are fairly good. He complains of occasional aching pains in scar.

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

Nervous System..... NO Cardio-Vascular System..... NO Genito-Urinary System..... NO (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses..... NO Respiratory System..... NO Integumentary System..... NO
Disturbances of Mentality..... NO Digestive System..... NO Muscular System..... NO
Osseous and Joint Systems..... NO Any other general condition..... NO

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

G.S.W. 10-10-18. Was in hospitals until 11-3-19

Since then arm has been weak and movement somewhat limited

M.H.S. note 3-2-19 "When admitted, had discharging sinus leading down

to shaft of ulna. The plate showed considerable loose dead bone. Healing

healthily but slow. " Sgd. W.E.R. Capt. Cavies

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).)

NIL

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

Long scar parallel to knee left. Scar over olecranon, left

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.)

N/A.

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

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

The only detail is in M.H.S notes 13 C.G.H. 3-2-19

"By operation, the area well curetted. The unhealthy bone removed and Bipp applied."

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)

no

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

17. Recommendations

H. A. Deuelon Capt. B.M.C.
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, *Pte R.C. Dalgetty* 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*

R.C. Dalgetty Pte. Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes. Excepting Question No 13
Twelve months

May 19th 1919
Correctly correct.
J. Grant C.M.C.

19. Is the invalid fit for

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

yes B II

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
Out A.G. 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.

PLACE Seaford
DATE 8-4-18

G. Macleod Esq. President.
J. Macleod Esq. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

.....President
PLACE.....
DATE.....
} Members

APPROVED BY J. Wallace Esq. Assistant Director of Medical Services.
APPROVED BY Director-General of Medical Services.

DATE..... DATE.....



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

D

273

April 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *875-25-4*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Lewis C. Dalgetty*
 Battalion *184 Batta*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *James A. Dalgetty*
 Address *Turtford, Sask.*
 Change of Address

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31			135	135	L
Jan	<i>266139</i>		15	15	S
Feb.	<i>291961</i>		15	15	
Mar	<i>a 121110</i>		15	15	
April	<i>B 3582</i>		15	15	L
May	<i>m 19791</i>		15	15	L
June	<i>I 23357</i>		15	15	L
July	<i>Q 27980</i>		15	15	L
Aug	<i>I 37162</i>		15	15	L
Sept	<i>X 46671</i>		15	15	L
Oct	<i>m 54594</i>		15	15	
Nov	<i>I 57036</i>		15	15	
Dec	<i>R 69872</i>		15	15	
Jan	<i>M 74779</i>		15	15	
Feb	<i>P 79996</i>		15	15	✓
Mar	<i>J 82111</i>		15	15	✓
Apr	<i>K 4334</i>		15	15	
MAY	<i>J 5356</i>		15	15	
			390	390	

4187 L12

M. F. W. 128
 40036-6-17-1772-38-1141
 L. L. 22320-M. & D. 7983.

A/c Closed
 Ret'd per... *Cettie*
 14-5-19 M.F.W. 187 22-5-19
 Check *Phil Davis - 103777*

AUDITED *21/19*



8783

CELTIC

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

REGT. No. 875254 RANK Pte

Pte

NAME (IN FULL)

Dalgetty L B

AUDITOR PAYMASTER

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	DATE	AUTHORITY
ADDRESS					184	Dis Str M	MAY 7 1919	40 141
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				21-3-16.	TRANSFERRED TO	DATE	AUTHORITY
TO WHOM PAID	RELATIONSHIP				15.00	DATE EFFECTIVE	1-6-19.	
ADDRESS					J.A. Dalgetty	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
					19	Brother	Bank of Commerce	
						Leatherman		
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE						EFFECTIVE		
DISCHARGED	PLACE	DATE	REASON	AUTHORITY				IF ENTITLED TO POST DISCHARGE PAY
	M. D. 10	MAY 19 1919	D	40 141				

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT	
30/4/19.					19948	19948													19948	61 BAL. ENG. L. P. O. 19148
1/5.24/5	27	1.10	29.40	35.00	19948				48.64											Prd to 27/5/19
				40.00		332.18			9.43						15.00		332.18			Clothing Allow. 1st payment W.S.G.
									4.84											Advances - Boat - Train
									5.00											A.P. chgd. on Eng. L. P. O. to May
									239.18											cheque
					W.S.G. Sa		War Service Gratuity,													Soldier Depot
182 Days at Min.			420.00		420.00								70.00		8.80		341.20			1st Payment W.S.G. as above
17/6													767660	70			271.20			Dr. 800 Q.P. Prd.
27/6				876	42876								777366	876						70 - 2nd Pay W.S.G.
16/7													792830	70						201.20
							Aug 19							1217438	70					131.20
							Sept 19							140026	70					61.20
							Oct 19-19							1686671	6120					
						42876							41996		880		42876			61.20 6th

Ac closed.

AUDITED OCT. 18 1919

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