

100-33-9

ORif

ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? Duzinski, Joseph
2. In what Town, Township, or Parish, and in what Country were you born? P.O. Satanov Podolskojskij, Russia
3. What is the name of your next-of-kin? Father, Mr. Joseph Duzinski
4. What is the address of your next-of-kin? P.O. Satanov Podolskojskij, Russia
5. What is the date of your birth? 15th July 1893
6. What is your trade or calling? labourer
7. Are you married? no
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Do you now belong to the Active Militia? no
10. Have you ever served in any Military Force? 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

(Signature of Man.)

J. Duzinski
b. butis
(Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date 3rd July 1915 J. Duzinski (Signature of Recruit.)
b. butis (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Duzinski, 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 3rd July 1915 J. Duzinski (Signature of Recruit.)
b. butis (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 Edmonton this 3rd day of July 1915

A. C. Hopkins (Signature of Justice.)

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

A. C. Hopkins (Approving Officer.)

DESCRIPTION OF Joseph Duszynski ON ENLISTMENT.

Apparent Age 22 years 0 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 5 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 1 1/2 ins.

Complexion Clear
 Eyes Brown
 Hair Dark brown

Scar on right knee
Mole on belly
Scar on back left knee
" " left breast

Religious Denominations { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Other Protestants
(Denomination to be stated.)
 Roman Catholic yes
 Jewish

AL 5 #

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 3rd July 1915.

Place Edmonton

[Signature]
 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

Joseph Duszynski 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.

Date 3rd July 1915

[Signature] (Signature of Officer.)
 Lieut. Col.
 Commanding 6th Overseas Battn. C.E.F.

C.E.F.

DUSZINSKI JOSEPN

100339

66 BN

DEMOB





am

Surname Duszinski Christian Name Joseph

18 JUN 1916

Examined { on 3rd day of July 1915
 at Edmonton
 Birthplace { City or Town P. B. Satanov
 County Podolskojsniz Russia

Approved by W. J. Fris
 Rank Capt M.O.

Apparent age 22
 Trade or occupation Labourer
 Height 5 Feet 5 Inches.
 Weight 145 Lbs.
 Chest measurement { Minimum 33 1/2 inches.
 Maximum expansion 36 1/2 inches.
 Physical development Good
 Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,	
<u>23/8/17</u>	<u>from c iii</u>	<u>Amund.</u>	M.O.
<u>21/9/17</u>	<u>B ii</u>	<u>Amund.</u>	M.O.
			M.O.
			M.O.

Vaccination Marks { Arm Right y Left
 Number one
 When Vaccinated last childhood Sept 14

Date	Result	VACCINATIONS.	
		<u>W. J. Fris</u>	M.O.
			M.O.
			M.O.

(a) Marks indicating congenital peculiarities or previous disease Scars on right knee. Mole on belly Scars on back left knee & left breast
 (b) Slight defects but not sufficient to cause Section

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	
<u>13</u>		<u>W. J. Fris</u>	M.O.
<u>16-3-17</u>		<u>W. J. Fris</u>	M.O.
		<u>W. J. Fris</u>	M.O.

Enlisted on 3rd day of July 1915 at Edmonton

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>66th B. Ball.</u>	<u>100339</u>		
Transferred to..	<u>b. C. F.</u>			<u>23.9.15</u>
	<u>9th Res Bn</u>			<u>1.3.16</u>
	<u>49th Bn</u>			<u>20.4.17</u>
	<u>9th Res Bn</u>			<u>27.4.17</u>
	<u>Alta Reg Dep</u>			<u>6-8-17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>	<u>28-1-17</u>	<u>G.S.W. Marm</u>	<u>D. 600</u>
<u>27 APR. 1917</u>	<u>Geo Russell</u>	<u>Pneum. Ref form</u>	<u>Capt. S. A. M. C.</u>
APPROVED.	<u>for Colonel, A. D. M. S.</u>		<u>Medical Board, Bramshott.</u>
	<u>Canadian Troops, Bramshott Camp.</u>		<u>President.</u>

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.

The Medical History Sheets of all men proceeding overseas must be returned by the Officer commanding their unit when they leave England.

Christian Name

Surname

STATION	Date of Arrival at the Station.	DATES OF						DISEASE	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
1. B. Genl. Hosp. Cambridge		5	6	16	30	6	16	H. W. R. Elwood 85	Transferred to West Essex Hosp. Genl. Hospital	Capt. & Surgeon	
Craydon War Hospital		15	8	16	6	10	16	G. S. W. at arm 55	Partial paralysis of rt median nerv. recovered under treatment electric treatment of.	Asileca. Cch. P. Am.	
C. C. Hosp	Epsom	6	10	16	2	11	16	do	Trfd. to Ramsgate Hosp.	MBrewer Capt. Am.	
Bramslett Mil. Hosp.	"Annex."	29	5	17	3	8	17	Gonorrhoea. 66.	Weakness of index finger and thumb. To board for disposal	W. G. G. only Capt. Am.	
									Profuse purulent discharge. Recovery.	As. Bagnall Capt. Am.	

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 3408	Regimental No.	Rank.	Surname.	Christian Name.
	100339	Pte	Duszyński	J
Year	Unit.	Age.	Service.	
	49th Bn	21	15/12	

Station and Date. Disease Y SW R Arm Medican M. Jexin
Maxwell Ulster & Persian



Occupation Laborer.
 Entered July 5th, 1915, Edmonton.
 Arrived in France March 1st 1916
 Wounded - May 1st 1916, at Ypres.
 Hospitals: Poperinghe 2 days
#11 Genesee, ^{France.} 1 month.
3A Cambridge, England. 1 week.
Hampstead Hosp. 8 weeks.
Napshury Hosp. 1 week.
E. Croxden. 7 weeks.
Epsom Convalescent. 4 weeks.
G. C. S. A.

Complaint. Weakness right forearm
 History. Shrapnel May 1st Ypres.
one small piece over knuckle
index finger R. hand
another piece just over
int. condyle left elbow.
Elbow became infected
& op. ~~was~~ was done
for removal of D. B.
by incision over left int.
condyle & drainage by
incision over front of
elbow.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
 (23-25) Wt. W 4234 M 627. 000, 8/16. C.F.&S. Forms/I. 1237/11. P.T.O.

Station
and Date.

Spec. Cond.

Irreg. scars over front
of elbow & over int. Condyle

Flexion & extension
of elbow full ~~to~~ but
slightly weakened
Extension & Flexion at Wrist
free. fingers move freely
but flexion of Index & middle
fingers weak.

Sensory loss to pin
over ~~1st~~ 2nd index middle
& radial side of ring
fingers ant & post.

General cond. good.
Scars & lumps neg. E.C.

4-NOV. 1916

Palm of hand sensitive - Anesthesia to pain
& joint sensations of Index & Mid fingers
& to outer side of Ring fingers.

All muscles of forearm & hand respond
fairly well to Farad. Galv.

Low Galvanism to Prox. Flexors of Wrist &
fingers & thenar eminence. E.C. Backs

D. Clark
4/11/16.

Massage & forearm & hand. Return in 10 days.
analysis: calor. L.A. React ac. Spec Grav
1020. Alb - Sug. -

117 Hand

Flexor sublimis and thenar groups do
not react to Faradism, and only ^{slightly} poorly
to Galv. Gal power in all flexors & some
extens. Cold. Gymn. Wrist class.

Adm 4. 6. 16

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T92	100339.	Pt	Duszinski	John
Year		Unit.	Age.	Service.
1916		49. Canadians A. Coy.	21.	1 1/2
Station and Date.	Disease			
188 #	L. Sw. R. Arm.			
Cambridge 4-6-16	Wounded on 1 st May by 8. piece of shell in the right elbow. Sent to 11 th General Hospital. Two operations for removal of pieces of shell. one piece from hand & rest from elbow. Remained at this hospital until sent to Cambridge.			
5. 6. 16.	Wound in R. antecubital fossa. loss of sensation in 2 nd & 3 rd fingers ant. aspect. pulse (Radial) altered around septic signs of sloughing movement limited but painless & free.			
June 8	Complete median paralysis & loss of sensation. Cannot test reaction of muscles at present. 2 ^o case & see re again on June 22 nd .			
June 10 th	Xray:- nothing abnormal.			

*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.	Regimental No.	Rank.	Surname.	Christian Name.						
	100339	Pte	Dorszynsky	J.						
Year	Unit.	Age.	Service.							
	49 th Bn	21	15/2							
Station and Date.	Disease	Continued								
30/11/16	States that arm is not improving under treatment - Exam. reveals about same condition as on admission. E.B. 4/11/16. E.B.									
29-11-16, 4-DEC.1916	Exam Report: Muscular tone poor but improving. Carry on a report on 10 days									
12/12/16	no change to note. M.B.G.									
14 DEC. 1916	Return to-morrow Capt Hart									
15 DEC. 1916	<table border="0"> <tr> <td> <ul style="list-style-type: none"> Plat Corp. Ray Plat Long Pol. Plat Sub. Dig Plat Long </td> <td style="font-size: 3em; vertical-align: middle; padding: 0 10px;">}</td> <td>react to 5' Neurofarads + 5000 P.</td> </tr> <tr> <td>Phrenars</td> <td></td> <td>to 1,66 " + 1000 P.</td> </tr> </table>				<ul style="list-style-type: none"> Plat Corp. Ray Plat Long Pol. Plat Sub. Dig Plat Long 	}	react to 5' Neurofarads + 5000 P.	Phrenars		to 1,66 " + 1000 P.
<ul style="list-style-type: none"> Plat Corp. Ray Plat Long Pol. Plat Sub. Dig Plat Long 	}	react to 5' Neurofarads + 5000 P.								
Phrenars		to 1,66 " + 1000 P.								
19 DEC. 1916	Make out A.F.B. 129. Return. Wednesday 19 th 10 Dec									
27/12/16	Carry on for 2 weeks. Dec. No change in power of index and thumb M.B.G.									
3-JAN. 1917	no change to note in eye reactions - Carry on report in 2 wks. Add speech - What class Dec.									
5/1/17	no change to note. in index finger and thumb M.B.G.									
17 JAN. 1917	All muscles on front of forearm are reacting to Faradism - The thenar group are not yet reacting to Faradism - P.P.H. 4/17 for Duty and Inquiry Dec. M.B.G. Capt Lamb									

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

Station
and Date.

22-1-17

Findings J. M. Board DT 6 weeks P.T.

142640

Perforated sheet for Will from Pay Book of Reg.

No. 100339

Name John Duszynski

Unit Pte 21st Res. Bn (actg)

Military Will.

In the event of my death
I will and bequeath
all my personal estate
and effects to my father
John Duszynski,
No. Satraso - Podobny
mi - Russia -

Signature J Duszynski

Rank and Regt. Pte 21st Res. Bn (actg)

Date Aug 9th 1917

Gen Del
Edmonton
= Oller

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 100239 (Rank) Private
 Name (in full) Duszynski John enlisted in
 the 66th Battalion
 CANADIAN EXPEDITIONARY FORCE at Edmonton on the 8th
 day of July 1918.
 HE served in 49th Battalion
 and is now discharged from the service by reason of
 Demobilization.
~~Medical Unfitness~~

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

Age <u>25 yrs</u>	Marks or Scars <u>Scars on right knee.</u> <u>Mark on abdomen. Scars</u> <u>on back left knee. Scars on</u> <u>left breast.</u>
Height <u>5'5"</u>	
Complexion <u>Clear</u>	
Eyes <u>Brown</u>	
Hair <u>Dark Brown</u>	
<u>Duszynski J</u> Signature of Soldier	

Date of Discharge

Dispersal Station "S"
 APR 7 1919
 Military District No. 13

J. Kusli
 Issuing Officer
 Captain
 for O. C., Dispersal Station "S"
 Rank

Date 24th March APR 7 1919

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. _____

Name on bill _____

enlisted in _____

the _____

CANADIAN EXPEDITIONARY FORCE IN _____

day of _____ 19____

He served in _____

and was discharged from the service by reason of _____

Demobilization _____

THE DESCRIPTION OF THIS SOLDIER ON THE DATE BELOW IS AS FOLLOWS:

Age _____

Height _____

Complexion _____

Hair _____

Build _____

Signature of Soldier _____

Signature of Discharge _____

Date _____

Stamp: APR 7 1918

A duplicate of this Certificate will be issued, and given to the soldier, and the original forwarded to the Secretary of the War, Ottawa, Canada.

100-100-100

Sheet II

Casualty Form—Active Service.

W.S.B. CLASS A

Regiment or Corps 49th Battalion

Regimental No. 100399 Rank N/C Name Duszynski, Joseph

Enlisted (a) 2/7/15 Terms of Service (a) Duration of War Service reckons from (a) 3/7/15

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		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				
23/10/17	21 st Res Bn:	Beases to be attached to 21 st Res Bn:	Bramshott	23/10/17	Pt II 286. Admission Lieut. & Asst. Adjt. 21st. Reserve Battalion. (Alberta).
23-10-17	21 st Res Bn	J.O.S. & posted to Depot Coy	Beauchott.	23-10-17	Pt II D.O. 229.
26-10-17	A.R.D.	J.O.S. on transfer to Gen Forestry Corps.	"	26-10-17	Pt II D.O. 231 Adj for Major Comd Alberta Reg Depot.
27-10-17	OC. CFC	T.O.S. B.D. C.F.C.	S/dale	26-10-17	Pt II D.O. 157.
29-10-17	OC. CFC	S.O.S. B.D. C.F.C. in posting to Dist. 52, (Coy III.)	S/dale	27-10-17	Pt II D.O. 158 Inwalk, Capt. for O.C. CFC
30/10/17	OC. No. 52 Dist. CFC	T.O.S. No. 52. Dist. CFC.	No 111 boy.	28/10/17	D.O. No. 135 P.S. Corp Lieut. & Adjutant. for O.C. District No. 52 Canadian Forestry Corps.

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

11-1-19 062052 New Year leave Carlisle 10-1-19 1st Lt D.O. No 3
 out eye with the warrant 18-1-19

19-2-19 Do. S.O.S. No. 52 District, Carlisle, 18-2-19 Part 11, D.O. No. 14
 at 111 Coy. on Posting to Capt. & Adjt.
 Base Depot *F. W. Morse* No. 52 Dist., C.F.C.

21-2-19 O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 18-2-19 Pt. 11, D.O. 52
 from 111 Coy Dist 52.

19-3-19 S.O.S. BASE DEPOT C.F.C. SUNNINGDALE 19-3-19 Pt. 11, D.O. 52
~~21-2-19 B.D.C.F.C.~~ Transfer. M.D. 13. *W. H. Stewart*
 on posting to Can Camp. Rhyf.

T.O.S. C.C.C. Kimmel Park for
 return to Canada. Part 11 Orders
 No. 66
 C.C.C. Kimmel Park on embark-
 ing for Canada, Part 11 Order
 No. 71

E.I.T.S. Canada
 L.L.O. Liverpool. J.P.M.
 24-3-19

W. H. Stewart
 LIEUT.
 O. 1/6 RECORDS, M. D. 14

TAKEN ON STRIKE BY NO. 13 DISTRICT DEPOT PART 2 ORDER NO. 100 DATED 24-3-19 AND
 DISCHARGED FROM H. M. SERVICE BY NO. 13 DISTRICT DEPOT PART 2 ORDER NO. 100 DATED 7-4-19
 AUTH. R.O. 1420.

H. E. White capt.
 Lieut.-Col.
 Officer Commanding No. 13 District Depot

Inf 14558

W.S.B. CLASS A

Casualty Form—Active Service.

CERTIFIED CORRECT
 Canadian Record Office,
 Westminster House,
 7, Millbank, London, W.C.2

Regiment or Corps 66th Battn C E F

Regimental No. 100339 Rank Pte Name Duszynski Joseph

Enlisted (a) 3/7/15 Terms of Service (a) Duration of War Service reckons from (a) 3-7-15

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

Extended _____ Re-engaged _____ Qualification (b) Labourer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

Trans to 9th Res Bn C T D Dibrigate 23-9-15 B.O.#446

Transferred to 31st Bn 49th France

C.B.D. Arrived in France Havre 2/3/16 *Success*
Nominal Roll.

7-3-16 A.A.G. Taken on strength of Bn. In the Field " Part 11 Orders #11
 15-3-16 C.B.D. Left Can. Base Depot for Unit 15/3/16 101/BD/3/251
 18-3-16 O.C. 49th. Arrived Unit In the Field " A.F.B. 213

7.5.16 *Awarded* *ds* 1.5.16 *ds*
 6.5.16 10. r.r.s. Shell - R. hand *Cdn.* 10. r.r.s. 2.5.16 A36 D.C.S. 143
Trans. 14. A.T. 3.5.16
 3.5.16 11. Gen. Hoop. G.S.K. R. hand *Cdn.* 11. Gen. Hoop. 3.5.16 K. 3034 - 378.
 4.6.16 11. Gen. Hoop. *Trans* England 4.6.16 K. 3083 - Part II Orders 4/14/6/16
 4.6.16 11. Gen. Hoop. *Trans* *ds* 4.6.16 K. 3034 - 410

Date	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.
30/1/17	ATTACHED TRANSFERRED FROM C.C.A.C. TO	Taken on strength C.C.A.C. Pt. II D.O. No. 213. 12/6/16 C.C.D. PART II D.O. No.	Hastings Lt. for O.C. C.C.A.C.	12/6/16	
20 APR 1917	OC. 2nd CGD	Ceases to be attached to 2nd C.C.D. on return to 9 th Res. Bn.	Hastings.	20 APR 1917	Pt. 2 D.O. No. ... F.M. Lordeffs Lt. for OC. 2nd CGD.
21.4.17	O.C. 9 th Res Bn	Taken on strength 9 th Res Bn	Bramshott	20.4.17	Pt II 86
29.4.17	O.C. 9 th Res Bn	Posted to Alta Reg Depot.	Bramshott	27.4.17	Pt II 94
3/8/17.	Drum Mill Hoop.	Posted to Depot Coy & ceases to be shown as patient in Hoop.	Bramshott	3/8/17	Pt 2 D.O. 147. 24/8/17.
6-8-17	Alta Reg Depot.	"On Command" to 21 st Res Bn.	Bramshott	6-8-17.	Pt. II D.O. 150 6-8-17.
7-8-17	21 st Res Bn	Attached to 21 st Res Bn	Bramshott	6-8-17	Pt II D.O. 209.

Spencer Lewis
 ADJUTANT, 9th RES. BATTN, O.E.F.
 Major. Comd.
 Alta Reg. Depot.
 Lt. Major. Comd.
 Alta Reg. Depot.

1st Sheet Record

Rank _____ Name **DUSZINSKI. Joseph.** Reg'l No. **100339**
 Unit **66th to 9th Battn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Edmonton July 3rd 1915.** Place of Birth **P.O. Satanov.**
Podobskojsnic. Russia.
 Name and Address, Next-of-Kin **Mr Joseph Duszinski.**
P.O. Satanov. Podobskojsnic. Russia. Relationship **Father.**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____
 Separation Allowance \$ _____ Payable to _____
Arrived in England. **21 SEP 1915** Relationship **2106 O/S Cas**

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				
31.12.15	O.C. 9 th	Absent 2 days F.P. 2 deprived 4 days Pay	S'cliffe	11-9-15 31 ¹² / ₁₅	P.F. II. 777
29-2-16	O.C. 9 th	Trans to 49 th Bn	Fild	29 ² / ₁₆	A.F.P. 103 Ch 4/3/16 A.D.# 60
7-3-16	O.C. 49 th	Taken on strength 49 th	Do	2 ³ / ₁₆	Pt II No 11
12-5-16	CL A151	No 11 Genl Hospital	Camiers	3 ⁵ / ₁₆	Y.S.W. R hand severe
7-6-16	CL B43.	No 1 Eastern General Hosp	Cambridge	4 ⁶ / ₁₆	Y.S.W. Arm severe
14.6.16.	O.C. 49 th	Inv. & Trans. to C.C.A.C.	Folkestone	4.6.16	D.O. Pt II 24(02)
12.6.16.	O.C. C.C.A.C.	Taken on strength.	do.	4.6.16.	213
21-8-16	49 th Bn	Trans war Hosp.	Croydon	16-8-16	CL B99
11.10.16		Trans Com. Div Gen Hosp	Woodcote Hosp	5.10.16	CL B.135

a3

✓

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					
11-11-16	49 Bn	<i>Grand</i> Gran ban Spec Hosp	Ramsgate	3-11-16	6 Lts 155	<i>GSD</i> R. Arm
25-1-17	do	<i>Dis</i> Gran ban Spec Hosp	do	24-1-17	- 200	-
27-1-17	66 Lt B	Rept ex Ramsgate	Hastings	26-1-17	Pt. II 46	
1-2-17	do	bn ban to 66 D for D1	do	29-1-17	Pt. II 54	
12-3-17	G.C.A.C.	S.O.S. on transfer to	Hastings	10.3.17	Pt. II D.O. 118	
		<i>Alta. Regiment</i>				& ALTA REG PT 2 No 7
21-4-17	9 th Bn Bn	Repts from <i>66 Lt B</i> TOS on posting from Reg Depot	B. Sholl.	20-4-17	Pt. II 86 & Pt. II 045	<i>21-4-17</i> <i>23-4-17</i> ARN
29-4-17	✓	S.O.S. on post <i>66 Lt B</i> from Reg Depot	✓	27-4-17	- 94 Pt. II 053	<i>21-5-17</i> ARN
5-6-17	✓	Adm Banctil Hosp.	✓	30-5-17	CL # 56 & Pt. II 82	<i>23-5-17</i> LVDG
9-8-17	✓	Dischd ✓ ✓ ✓	✓	3-8-17	CL # 90	(✓)
7-8-17	21 st Bn Bn	Atchd from ARN for all purposes.	✓	6-8-17	Pt. II 209 & ARN Pt. II 150	
23-10-17	✓	Seases to be at on return to ARN	✓	23-10-17	- 286 & 229	<i>24-10-17</i> ARN
26-10-17	ARN.	S.O.S. on trans to 66 Lt Forestry Corps	✓	26-10-17	- 231	<i>27-10-17</i> ARN
29-10-17	66 Lt Bn	S.O.S. to 52 Dist	Pte S'dale	27-10-17	- 158	<i>27-10-17</i> ARN <i>27-10-17</i> TOS. <i>27-10-17</i> Pt. II 135 of 52 Dist TOS.
28. 2. 18	"dist. 52	Awarded 28 days detention by D.C.M. for conduct to the prejudice of good order & mil. discip. In arrest 23 days. Fines 51 days pay	Pte. Canole.	19. 2. 18	Pt. II 8.	

Rank _____ Name **DUSZINSKI JOSEPH.** Reg'l No. **100339.**
 Unit **66TH to 9TH BATTN.** If in perm. Corps, }
 What Unit? } ~~Married or Single~~
 Place and Date of Enlistment **EDMONTON, July 3RD 1915.** Place of Birth **P.O. Satanov.**
 Name and Address, Next-of-Kin **Mrs. Joseph Duszinski, Podolskojsnic, RUSSIA.**
P.O. Satanov, Podolskojsnic, Russia. Relationship **FATHER.**
 Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____
 Discharge, Date and Place **Arrived in England, 21. SEP. 1915.** Reason _____ Relationship _____
 Character **S/**

N/E R/B No **8998**
 File R.L. _____
 Category **Canon**

Received 1st Sheet Records
 This 14/3/18 - R

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.				
<u>1st Sheet of Records filed in Env.</u>					
21.10.17	CFC Dist 52, T.O.S.				Perm: grade. Ste. Acty. Embark. 27.10.17 P.A.S.O.135.
14.3.18	CFC Dist 52, D.O. Page 2 of 4	Amounted to read. date of arrest 27/1/18			
		Balance Award 19.2.18	Pt Carlielle		P.A.S.O.10.
19.3.18	B.D. ATT for S.D.P.O. & Pms. on	posting from Dist. 52.	Pt Sdale	18.3.18	50.67
30.3.18	" "	leaves to be ATT on	"	29.3.18	50.77.
31-7-18	52 Dist CFC	On board to HQ. Carlielle	" Carlielle	29.7.18	- 39

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.				
6.9.18	52 Dist CFE	leave on Com ^d St. H. Q. Caribbe	pt	Caribbe	4.9.18. P#0-50
20.9.18	" "	on Com ^d to H.Q. Barbiers	"	"	17.9.18 " 54
19.2.19	" "	S O S to BDEFC	"	"	18.2.19 " 14.1
20-3-19	1212 CFE 139m Dew	TOS from CFE.	✓	Rhyl	19-3-19 ✓ 67
24-3-19	✓ ✓ ✓	SOS On Proceeding to Canada	✓	✓	23-3-19 ✓ 70
			31 -	S -	24.3.19

P#052421-2.19
BDEFC TOS
BDEFC #48/19³/₁₉

Rank *Plc.* Name **DUSZINSKI, Joseph.** Reg'l No. **100339**
 Unit **66th to 9th Battn.** If in perm. Corps, What Unit? Married or Single **Single.**
 Place and Date of Enlistment **Edmonton July 3rd 1915.** Place of Birth **P.O. Satanov, Podobskojsnie. Russia.**
 Name and Address, Next-of-Kin **Mr Joseph Duszinski. P.O. Satanov. Podobskojsnie. Russia.** Relationship **Father.**

Assigned Pay Monthly \$ *nil.* Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date							
16/9/15	31/10/15	46	1.	46.	46	10	460	10.	6060			2433			2433	3627	Clothing Cr.	
1/11/15	30/11/15	30	1	30.	30	10	300	3627	6927			4867			4867	9060		
1/12/15	31/12/15	31	1	31.	31	10	310	2060	5470	1128.		2433			2433	3027.		
1/1/16	31/1/16	31	1	31.	31	10	310	2537	6447							6447	36 issued to 49 th Bn. P.O. 60/3 29.2.16	
1/2/16	29/2/16	29	1	29	29	10	290	6447	9637	1502		1460			2433	7204		
1/3/16	31/3/16	31	1.	31	31	10	310		3410	1536		973				872	9742	
										1037		436						
										2147	CBAP.	436						

BALANCE TRANSFERRED TO NEW LEDGER.

198 . 1980.10 22780. 13038. 13038 9742 *kip* 1/6 C.C.A.C. 30/6/16

SURNAME.

Deceased - 14-8-25
auth. S.S.R. - 24-4-25
Joseph
12 Dec. 3-12-25
Duszyński

CARD NO.

✓

CHRISTIAN NAMES

REGL. No.

100339.

RANK

Pte.

UNIT

66th Div. R. 107
No. 13. D.D.

FORMER CORPS

nil.

S. 13
SOS demob. 7-4-19
FOLL.
DO 100. 10-4-19
No 13 D.D.
Bw.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Duszyński, Joseph.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

P.O. Satonow Padobskoznic
Russia.

COUNTRY OF BIRTH

Russia Padobskoznic.

DATE

PLACE OF ATTESTATION

Edmonton, Alta.

DATE

Mar. 7th 1915.

0/8 11-9-15
194
2.

R/C 1-4-19
295
54
Pte

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

NAME

Duszynski Joseph

H. Q. FILE No. 649-

REGT'L. No.

100339

RANK AND CORPS

Pte

49th Battalion, Trench 60th Bn (1st Pz)

CABLE

No.

DATE

NATURE OF CASUALTY

M 6434

12-5-16

Admitted No. 11 Gen. Hosp. carriers May 3rd 1916 - G.S.M. hand ✓

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 151	11 Gen. Camiers	3-5-16	G. S. W. R. Hand severe
B 43.	1st East. Gen. Cambridge	4-6-16	G.S.W. Arm Sev.
B 99	Co. " Wav. " Croxdon	16-8-16	" " R Arm
B 135.	Gen. Conv. Woodcot. V. G. Co.	5-10-16.	" "
B 155	Granville Ban. Special Ramsgate	Sept 3-11-16	" " "
B 200	" " " "	24-1-17	" " " Disch
56	Ban Mil Bramshott	30-5-17	V. D. G.
90	" " "	3-8-17	" Disch

Name Duszinski, J. Rank Pte.

Reg. No. 100339

Unit 49th Battalion.

Next of Kin Mr. J. Duszinski, P.O. Salanow.
Podobsojsnic. RUSSIA.

1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3-5	Roll Gen. Hosp.	Camiers	G.S.W.R. hand Severe	A151	12/5 M6434	16/5/16
4-6	1 st East. Gen. Hosp.	Cambridge	G.S.W. Arm Severe	B43		
16-8	War Hosp.	Raydon	..	B99		
5-10	Can Det Capt Hosp.	W. Staff room	/	B135		
3-11	Exam. Car. Speed Hosp.	Karrvgate	Rt	B155	10/11	
24-1-17	Discharged		/	B200	24/1	

Reg. No. 100339	Rank Pte	Surname DUSZINSKI	Category B1	Dentally Unfit
Christian Names (1) Joseph		(2)	(3)	Date 21-9-17

Place of Enlistment: Edmonton	Date of 3/7/15	Taken on from	Religion R-6	Inoculations 3	Company ///
Province: Alta.	Age on 22	Date	Vaccination 1		

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

Record of Overseas Service: Casualty. 3 months in France	Profession or Trade (Civil) Laborer.
Reason for Return:	Transferred or Posted to Date

Married or Single Single	LEAVE.			
Address of Next of Kin Father	No. of Pass Issued	FROM	To	Free Transportation
J. Duszynski	7 Years	7-1-18	12-1-18	
P.O. Satonov		10-1-19	18-1-19	F.T.
Podabskopsnie				
Country Russia				

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
4	5-11-18	P.6			
8	28-2-18	P.6			
3	7-12-18	L			
4	27-1-18	P6			
8	19-2-18	P6			
39	29-7-18	C			
50	4-9-18	L			
54	17-9-18	C			
3	10-1-19	L			
14	18-2-19	SD			

No 100339 RANK Pte.

NAME Duszynski, J.

T. O. S. 3-7-16 UNIT 66th Battalion,
(D.O. 5 of 5-7-15.)

M. D. 13

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1915 July 3 Aug. 1 Sept. 1	1915 July 31 Aug. 31 Sept. 15	L L L	Proc/S with Draft 6-9-15.	D.O. # 58 of 8-9-15

UNIT SAILED
APR 28 1916



es
no

Number

100339

Rank

Pte P

Surname

DUSZINSKI

Christian Name

Joseph

Units

49th Bn Can Div Theatre of War France

Date of Service

2-3-16

Remarks

Efficient Mende River

Latest Address

G.P.O. Edmonton
Alta

Roll No.

B Page 16527

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date	Remarks

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

DEPT. SEP 8 1922
REGN. NO. 135911

Surname

Christian Name or Names

Reg. No.

Susziński J.

100339

Rank

Unit

Co.

Troop

Batty.

Pl:

H 9 R

9th Res.

Hospital

Date of Admission

Transferred

to 11 Gen Camiers

Hosp.

3.5.16

1st Eastern Gen Cambridge

Hosp.

4.6.16

Croydon War

Hosp.

16.8.16

Woodcote R. Epsom

Hosp.

5.10.16

Diagnosis

G. S. W. R. hand (Sec)

(1)

Later Diagnosis (if changed)

(2)

G. S. W. arm. sw.

(3)

V.D.H.

add

Additional Diagnoses: If more than one state present

DISPOSITION

Dis. 24.1.14
Dis 3.8.16

REMARKS

13.5.16 # 1/51
7.6.16 B. 43
21.8.16 B. 99
11.10.16 B. 135
11.11.16 # 8/155
25.1.14 B. 250
5-6-17 56
9.8.17 90

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

P.T.O

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. Granville in Spe Ramsgate

3-11-16

2. Bramshott Mil

30-5-17

3.

4.

5.

6.

7.

MARRIED OR SINGLE *S*

PLACE OF BIRTH *P.O. Satanov. Podolskojsnie Russia*

NAME AND ADDRESS OF NEXT OF KIN *Joseph Duszinski*
P.O. Satanov. Podolskojsnie Russia

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. *100339* RANK *Pte* NAME *Duszinski Joseph* ⁵

IF IN PERM. CORPS
WHAT UNIT *49th Battalion* TRANSFERRED TO *bbab.* DATE *3/6/16* AUTHORITY *BO. 24 14/6/16*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *2nd Bn* DATE *31.5.17* AUTHORITY

PLACE OF ATTESTATION *Edmonton Alta.* TRANSFERRED TO *A.O.D* DATE *8-11-17* AUTHORITY

DATE OF ATTESTATION *July 3/1915* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY MONTHLY \$ *Nil* DATE EFFECTIVE _____

PAYABLE TO _____ RELATIONSHIP _____

ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____

PAYABLE TO _____ RELATIONSHIP _____

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

DISCHARGE DATE AND PLACE _____ REASON AND AUTHORITY _____

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) _____

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) _____

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS									
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4			CREDIT	DEBIT												
			\$	C.			\$	C.			\$	C.																			NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	
<i>10/16/34</i>	<i>30</i>	<i>1.</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>																																
<i>May 1-31</i>	<i>31</i>	<i>1.</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>																																
<i>June 1-30</i>	<i>30</i>	<i>1.</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>																																
<i>July 1-31</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>																																
<i>Aug 1-31</i>	<i>31</i>	<i>1</i>	<i>31</i>	-	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>																															
<i>Sept 1-30</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>																																
<i>Oct 1-31</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>																															
<i>Nov 1-30</i>	<i>30</i>		<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>																																
<i>Dec 1-31</i>	<i>31</i>	<i>10</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>																															
<i>1917 Jan 1-31</i>	<i>31</i>	<i>10</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>																															
<i>Feb. 28</i>	<i>10</i>		<i>30</i>	<i>80</i>																																			
<i>Mar 31</i>			<i>34</i>	<i>10</i>																																			
<i>Apr. 30</i>			<i>33</i>																																				
<i>May 30</i>			<i>33</i>																																				

Checked *M. S. S. S.*

account

6.11.31

Jan. 9.4005 Eps 118 2/10/16

and 45-20 4 days pay 20.5. 23/1/17

To Two Bn D. 31.1

100339, DUDZINSKI, J.

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS			
	NO. OF DAYS	AMOUNT		NO. OF DAYS	AMOUNT		NO. OF DAYS	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT						
		RATE	\$		C.	RATE		\$	C.																				RATE	\$	C.
May 1		1	10									110										997			334 17						
June 30	1 st	33	-									33 -														367 17					
July 31		24	10									34 10														401 27					
Aug 31		24	10									34 10														435 37					
Sep 30		33										33														468 37					

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY ENG.	SERIAL ALLG.
Dec 31	PP	34 10							468 37		
Nov 30	PP	33							502 47		
	CR	34 10									
	A.R. 540-21 Res. 12-10-17			4 87							
	AR. 141. Ann RD. 25-10-17			24 33							
	DRAR. 21 Res. 30-9-17			48 66							
	DRAR. 74. Ann RD. 11-8-17			9 73							
	DNAR 607 9 th Stat Hosp 15/6/17			2 43							
	V. 457. 21 Res. 30-8-17			24 33							
	V 177. 9 Res 15-5-17			24 33							
	V 416. 21 Res 15-8-17			4 87							
	V 295 to 3-8-17 67 days @ 60					40 20					
	DRAR. 484. 21 Res. 15-8-17			4 87					380 95		
	V 6244 1116 to 6/17/17	67 10		148 42		40 20			398 02 375		
	Do. 4. 328 32 676 long 31-17	34 10		17 03							
	14 days 8 th for 1 credit to the President of good and military descent - 5 months	34 10		17 03					428 82 390		
	Ph. 6136. 1116 to 6/17/17	30 80		14 60							
	V 6969. - do - 11-18	30 80		17 03							
	V 846. 9 days Hosp 17/17	34 10		2 43							
	V 121. Ann RD. 30-4-17			9 73							
	Do. 10. 676 long 18. Do 8-43 79			15 40							
	35-2-18. Ann RD to read 19-2-18 34 days 8 th by 9-6-17 in airport 27-1-18. In arrest 23 days for 5 days pay date of award 19/18			36 10							
	DR 31778 676 130. 20/18	34 10		2 43					345 20 390		
				46 22		76 50					

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	

NAME:- *DUSZINSKI. Joseph.*
NUMBER:- *100339.*

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.

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

UNIT TRANSFERRED TO

7.16. 1.7.18. 27/7/18. 68/6 Engr. "H"

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
<i>7/3/19</i>	<i>9500</i>		<i>17 03</i>				

PARTICULARS OF RANK OR APPOINTMENT

DATE EFFECTIVE

RANK OR APPOINTMENT

UNIT TRANSFERRED TO

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	<i>1-</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Dis to Can 31/3/19 NR S/dale 4554 7/3/19 NR 13*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>Mar 31</i>	<i>Balance forward</i>								<i>345 20</i>	<i>390</i>	
<i>Apr</i>	<i>P Pay</i>	<i>33</i>		<i>Dh 8.72 15.4.18 1116876</i>	<i>2 43</i>				<i>375 77</i>	<i>405</i>	
<i>May</i>	<i>P Pay</i>	<i>34 10</i>		<i>Dh 6.75 14.5.18 do</i>	<i>4 87</i>				<i>405 00</i>	<i>420</i>	
<i>June</i>	<i>P Pay</i>	<i>33</i>		<i>Dh 7.28 13.6.18 do</i>	<i>7 30</i>				<i>430 70</i>	<i>435</i>	
<i>July</i>	<i>P.P</i>	<i>34 10</i>		<i>AR 61066 11.7.18 do</i>	<i>7 30</i>				<i>457 50</i>	<i>450</i>	
<i>Aug</i>	<i>P.P</i>	<i>34 10</i>		<i>AR 61361 9.8.18 7952 Dist</i>	<i>14 60</i>				<i>477</i>		
<i>Sept</i>	<i>P.P</i>	<i>33</i>		<i>a. R. C1750 11-9-18 52 dist</i>	<i>14 60</i>				<i>495 40</i>	<i>480</i>	
<i>Oct</i>	<i>P.P</i>	<i>34 10</i>		<i>- C2079 9.10.18 52 dist</i>	<i>17 03</i>				<i>512 47</i>		
<i>Nov</i>	<i>P.P</i>	<i>33</i>		<i>C2415 8.11.18 52 dist</i>	<i>7 03</i>						
<i>Dec</i>		<i>34 10</i>		<i>2769 6.10.18</i>	<i>24 33</i>						
<i>Jan</i>		<i>34 10</i>		<i>- 3055 21.12.18</i>	<i>4 87</i>				<i>567 42</i>		
<i>Feb</i>		<i>101 20</i>			<i>46 23</i>						
<i>Mar</i>		<i>30 80</i>		<i>3126 8.1.19 52 Dist</i>	<i>19 47</i>						
<i>Apr</i>		<i>34 80</i>		<i>3456 8.2.19</i>	<i>14 60</i>						<i>570 -</i>
	<i>Interest a Defered 31/3/19</i>	<i>46 31</i>		<i>9500 7.3.19</i>	<i>30 17 83</i>						
		<i>111 21</i>			<i>51 10</i>						
<i>Apr</i>		<i>111 21</i>							<i>627 55</i>		
									<i>627 55</i>		

War Service Badge
Class "A" No. 37821

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

26

15

M

H

17

1. No. 100339.

2. Rank. Pfc.

3. Name. DUSZYNSKI - JOHN.

4. Unit. C.F.C. - 49 Btw - 66 Btw.

5. Date of Discharge APR 7 1919 Place EDMONTON, ALTA.

6. Reason for Discharge Demobilization

7. Authority R.O. 1420

8. Proposed Residence after Discharge. *Edmonton, Canada*

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.? 39

Signature of Soldier. *John Duszynski*

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.

Place EDMONTON, ALTA.

Date APR 7 1919

Signature *W. J. ...*
Captain
For O.C., Dispersal Station "S"

(O. C. Discharging Unit.)

21

B

A.M.T.S. Canada
L.R.B. Liverpool
724-3-19*

John Duszynski

W. J. ...

MEDICAL DOCUMENTS
FORWARDED TO
S.C.R. OR B.P.C.
11-19-19

12-11-20
17-2-20
h.m.

69

LIST OF DISCHARGE DOCUMENTS

1. Discharge Certificate	Form 1041
2. Discharge Certificate	Form 1041
3. Discharge Certificate	Form 1041
4. Discharge Certificate	Form 1041
5. Discharge Certificate	Form 1041
6. Discharge Certificate	Form 1041
7. Discharge Certificate	Form 1041
8. Discharge Certificate	Form 1041
9. Discharge Certificate	Form 1041
10. Discharge Certificate	Form 1041

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)
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing
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. 28
 B.H.
 Date 23.3.19

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 SMITHSLAWN DATE 22/2/19

1. 1 (a) Unit C.F.C. (b) Regimental No. 100339 (c) Rank PTE.
 (d) Surname DUSZINSKI (e) Christian name JOSEPH.
 (f) Home address _____
 (g) Next of Kin JOHN. DUSZINSKI. (h) Relationship FATHER.
 (i) Address of Next of Kin PO. SATAROU. PODOBSKOJISNIC. RUSSIA.
2. Age last birthday 25. Date of birth 15. MAY. 1893.
3. Enlistment, or Appointment (if an Officer) (a) Place EDMONTON (b) Date _____
4. Personal description:
 (a) Height 5. 5. (b) Weight 150 EST (c) Complexion 3/7/15.
(stripped)
 (d) Colour of hair BROWN (e) Colour of eyes BROWN (f) Identification marks, Scars, etc. SCAR
ABOVE RIGHT ELBOW. (WOUND).
5. Former trade or occupation LABOURER.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	235

	PERIODS	
	From	To
Canada	3/7/15	3/9/15 <small>from STATEMENT</small>
England	3/9/15	2/3/16
France or other theatres of War	4/6/16	TO DATE
	2/3/16	4/6/16

7. Original disease, or injury LOSS MUSCLE TISSUE RIGHT ARM
1
- (a) Date of origin 1/5/16 (b) Place of origin YPRES
 (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.)

ADHERENT SCAR RT ARM
PARTIAL LOSS FUNCTION RIGHT ARM, WEAKNESS

Slight some sensory disturbance adherent scar.

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 there is 2 1/2" scar extending upwards from orbital fossa of Right arm this scar is slightly adherent at its upper limit. A 2 1/2" scar appears extending upward from internal condyle of humerus, non adherent and non tender. This latter scar is operative scar following removal of F. B. Flexion of forearm is slightly weakened. Flexion of thumb and index finger of right hand is slightly weakened. Pressure over scar causes tingling in fingers Has some trouble distinguishing sharp and dull pressure over Right thumb and index finger showing some disturbance of Rt median nerve, no atrophy of muscles. Subjective weakness of left and Rt forearm and Right Hand

(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).)

Documentary wounded 1/6/16 G. S. W. Right arm evacuated to England to hospital 5/6/16 - 2/11/16 Partial paralysis of Rt median nerve recovered under massage treatment recovered weakness of index finger and thumb. Man statement arm has been weak since injury. Has earned on at light work since

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).)

Hospital. 29/5/18 to 3/8/17 goussens

Boarded Beausart 27/4/17 G.S.W. Zocum B.M.

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

2 1/2" scar extending up from cubital angle of humerus
2 1/2" scar extending up from acromial fossa Rt arm
small scar over head of 2 metacarpal bones Right hand
G.S.W. no disability two scars on back Rt arm

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.)

NA

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? Probably 1 year

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

operation to remove F.B. Massage Treatment at Epsom Right arm for Restoration of motion

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

na

E. Rosebrough
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, John Duszenski, 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

John Duszenski 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.

Board concurs.

19. Is the invalid fit for

- | | | |
|--|--------------|--------------------------------------|
| (a) General service, | (Category A) | (Yes or No.) |
| (b) Service abroad, not general service, | (" B) | (Yes or No.) <i>B 77</i> |
| (c) Home service (Canada only), | (" C) | (Yes or No.) |
| (d) Temporarily unfit. | (" D) | (Yes or No.) |
| (e) Unfit for service in Categories A, B and C | (" E) | (Yes or No.) |

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

Boarded for return to Canada with ASTD 9083 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 *Summingdale Bush* *J.G. Morrison* *President*
A. H. Hewman Capt } Members
 DATE *Feb 24/19*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE.....
 DATE.....
 APPROVED BY.....
 APPROVED BY.....

J. J. Donohue
 Assistant Director of Medical Services.
 Major, C.A.M.C.
 D.M.S. Canadians, London Area.

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA.
 Director General of Medical Services.
 MAR 4 1919
 13, BERNERS ST. LONDON, W.1

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 22-1-17 1916.

No. 100339 Rank PT Name DUSZINSKY, J.

Local Unit _____ Overseas Unit 49 Age 21

Examination held at Ramsgate

DISABILITY Weak rt. arm. J.S.W.
Overseas—~~Local~~.
(scratch one out)

PRESENT CONDITION.

Arm weak but movements
not impaired. Irregular scars
around elbow. Condition
improving.

91 ✓

BOARD RECOMMENDS:—

- 1. Fit for Duty —
- 2. Fit for Duty after yes 6 wks 7, weeks' physical training.
- 3. Fit for Temporary Base Duty — weeks.
- 4. Fit for Permanent Base Duty —
- 5. Discharge —

Signatures:—

W. M. G. Schmitt Capt. President.

Members

J. F. Boyne Capt.

APPROVED 23 JAN 1917

Dated at _____ 1916.

S. L. Backer
FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

PROCEEDINGS OF A MEDICAL BOARD

Date of 8-2-17
 No. 10379 Rank PT Name DNSZ INSKY, G.
 Local Unit 49 Overseas Unit 11
 Examination held at Remscheid
 Disability 100%
 Overseas 11
 Reason one only

PRESENT CONDITION

(Faint, illegible handwritten text describing the present condition)

BOARD RECOMMENDS

- 1. Fit for Duty —
- 2. Fit for Duty after 10 weeks
- 3. Fit for Temporary Base Duty —
- 4. Fit for Permanent Base Duty —
- 5. Discharge —

Signature:

(Faint handwritten signature)

Member:

APPROVED

(Faint handwritten signature)

Dated at

1917

(Faint text at the bottom of the page)

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

27-4-1914

No. 100339 Rank plc Name Duezinski Joseph
 Local Unit 9th Res Bn (66 Bn) Overseas Unit 49th Bn Age 21

Examination held in Bramshott area.

DISABILITY. Paresis Right forearm.
G.S.W.

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Has been treated - Cambridge Gen Hosp
 5.6.16 to 30.6.16 - and later at Gordon War
 Hosp. 15.8.16 to 6.10.16. Then at Exon 6.10.16
 to 2.11.16 - Proceeded at Ramsgate 22.1.17 and
 recommended to Cat II; after six weeks training
 His arm is still quite weak - Has about 50% gripping
 power in right hand - otherwise fit.

Board recommends:

C II - (from months observation)

1. Fit for Duty.
2. Fit for duty after _____ weeks physical training.
3. Fit for Base duty _____ weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures:

[Signature] Pres.
 Members: [Signature]
[Signature]

Approved.

Bramshott 27-4- 191 7. G. Russell Capt. C.M.E.
 for A.D.M.S. and G.O.C.,
 Canadian Troops, Bramshott.

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

191

No. _____ Rank _____ Name _____
Local Unit _____ Overseas Unit _____ Age _____

Examination held in Bramshott area.

DISABILITY

Overseas—Local
(scratch one out)

PRESENT CONDITION

Fit for duty after _____
Fit for Base duty _____
Fit for Permanent Base Duty _____
Discharge _____

Signature _____

Price _____

Members _____

Approved _____

Bramshott _____

S.S. Canada Disposal "S"

AUDITOR # 1 PAYMASTER # 1

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

M. OR S. *S.* REGT. No. *100339* RANK *PTE.* NAME (IN FULL) *DUSZIBSKI, JOHN*

ORIGINAL UNIT C.E.F. *66 th.* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

RELATIONSHIP *Next of Kin* ADDRESS *Hythe P.O. Alta* EFFECTIVE DATE *20/8/18* AUTHORITY

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID *S.* RELATIONSHIP *Next of Kin* ADDRESS *Hythe P.O. Alta* EFFECTIVE DATE *20/8/18* AUTHORITY

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE *Edmonton 7-4-19* REASON *Demob.* AUTHORITY *J.O. 100.* IF ENTITLED TO POST DISCHARGE PAY

Certified opening entries on this Ledger Sheet have been audited by *[Signature]* Date *5-5-19*

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		CREDITS		COL. NO. 1 COL. NO. 2 COL. NO. 3			COL. NO. 1 COL. NO. 2 COL. NO. 3			\$ C.		\$ C.		\$ C.		\$ C.		DEBIT	CREDIT			
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.				\$	C.
<i>31-3-19</i>					<i>627</i>	<i>55</i>	<i>627</i>	<i>55</i>																	
<i>13</i>	<i>10</i>	<i>14</i>	<i>30</i>				<i>14</i>	<i>30</i>																	
				<i>35</i>	<i>00</i>																				
				<i>70</i>	<i>00</i>																				
							<i>105</i>	<i>7</i>	<i>Boat Train</i>	<i>385</i>	<i>75</i>	<i>4</i>	<i>87</i>	<i>5</i>	<i>00</i>	<i>736</i>	<i>98</i>			<i>746</i>	<i>85</i>		<i>for clothing all</i>		
							<i>746</i>	<i>85</i>				<i>4</i>	<i>87</i>	<i>5</i>	<i>736</i>	<i>98</i>			<i>746</i>	<i>85</i>		<i>for 1 Instal W.S.G.</i>			
																							<i>[Signature]</i>		
<i>Aug</i>																							<i>Balance</i>		
<i>183</i>					<i>420</i>	<i>-</i>	<i>420</i>	<i>-</i>															<i>Sold</i>		
																		<i>70</i>	<i>00</i>	<i>40</i>	<i>00</i>	<i>350</i>	<i>00</i>	<i>Dr 1 Instal W.S.G.</i>	
																		<i>6</i>	<i>60</i>	<i>76</i>	<i>60</i>	<i>343</i>	<i>40</i>	<i>Dr 6 days 7th 12 8.6.13.4.19</i>	
																				<i>63</i>	<i>40</i>	<i>280</i>	<i>00</i>	<i>60585-54 8/5/19</i>	
																				<i>70</i>	<i>00</i>	<i>210</i>	<i>00</i>	<i>842136 9/6/19</i>	
																				<i>70</i>	<i>00</i>	<i>140</i>	<i>00</i>	<i>858192 6/7/19</i>	
																				<i>70</i>	<i>00</i>	<i>70</i>	<i>00</i>	<i>1098825 26/8/19</i>	
																				<i>70</i>	<i>00</i>	<i>0</i>	<i>0</i>	<i>1101273.5 7/9/19</i>	
					<i>420</i>	<i>-</i>	<i>420</i>	<i>-</i>												<i>343</i>	<i>40</i>	<i>76</i>	<i>60</i>	<i>420</i>	<i>-</i>

All Payments Due on This Account have been completed.

[Signature] Lieut. J. O. 100. M. D. 13

