

ATTESTATION PAPER.

No. 2355769

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Gibbons
- 1a. What are your Christian names? Percy
- 1b. What is your present address? 2176 East 31st Cleveland, Ohio
- 2. In what Town, Township or Parish, and in what Country were you born? Toronto, Canada.
- 3. What is the name of your next-of kin? Mrs Helen Gibbons
- 4. What is the address of your next-of-kin? 2176 East 31st Cleveland, Ohio
- 4a. What is the relationship of your next-of-kin? Mother
- 5. What is the date of your birth? March 27th 1892
- 6. What is your Trade or Calling? Auto Driver
- 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
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability? -----
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No
- 16. If so, what was the reason? -----

TELEGRAPHIC ADDRESS N. of K.
 2176 East 31st Cleveland Ohio

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Percy Gibbons, 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.

Percy Gibbons (Signature of Recruit)

Date Dec. 1st 1917. W. H. Irvine (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Percy Gibbons, 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.

Percy Gibbons (Signature of Recruit)

Date Dec 1st 1917. W. H. Irvine (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 London this 1st day of December 1917.

W. H. Irvine Major (Signature of Justice)

Officer i/c Mobilization Centre

Description of Percy Gibbons

on Enlistment.

Apparent Age 25 years 9 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. 4 ins.

Chest measurement { Girth when fully expanded 33 ins.
 Range of expansion 29 ins.

Complexion Fair

Eyes Blue

Hair L. Brown

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

Rt Eye D20 Lt eye 20
 Hearing
 Rt. Normal Lt. Normal

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 December 1st 1917.

Place London, Ont.

J. R. Le Rouzel

Capt ain C. A. M. C.

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.

Percy Gibbons 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.

H. L. Milligan

(Signature of Officer)

Date 3-12-17

1917, O. C. 1st Depot Battalion, W. O. B.

Duplicate

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins... 1st Depot Battalion, W.O.R.

(2) Regimental Number... 2355769

(3) Full Name of Soldier... Percy Gibbons

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

(5) Are you married, or not? ... Single

(6) If married, state,
(a) Full name of your wife... not applicable

(b) Present Postal Address... do

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

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

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

Also their names and ages.....

(9) Is your Father alive? *yes Richard Gibbons*
If so, state name and address *2176 East, 31st Street, Cleveland, Ohio*

(10) Is your Mother alive? *yes*
If so, state name and address *Helen Gibbons,*
2176 East, 31st Street, Cleveland, Ohio

(11) If your Mother is a widow *no*
Are you her sole support, or not?

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
\$25 Father unable to do any heavy work.

(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.
not applicable

(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.
yes

(15) Are you insured? *no*
If so, in what Company? *none*
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.

W. L. Milligan **Lieut. Colonel**
O. C. 1st Depot Battalion, W. O. R.
Officer Commanding.

Date *3-12-17*

#25-2-19

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Discharge Certificate..... 1

Medical Report for Invalids..... 1/2

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

97B 122

m 7B 465

m 7W 192

co cards

m 7W 67. 11

M. F. W. 62.
100m.-6-17.
H. Q. 1772-39-935.

Name

GIBBONS PERCY

Regt. No.

2355769

Rank

PL6

Corps

1st Lt. B. W. O. R.

Plt 20-10-20

Med. Unfit

Med 20-10-20

39468



97 9.1237-2

97W. 3172-2

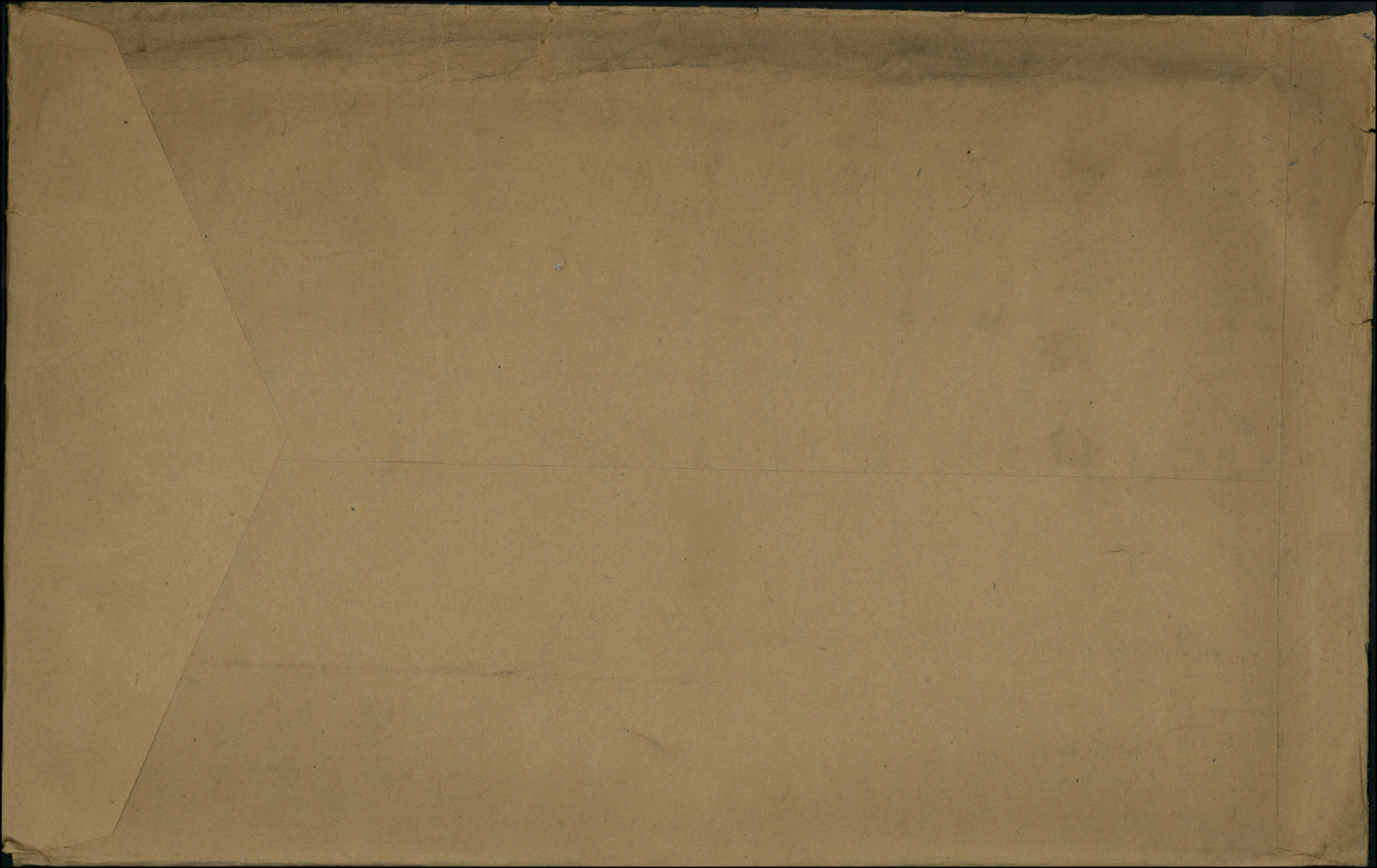
X Paris-1

5-10

10-10

31-11

1



71/312

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	2355769.	Pte.	Gibbons	Percy
Year	Unit.	Age.	Service.	
	18 Canadians.	26.	9 mos.	

Station and Date.	Disease
-------------------	---------

Wd. 26-8-18 on wires front of straphel while advancing. Taken to C.C.S. # 42 where 1st. was dressed. Then to 22 Gen. Coamiers where 3d. metacarpal was found free. Fr B. removed - 1st. excised. Dorsal vid. bipped & secured.

Then to St. Highfield 31-8-18 Patients under a straight wooden splint applied anterior to forearm. There is a T and 1. 1st. of 1st. hand & ends fr. of hand 3d. metacarpal. Wd. on dorsum of hand is secured. Wd. on palmar surface is open & clean.

Rx Alcohol drg. long, cock-up splint used forearm held in supination. Patient cannot fully extend fingers. Flexion is normal.

[Signature]
12500
M. H. H.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2914/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station
and Date.

Ward I. B. Block. Highfield Hill Hospital. Sproul (In pads of 50)
No. of Bed _____ Date 2. 9. 18.

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
<u>23557.</u>	<u>Sibbous</u>	<u>18 Banadians</u>	

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

L. hand.

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 2606

Fracture metacarpal of
middle finger

Signature of M.O. L. Lewis
Date 2-9-18.

Signature of Radiographer H. Osame
Date Sep 11. 1918. Cap R. W. Mel



Ward P.A. 77 No. of Bed 312 Date T 2809

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
2355769	Plé Hibbons	18 th Am.	Self Hand

X 8X 10
SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

wd. Aug 26, 1918
shrapnel in
left hand - F.B.
removed at C.C.S.
wound still open
Bone injury
metacarpals

Signature of M.O. Hammel CaptDate Sept. 13. 1918

age 26.
REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 6981

Fracture middle $\frac{1}{3}$ metacarpal
bone ~~middle~~ finger left - Distal
fragment displaced outward
Some overriding - non union
Multiple shrapnel fragments & dust
this region & extending palmar
aspect.

Signature of Radiographer W.H. BagerDate Meigs J.M.C.



6981

L

13 $\frac{9}{18}$



6951

Gibbons

2755769

GRANVILLE CANADIAN
SPECIAL HOSPITAL

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 London, Ont. DATE Jan. 14th, 1919.

1. 1 (a) Unit I.D.D. (b) Regimental No. 2355769 (c) Rank Pte.
 (d) Surname GIBBONS (e) Christian name PERCY
 (f) Home address 2176 East 31st St. Cleveland, Ohio U.S.A.
 (g) Next of Kin Mrs. H. Gibbons (h) Relationship Mother
 (i) Address of Next of Kin 2176 East 31st St., Cleveland, Ohio. U.S.A.

2. Age last birthday 26 years Date of birth March 27th, 1892

3. Enlistment, or Appointment (if an Officer) (a) Place Cleveland, Ohio (b) Date Nov. 17/17

4. Personal description:
 (a) Height 5'3 1/2" (b) Weight 113 1/2 lbs. (c) Complexion Fresh
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc.
Scar on back on palm of left hand.

5. Former trade or occupation Chauffeur.

	Years	Days
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).	1 (one)	45
	PERIODS	
	From	To
Canada	8-12-18	14-1-19
England	30-11-17	18-1-18
France or other theatres of War	18-1-18 31-8-18	2-6-18 8-12-18
	2-6-18	31-8-18.

7. Original disease, or injury (1) G.S.W. Left Hand.

(a) Date of origin (1) 26-8-18. (b) Place of origin (1) France.
 (c) Cause (1) Shrapnel bullet.

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

(1) Partial loss of function left hand due to fracture 3rd Metacarpal bone.

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

(1) OBJECTIVE: Union but poor position.

Adherent scars of T & T wounds

Dorsal scar 1 in. Palmar opposite dorsal 1 in.

Considerable thickening over dorsum 3rd metacarpal left hand.

Flexion of hand fairly

good. But not complete. Limitation 10%

(2) SUBJECTIVE: Complains of weakness in left hand and inability to lift heavy objects. Grip of hand slightly weakened than right.

(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
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).)

Wounded 26-8-18 and evacuated to England 31-8-18

Highfield Military Hospital Liverpool 1-9-18 to 10-8-18

Granville Buxton 10-9-18 to 5-11-18.

Wounds healed.

10.—(b) (Here give a copy to or since enlist

(c) (Here give a description

11.—(a) Did the di

(b) If so, has i conation at tim

12. Was the disabili

refusal to acc

The regimental (If the answer is in th this question, co

13. What is the pro

than one ?

14. Treatment (Cas

15. Is further treat

16. Can the forme

17. Recommendation

(Sections 7, 8, 9 ar

I, the undersig present condition

I complain in add

e.g. (a) Weakness—slight, moderate, or of the body, or of some of its parts, for

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.)

See Sec. 9

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

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

Not Applicable.

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent. Possibly lessening in 6 months.

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

Given massage and finger movements.

10-9-18 to 15-11-18.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No (If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations

B II

W. P. Bradley, M.D. 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, Percy Gibbons, 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

Percy Gibbons, etc. Rank. Signature of invalid examined.

[Handwritten initials]

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 agrees but would add Sect. 9(a) There is apparently overlapping of fragments with $\frac{1}{4}$ " shortening of 3rd metacarpal which is the cause of limitation of movement. Active flexion of little ^{and ring} fingers normal. Active flexion other 2 fingers limited 5 degrees almost negligible. can touch tips to palm. Passive flexion. all fingers normal. Gripping power left hand reduced 30% but should improve considerably with exercise of his occupation. Scar on palmar surface partially adherent to palmer faxia, and is slightly tender on pressure.

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.)

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.)

Category B 2.

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.....

DATE.....

[Signature] President.
[Signature] 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.

PLACE.....

DATE.....

..... President.
 } Members

APPROVED BY
[Signature]
 Assistant Director of Medical Services.

APPROVED BY
 Director-General of Medical Services.

DATE 15.1.19

DATE.....

Reserved for M.H.C.

Regt. No. 2355760 Rank PLT Surname GIBBONS Christian Name PERCY
 Unit or Corps—(a) Overseas from United Kingdom 14th Bn (b) in United Kingdom WORD
 Born at—Town TORONTO County or Province ONT. Country CAN.
 Date of Birth—Day 27 Month MARCH Year 1893 Age 26 yrs. 8 months.
 Joined at LONDON Date 30-11-17
 Former trade or occupation MOTOR DRIVER
 Permanent Marks or any peculiarity that will serve for future identification:—

Height—feet 5 inches 4 Colour of eyes BLUE
 Signature of Soldier (for identification purposes) Percy Gibbons

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

- Disabilities Group (a) DEFORMITY RT. HAND
- Disabilities Group (b)
- Disabilities Group (c)

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>G. S. W. HAND. L.</u>	<u>France Aug '18</u>
(ii.) As to Group (b) above.		
(iii.) As to Group (c) above.		

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i.) As to Group (a) above? No If yes, has Active Service aggravated it? n.a.
- (ii.) As to Group (b) above? n.a. If yes, has Active Service aggravated it? n.a.
- (iii.) As to Group (c) above? n.a. If yes, has Active Service aggravated it? n.a.

4. Is the disability due to disease contracted or injuries received while on Active Service?

- (i.) As to Group (a) above? Yes
- (ii.) As to Group (b) above? n.a.
- (iii.) As to Group (c) above? n.a.

5. MEDICAL HISTORY.

Documents show: entered 30/11/17
 Arrived in France 2/6/18. Wounded 9.1.18 Hand 2
 26/8/18. Evacuated to England 31/8/18
 Highfield Military Hospital, Liverpool 1/9/18 - 10/10/18
 Granville Civil Hospital, Buxton 10/10/18 - 11/11/18
 G. S. W. Left Hand "Fracture of 3rd metacarpal - non-union and poor joint on ground's level. Shopper fragments present. 1/2 movement in 3rd metacarpal & delayed joint." Boarded BII Buxton 28/10/18.

6. PRESENT CONDITION.

Complains of weakness in left hand and inability to lift objects with hand.

Examination shows scars of through & through wound of left hand. Scars are opposite 3rd metacarpal in both palm & dorsal surfaces. There is much swelling back of middle third 2nd metacarpal & adherent scar tissue in palm of hand. Motion of hand is fairly good but not complete. Grip in hand is weak. Other systems normal.

7. OPERATION. (i.) Was one performed? *Yes* (ii.) If so, state what. *Shopper removal.*
 (iii.) Was one advised and declined? *No*

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? *No*
 (ii.) If so, describe. *n/a*

9. DO YOU RECOMMEND:—
 (a) Fit for duty? *Yes BII* (state category)
 (b) Invalid to Canada? *No*
 (c) Discharge from the Service as permanently unfit? *No*

Date of Report... *Nov 22 1918*
 Station... *Witley Surrey*
 Signed... *W. S. W. [Signature]*
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except
NOT IN HOSPITAL
 Dated at... Station, on... 1918
 *Delete if inapplicable.

Proceed

10. Is the disability fully... If not, describe it.

11. Is the cause of the di... If not, describe it.

12. From the medical inf... now added, was ability caused or ag... by:—

13. THE ENTIRE D... present for earning... (Estimate at none,

14. THE DISABILIT... previous to joining... What part of the... (Estimate at none

15. Permanency of the D... (i.) Is it perman... (ii.) If not perman...

16. If an operation was... consider the refusa...

17. Can the former trade...

18. REMARKS:—

ACTH
A
 The Medical Officer's actual...
 The objective...
 The group...
 The Medical Officer's actual...
 The objective...
 The group...

19. RECOMMENDATIONS

(a) Fit for duty... (state category)

Date of Board *12/1/19*

Station *Witley*

Approved *[Signature]*

Dated at

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by:

(a) Negligence of the Soldier (b) Misconduct of the Soldier

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3).) Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate. What part of the entire disability estimated next above (13) is due to causes arising during Active Service?

15. Permanency of the Disability due to Service estimated next above in (14). (i.) Is it permanent?

(ii.) If not permanent, what is its probable minimum duration (in months)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

17. Can the former trade or occupation be resumed?

18. REMARKS:—

19. RECOMMENDATION:—

(a) Fit for duty? (b) Invalid to Canada? (c) Discharge from Service as permanently unfit?

Date of Board

Station

Approved

Dated at

Signatures of the Board

A.D.M.S.

Station



EXAM. MED. BOARD
28 OCT. 1918
G. C. S. H.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at G. C. S. H. Oct 28 1918

No. 2355769 Rank Pfc Name Gibbons P.

Local Unit _____ Overseas Unit 18th Bn. Age 26

Examination held at GRANVILLE CANADIAN SPECIAL HOSPITAL BUXTON.

DISABILITY. Overseas—Local (scratch one out). Mal-Union, Metacarpal Middle left

PRESENT CONDITION.

Wounded at Arras on Aug 26, 1918 by shrapnel sustaining a fracture of middle metacarpal of left hand at mid point. Operation of removal of f.t. Wound healed Sept 28/18. Union of metacarpal phalangeal joint 3/4 normal. Union of fracture with natural displacement of distal fragment and some over riding. Other system normal.

BOARD RECOMMENDS:—

1. Fit for Duty Fit for Duty, temporary 14 days
2. Fit for duty after _____ weeks' physical training.
3. Fit for Temporary Base Duty _____ weeks.
4. Fit for Permanent Base Duty _____
5. Discharge _____

EXAM. MED. BOARD
28 OCT. 1918
G. C. S. H.

Signatures:—
W. G. Turner Lt Col Comd President.

Members { W. G. Turner Lt Col Comd

APPROVED W. G. Turner Lt Col Comd

Dated 28 OCT 1918 1917.

PROCEEDINGS OF A MEDICAL BOARD

No. _____
Name _____
Local Unit _____
Examination held at _____
DISEASE _____
DISEASE _____

PRESIDENT'S REPORT

BOARD RECOMMENDATIONS

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

President _____
Members _____
APPROVED _____

This space to be for numbers



2.14

Proceedings on Discharge.

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

No. 2355769	
Rank Private	
Surname..... GIBBONS,	
Christian Name..... Percy	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) 1st Depot Battalion, W.O.R.	
Date of Discharge JAN 18 1919 D.O. # 16. d. 16. 1. 19	
Place of Discharge LONDON, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 26 years..... months.	Descriptive Marks G.S.W. - Left Hand.
Height..... 5 feet..... 3 1/4 inches.	
Complexion Fresh	
Eyes Grey	
Hair Brown	
Trade Chauffeur	
Intended place of residence } 2176 East 31st St. S. E. Cleveland, Ohio.	
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
MEDICALLY UNFIT	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100M.—1-17.

H. Q. 1772-39-113.

(OVER)

(To be signed)

[Handwritten signature]

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

.....
.....
.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

LONDON, ONT.

(Place)..... *Percy G. Hobbs* (Signature of Soldier.)

JAN 18 1919

(Date)..... *J. Seddon* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

LONDON, ONT.

(Place).....

JAN 18 1919

(Date).....

(Signature).....

Jr. Millard Major

O. C. Discharge Section, No. 1 D. D.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

none
Peray G. Johns

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

y. (Squadron
ordance with

demands, up
e.

e of Soldier.)

e of Witness.)

forward these
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harge

sty's Service.

e of Soldier.)

years.....days.

~~years.....days.~~

rd Major

No. 1 D.D.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313*</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

M. OR S. *d* 2457

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

REGT. No. *2355769* RANK *Pte* NAME (IN FULL) *GIBBONS, Percy* 15
(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>1st Div WOP</i>	IF IN P.F. WHAT UNIT?
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION <i>1-12-17</i>	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY, \$ <i>15.00</i>	DATE EFFECTIVE <i>Paid to 31-12-18</i>
ADDRESS					PAYABLE TO <i>Mrs Helen Gibbons</i>	RELATIONSHIP <i>M</i> ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS <i>2176 E. 31st St.</i>	
					<i>Cleveland Ohio U.S.A.</i>	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED <i>London</i>	DATE <i>18-1-19</i> REASON <i>Med Infir</i> AUTHORITY <i>20016/19</i> IF ENTITLED TO POST DISCHARGE PAY <i>yes</i>

MONTH	PAY AND F.A.		OTHER CREDITS			TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.		\$	C.
			NO.	DATE					NO.	DATE	NO.	DATE	\$	C.									
<i>Balance from previous account</i>																							
<i>1/18/19</i>	<i>49</i>	<i>1.00</i>	<i>49</i>	<i>490</i>	<i>23</i>	<i>20</i>	<i>2857</i>															<i>35.53 holding 25.94 on all 23rd Feb 17/19 14/19 00.7</i>	
<i>18/1/19</i>			<i>70</i>				<i>70</i>		<i>18/1/19</i>			<i>70</i>						<i>70</i>				<i>Had service gratuity 1 year \$ 28.00</i>	
<i>18/2/19</i>			<i>70</i>				<i>70</i>		<i>18/2/19</i>			<i>70</i>						<i>70</i>				<i>Blue War Service Gratuity</i>	
<i>17/3/19</i>			<i>140</i>				<i>140</i>					<i>70</i>						<i>70</i>				<i>209/11</i>	
<i>18/4/19</i>			<i>70</i>				<i>70</i>					<i>70</i>						<i>70</i>				<i>71113</i>	
							<i>280</i>					<i>280</i>						<i>280</i>				<i>P. J. G. Capt</i>	

Date of Enlistment *With N.R.*

MILITIA AND DEFENCE

G

Date of Assignment

Separation and Assigned Pay Branch

2328 *Feb-18*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15.</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *2355769*

Rank *Pte.* Promoted Reverted Discharge

Soldier's Name *Percy Gibbons*

Battalion *1st Dep Btn. W.O.R. 2 Div.*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Helen Gibbons*

Address *2176 East 31st Street, Cleveland*

Change of Address *Ohio U.S.A.*

1 *MRS. HELEN GIBBONS*

2 *2176 E. 31ST ST.,*

3 *CLEVELAND, OHIO.* *15* *15.00*

4 *% 2355769 PTE PERCY GIBBONS*

FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Feb</i>	<i>F 100212</i>		<i>15</i>	<i>15</i>	<i>M. R. O. 1st sent 19-2-18</i>
<i>Mar</i>	<i>H 139155</i>		<i>15</i>	<i>15</i>	<i>F100212 Gau.</i>
<i>Feb.</i>	<i>H 84544</i>		<i>15</i>	<i>15</i>	<i>La. 2967-Main 26-3-188,</i>
<i>Apr.</i>	<i>H 16906</i>		<i>15</i>	<i>15</i>	
<i>May.</i>	<i>S 16187</i>		<i>15</i>	<i>15</i>	
<i>June</i>	<i>Z 10374</i>		<i>15</i>	<i>15</i>	
<i>July</i>	<i>Z 21520</i>		<i>15</i>	<i>15</i>	
<i>Aug</i>	<i>Z 23720</i>		<i>15</i>	<i>15</i>	
<i>Sept</i>	<i>Z 47156</i>		<i>15</i>	<i>15</i>	
<i>Oct</i>	<i>Z 61802</i>		<i>15</i>	<i>15</i>	
<i>Nov</i>	<i>Z 76352</i>		<i>15</i>	<i>15</i>	
<i>Dec.</i>	<i>Z 95775</i>		<i>15</i>	<i>15</i>	
<i>Jan</i>			<i>15</i>	<i>15</i>	
			<i>165</i>	<i>165</i>	

06878 P-1

mpro 2^a
West-6738

CANADIAN ASSIGNED PAY AUDITED

OK. *J. J. Rose*

AUDIT CLERK

DATE *14/6/19*

M. F. W. 128.
FORM 6-17-1772-88-1141
L. L. 2530-M. & D. 1983.

19-2-18

31.12.18
of Lympie
14.12.18 *19.12.18*
Mr Nolan Inv:1

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128.
400M.-6-17-1772-38-1141
L. L. 22320-M. & D. 7993.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Gibbons, Percy
Surname Christian Name

Regimental Number 2355769 Rank Pte. Address (in full) 2176 E. 31st St.,
 Unit 18th Bn. Late 1st D.B. W.O.R. Cleveland, Ohio.

Original Unit

District where paid M.D. 1.

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem; Separation Allowance \$ _____ per month.

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks: Account opened 18-1-19.

M. F. W. 127.
 25M.-8-18.
 1772-38-1140.

File No.

WAR SERVICE GRATUITY.

Register No.

Reg. No.

Dependent

Name

Address

Address

Dec'n No W. S. G. File No

Award days at \$ per day \$

S. A. months at \$ per mo. \$

Less P. D. P. Credited

Pay Soldier \$ Less further debit balance

Net due paid as below

TO SOLDIER		TO DEPENDENT	
Ch. No.	Amount	Ch. No.	Amount
1			
2			
3			
4			
5			
6			

Pay Dependent \$

Pay Soldier \$

Days Rate Due

Less P. D. P. credited

Clerk

Less further Dr. Bal. or overpayment.

Net

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
 Posting checked by

 Date

Draft 1st, Depot. Bn To-W.O Regt

LTR Rank Name GIBBONS, Percy Reg'l No. 2355769
 Unit If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment London, Dec. 1st, 1917. Place of Birth Toronto, Ont.
 Name and Address, Next-of-Kin Mrs Helen Gibbons.
 2176 East 31st Cleveland. Ohio. Relationship Mother.

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

M/E. R.B. No. 5038
 File R.L.
 Category
CANCELLED

Discharge, Date and Place Reason Character
 H. W. & V., Ld.—9546-16.

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.				
		Arrived in England		6-2-18	S/S SCOTIAN
18.2.18	4 th Res	Taken on strength	Bishopton	6.2.18	A 2041
3.6.18	"	S.O.S. to 18 Bn	Witley	1.6.18	DD130(18 Bn) 11/14/18
3.9.18	WORD(18)	WOUNDED	field	27.8.18	CLA 305
6.9.18	WORD	TOS from 18 Bn	Witley	1.9.18	P+II 0210
17.9.18	18 Bn	SOS to WORD	field	"	" 88 O.C.
6-11-18	W.O.R.D	On comm. to 1 st Lt. B. to	Witley	5-11-18	" 264 91002309 38 1/2
22.11.18	-	off leave to	-	21.11.18	- 2768 1st Lt B. to 32309 22 1/2
9.12.18	-	SOS to CEP in bay	-	7.12.18	- 290

RECEIVED
 JUN 1918

Casualty Form - Active Service.

Regiment or Corps... 1st Dep Bn W.C.R.
 Rank... Plt Surname... GIBBONS Christian Name... BERCY
 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...			
<u>21-11-18</u>	<u>ceases to be attached on proceeding to</u>	<u>Regt. Depot</u>	<u>377</u>	<u>8/21-11-18</u>	<u>Adjutant</u> <u>1st Canadian Command Depot,</u>
<u>22/11/18</u>	<u>DERD.</u>	<u>attach Dep Coy</u>	<u>Dieby</u>	<u>21/11/18</u>	<u>Do 276</u>
<u>4-12-18</u>	<u>do</u>	<u>S.O.S. W.C.R. & S</u>	<u>do</u>	<u>4-12-18</u>	<u>Do. 286</u>
<u>8-12-18</u>		<u>London</u>		<u>4-12-18</u>	<u>Alport Hill 290.</u>
					<u>Lieut. in Records.</u> <u>West Ont. Regl. Depot.</u>

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c (17591.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.) I.P.T.O.

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				
7-12-18	Sailed for Canada				
7-12-18	Lunsford	Taken on strength No. 1 District Depot, London, D.O.			#248
					<i>Wm. H. Heman</i> Lieut NO. 1 DISTRICT DEPOT
LONDON, ONT. JAN 18 1919					
	DISCHARGED	MEDICALLY UNFIT			<i>Wm. H. Millard</i> Major O. C. Discharge Section, No. 1 D. D.

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *1st Depot Battalion, W.O.R.*

Regimental No. *2355769* Rank *Pte* Name *Percy Gibbons*

Enlisted (a) *1-12-17* Terms of Service (a) *was 6 months* Service reckons from (a) *1-12-17*

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) *Auto Driver*

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				

~~Date From whom received Date transferred Authority~~
~~18-1-18 1st. Depot Bn. transferred to London, Ont. H.Q. 593-5-7 d/10-1-18~~

EMBARKED CANADA
 DISEMBARKED ENGLAND

18-2-18 O.C. 4th. Res. BN.

T.O.S. 4th. Res. Bn.

Bramshott 6-2-18 Pt. 2 order No. 41

OVER

(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.]

CERTIFIED CORRECT.

8 JUN 1918

CAN. RECORDS, LONDON.

Report 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
3-6-18	O.C. 4th. Can. Bn	Having proceeded overseas to 18th. Bn is SOS. 4th. Res. Bn.	Witley	2-6-18	Pt 2 D.O. 130 <i>Whitney</i> Lieut. SOS. 4th. Can. Res. Bn
2-6-18	Can I.B. Depot	Arr from 4 Can Res Bn Eng & T.O.S. 18. Can. Bn	In the Fld Can. I. B. Depot, ETAPLES.	2.6.18	Nom Roll Pt II Ord 52 d-14.6.18
17-6-18	C.C.R.C.	Arr at Can Corps Reinf Camp		17.6.18	Nom Roll
17-8-18	18 Bn	Joined 18th Can Bn	In the Fld	13.8.18	AF.B.213
7-9-18	18 Bn	WOUNDED	In the Fld	26.8.18	AF.B.213
27-8-18	22 Gen.	G.W. L. hand Adm. 22 Gen.		27-8-18	W. 3034 (Ext. H. 2658)
31-8-18	A.T. Princess Elizabeth	Invalided to England, wounded. Posted to Western Ontario Regtl Depot WITLEY		31-8-18	AF.W.3083 (Can. Sect. No. 5905) Pt II Ord. 88-17/9/18
6-9-18	H.O.R.D. J. O. S. from 18th Bn.		Witley	1-9-18	Pt II © 210 <i>Whogan</i> Major for Lt.-Col. A.A.G. Canadian Section, C.M.C. 3rd Battalion B.E.F.

FOR LT: COL: I/O RECORDS, C.M.F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate COPY ONLY

This is to Certify that No. 2355769 (Rank) Private

Name (in full) GIBBONS, Percy enlisted in
 the 1st Depot Battalion, Western Ontario Regiment
 CANADIAN EXPEDITIONARY FORCE at LONDON, ONTARIO on the FIRST
 day of DECEMBER 1917.
 HE served in FRANCE (with 18th Battalion)
 and is now discharged from the service by reason of MEDICALLY UNFIT

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

Age 26
 Height 5' 3 1/2"
 Complexion Fresh
 Eyes Grey
 Hair Brown

Marks or Scars G.S.W. - Left Hand.

Signature of Soldier

DISCHARGE SECTION
 JAN 18 1919
 No. 1 District Depot

Date of Discharge LONDON, ONT.

Issuing Officer

LTJLT
To J. Millard Rank Major
 O. C. Discharge Section, No. 1 D. D.
 Appointment

Signed at LONDON, ONT. this EIGHTEENTH day of JANUARY 1919.

in Military District No. ONE

File Reference No. 1 D.D. 10-G-152

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

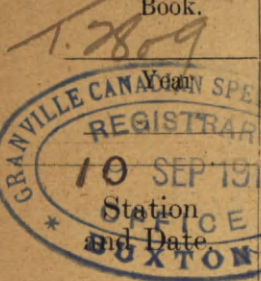
Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

PA 77/312-

MEDICAL CASE SHEET.*



No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

Christian Name.

2355769 Pte Gibbons

S

Unit.

Age.

Service.

181st Canadian 26

9/12/12

Disease

G. S. W. 4th. Metacarpal.

Occupation

Driver

Enlisted

Dec 1. 1917

England

Feb 6 1918

France

June 1 1918

Wounded

Aug 26. 1918

C.C.S

77 Genl Carriers

Aug 27. 1918

High Field Mel Hosp Liverpool

Sept. 1. 1918

G. C. S. H. Buxton

Sept. 10. 1918

Wounded at Arras on Aug 26. 1918 by shrapnel in left hand. Shrapnel removed at C.C.S.

Scar on dorsum of hand and metacarpal of middle finger correspondingly scar on palm of hand. 5 long middle fingers show little movement middle fingers have better movement.

16 SEP 1918

E.C.B.M.S. Light Massage. No manipulation
Return with W.D. Turner

2 Ray Report

13.9.18

fracture middle metacarpal bone middle finger left. Distal fragment displaced outward some overriding - union multiple shrapnel fragments dust this region & extending palmar aspect.

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

Station
and Date.

23 SEP. 1918

Contd left massage of co
ach - of arm, girth mount of finger
lean right off. - M.H.H.

18. 9. 18

Caravan treatment - palmar wound is
not quite healed. M.H.H.

2-10-18.

wounds healed - hand improved

16-10-18

The metacarpophalangeal joints lack
about 1/2 of normal movement. The
interphalangeal joints are O.K. M.H.H.
wounds healed.

18 OCT. 1918

Caravan Return 1 week W.T. Turner

Oct 23/18.

Movement much improved in all joints. Col Black
Category Monday W.T. Turner

BH

23 OCT 1918
G. O. S. H.

BN

Y.B.Y 48

H.

G 17 835 B

ORIGINAL MEDICAL HISTORY SHEET

Surname GIBBONS

Christian Name Percy

Examined on 1st day of Dec 1917
at London, Ont.

Approved by

Birthplace { City or Town Toronto
County Canada

Rank _____ M.O. _____

Apparent age 25 yrs - 9 mths

Date 15/1/18 Ft or Unfit A.11 EXAMINED FOR RE-ENGAGEMENT
A.E. Mc Leary Capt. Genl M.O.
SEP 1918 M.O.

Trade or occupation Motor Driver

Height 5 feet 4 Inches

Weight 110 lbs.

Chest measurement { Minimum 29 inches
Maximum expansion 33 inches

Physical development fair

Small-pox Marks nil

Date 20/9/18 Result T.B.P. Vaccinations Recd. B. Thon M.O.

Vaccination Marks { Arm Right Left
Number Nil

Date 4/12/17 Result h. J. Army. Capt. Amey VACCINATIONS M.O.

When Vaccinated last Never

(a) Marks indicating congenital peculiarities or previous disease

Date _____ Result _____ ANTI-TYPHOID INOCULATIONS, ETC. M.O.

(b) Slight defects but not sufficient to cause rejection

Date 4/12/17 Result h. J. Army. Capt. Amey M.O.

RIGHT EYE D 20 LEFT EYE D 20

HEARING R Normal L Normal

Date 12/12/17 Result h. J. Army. Capt. Amey M.O.

Date 3-1-18 Result _____ M.O.

Enlisted on 30th day of November 1917 at Cleveland, Ohio

	CORPS	REG'T. NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depo. Bn. W.O.P.</u>	<u>2355769</u>		<u>30-11-17</u>
Transferred to	<u>4th CAN. RES. BATTALION.</u>			
	<u>18 Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>London, Ont. 1917</u>	<u>DEC 1 1917</u>	<u>On Attestation</u>	<u>considered</u>
<u>J.R. LeCroy Capt</u>	<u>101</u>	<u>Capt. A. M. C.</u>	<u>Capt. A. M. C.</u>
<u>Examined by Med. Board. Lt Thomas</u>			
<u>needs dental treatment. A.E. Mc Leary Capt. Genl</u>			
<u>St. H.</u>	<u>Oct 28/18</u>	<u>no. hand left</u>	<u>100/100</u>
<u>hilly</u>	<u>22/1/19</u>	<u>113 ft</u>	<u>with some noise</u>

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

CANADIAN

DEC 1 1917

HIGHFIELD MILITARY HOSPITAL,
 KNOTTY ASH,
 LIVERPOOL

Granville Can. Spec. Hosp
 Buxton Derbyshire

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	9	18	10	9	18	S.S.W. arm	9	Trans Granville Can Buxton	J. H. [Signature]
		10	9	18	5	11	18	G.S.W. Left Hand	5-7	Wound on dorsum of palmar surface lt. hand over 3rd metacarpal. Fracture 3rd metacarpal - non union & poor position - Wounds healed - Osseous fragments present. 1/2 mort. in 3rd metacarpal phalangeal joint Phalangeal joints normal. Hand improving	J. W. [Signature] C.M.C.

Christian Name

Surname

MEDICAL HISTORY SHEET

LAST PAY CERTIFICATE

Regt. No. 2355769 Rank 01E Name Gibbons Percy
 Corps, 4 DB Wor who was Discharged
 on 18-1-19 to

The following is a statement of the account of the above named
 from 1-12-18 to 18-1-19

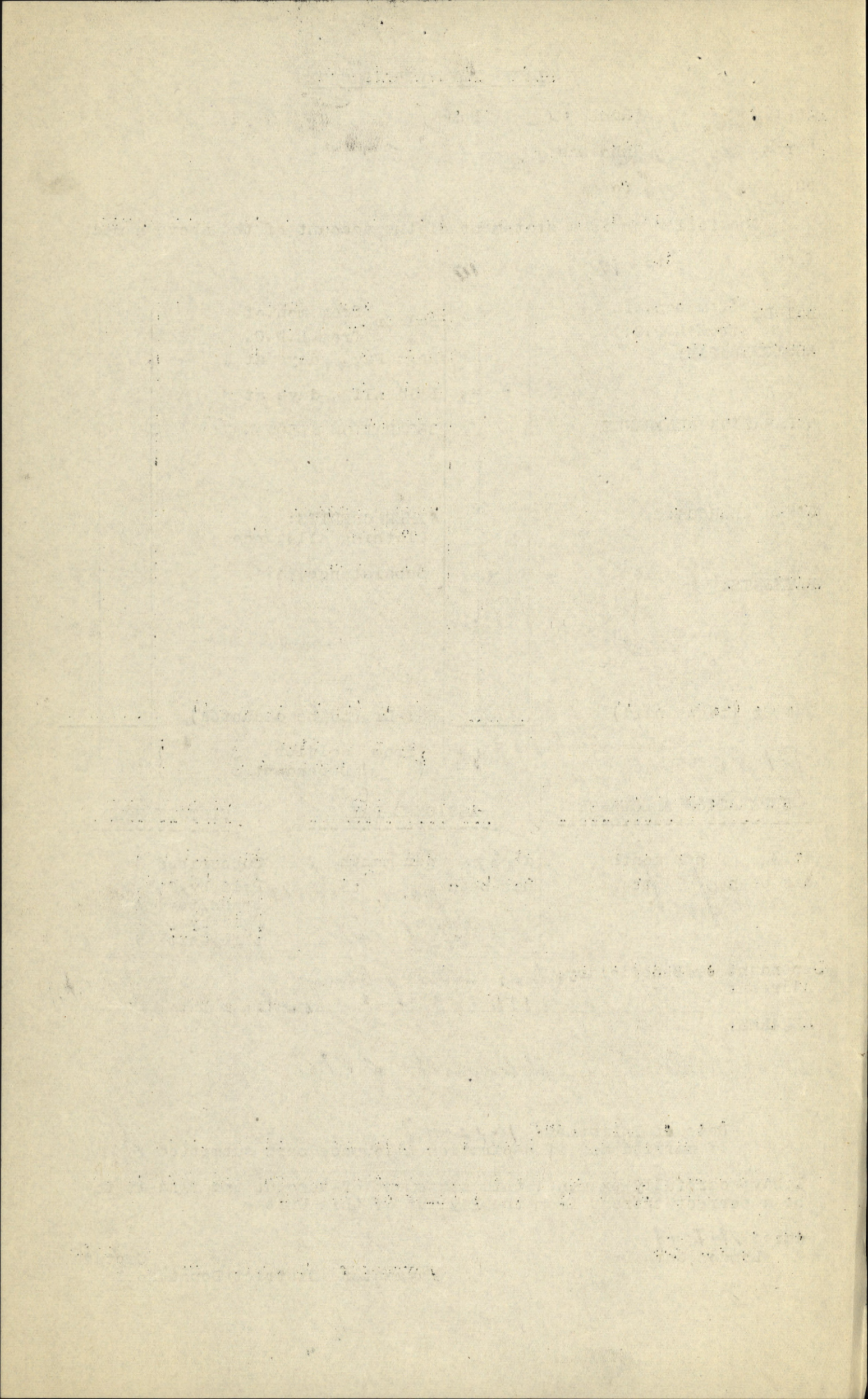
Bal Dr from mon. of from L.P.C. ASSIGNED PAY; <u>1-1-19 to 18-1-19</u> <u>9 00</u> SEPARATION ALLOWANCE: OTHER CHARGES: PAYMENTS:		Bal Cr from mon. of from L.P.C. Regt Pay <u>49</u> days at \$ <u>1 -</u> <u>49 00</u> Fld All <u>49</u> days at \$ <u>10</u> <u>490</u> SEPARATION ALLOWANCE: OTHER CREDITS: Clothing Allowance <u>35</u> Subsistence, <u>17 20/11</u> <u>23 20</u> revers allow <u>25</u>	28 51 49 00 490 35 23 20 25
#9031 <u>131 86</u> Bal Cr (to be paid)		Bal Dr (to be deducted)	
<u>P.D. P. M. S. S. S.</u> <u>140 86</u>		{ from soldier \$ } <u>140 86</u> { " Dependant \$ }	

SEPARATION ALLOWANCE ----- at \$ _____ per month has been _____ to _____	ASSIGNED PAY ----- at \$ <u>15</u> per month has been <u>paid to 18-1-19</u> <u>and chief</u>	VICTORY BOND ----- Subscribed \$ _____ Paid by Other Units \$ _____ Paid by this Unit \$ _____
---	---	--

Dependant or Beneficiary; Mrs Helen Gibbons USA (M)
 Address; 2176 E 31st St Cleveland Ohio

REMARKS;
Unch. Med Unfit 2016
 Date of Enlistment 1-12-17
 If married and if Separation Allowance card submitted No

I have carefully examined this statement of account and find it to
 be a correct extract from the Paylist of this Unit
 date; 17-1-19
 London, Ont. Captain,
 Paymaster, District Depot No.1



DENTAL HISTORY SHEET

DISTRICT.....

CANADIAN ARMY DENTAL CORPS

Gibbons Percy Ste.

NAME OF SOLDIER.....

REGIMENT.....

RANK.....

No. *2355769*

Condition on first Examination	Date	Amalgam (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization.	Pyrrhoea	Synthetic Porcelain	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
										U	L	P			Gold	Porcelain				
<i>Jim</i>	<i>1919</i>	<i>5.20.21.</i>							<i>8.9</i>	<i>3.4.7.10.</i>								<i>Jim Clutchey</i>	<i>1.</i>	<i>Ex. 16. Cav. 29 upper & lower Rest.</i>
		<i>32</i>							<i>Extracting</i>											



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

1016
Number

2355769

Rank

plt.

Surname

GIBBONS

Christian Name

Percy

18th Bn Can Eng.

Theatre of War

France

Date of Service

1-6-18.

Remarks

Latest Address

2176 East 31st St.
Cleveland, Ohio,
U.S.A.

Roll No.

B Page 16414

CASUALTY BRANCH

(FILES)

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

HISTORY

DATE

DESP
 SEP 2 1922
 CON. 75
 15480

NAME

Gibbons Percy

REG'T L No.

2355769

RANK AND CORPS

Pte. 18th Bn 1st Form 1st ^{Special Ops} ^{2nd R.D.} ^{WORK}

CABLE

No.

DATE

NATURE OF CASUALTY

No.

FOLLOWS

not Mrs. Helen Gibbons (mother)
 2176 East 31st Cleveland, Ohio
 Adm Alderhey Mil N. Liverpool ^{U.S.A.}
 Sept 1st 1918 ^{U.S.W. hand.}

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 305	22 Gen Farmers	27-8-18	Elev Lt Hand. EOR.
B 301	Alder Hay Mil Orthopaedic West Derby Liverpool	1-9-18	" " "
B 310	Alder Hay Mil Orthopaedic West Derby Liverpool	1-9-18	" " "
B 310	ex " " " Can Spa Buxton	11-9-18	" " " "
B 363	Duck	5-11-18	" " "

Granville Can. Sp. Hospital, HOSPITAL.

A. & D.
CARD

BII-T.D.I.

AT

Ruxton

A. & D. No.

T2809

PL. OF ACTION

2355769

RANK

Ph

UNIT

18 Cans

SICK OR
WOUNDED

NAME

Gibbons P.

AGE

26

RELIGION

C of E

PLACE IN HOSPITAL

P A

DIAGNOSIS

Gsw H⁴⁹ Metacarpal

ADMITTED

10 SEP 1918

FROM

Alder Hey Mil TP Liverpool

DISCHARGED

5 - NOV 1918

TO

1st c.c.d. Witley

TRANSFERRED

SERVICE AT HOME

9/2

IN FIELD

3/2

RESULTS

57 days

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

(P.T.O.)

REMARKS.

PERCY

Name GIBBONS

Rank PTE

Reg. No. 2355769

Unit 18th Bn.

Next of Kin

U. S. A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
27 9	22 G. A. Carriers	USEL L. Hand		H305		3665/1
Oct 1-9	alper Reg M. C. H. H. H.	do.		H296		25349
		Westbury L. Pool		B310		
11 9	Gran Can Spec Busted	do.		B310		26400
5 11	Discharged	do.		B363		9306
6 11	will report 1 Oct 1884 - No furlough - R. of Gran 9				242	

SURNAME.

Gibbons

649-G-14127

CARD NO.

CHRISTIAN NAMES

Percy

REGL. NO.

2355769

RANK

Pte.

UNIT

1st Depot (West Ant Regt.) [2nd R.D.]

Bw.

FORMER CORPS

nil.

S.O.S. div. m. u. 18-119
0-0.169 FOLL. 16-119
#1-29-20

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Gibbons Mrs. Helen

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

2176 East 31st
Cleveland, O., U.S.A.

COUNTRY OF BIRTH

Canada Toronto Ont.

DATE

Mar. 27th 1892

PLACE OF ATTESTATION

London, Ont.

DATE

Dec 1st 1917

Sailed from ...

R/C. 14-12-18 232
22

L. L. 10437 M. & D. 7253

M. F. W. 22. 100M. -11-16. H. Q. 17 2-39-338

075-27-1-18 1096
3

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Auto Driver

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

25 YEARS

9 MONTHS

HEIGHT

5 FEET

4 INCHES

CHEST MEASUREMENT

29 INCHES

EXPANSION

4 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

St. Brown

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

London, Ont.

DATE

Dec. 1st 1917

Present Address

2176 East 31st

Cleveland, O., U.S.A.

Name GIBBONS, Percy Rank Pte Regtl. No. 2355769

Original unit D.W.D.O.R. Present unit 18th. Bn. M. or S. Age 26 Religion C. of Fo. 1D 30-G-631
Fyle Depot IDD-10-G-152

Port, ship and date of arrival Halifax, Olympic, 14-12-18

Next of kin Mother, Mrs. Helen Gibbons, 2176 E. 31st. St. Cleveland, O.

Address on leave

Address on discharge 2176 East 31st St., Cleveland, Ohio, U.S.A.

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation Auto Driver Date and place of enlistment 1st. Dec. 1917, London, Ont.

Diagnosis G.S.W. left hand Date of Medical Boards London, Jan. 14, 1919.

Date.	Remarks.	Pt. 2 Order No.
<u>7-12-18</u>	<u>No. 1. D.D.</u>	<u>248</u>
<u>17-12-18</u>	<u>, Posted to Casualty Co.</u>	
<u>17-12-18</u>	<u>Granted sub.allowance of 80¢ per diem from 17-12-18 to</u>	
<u>14-1-19.</u>	<u>Home coming furlough.</u>	<u>7</u>

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

Date.

Remarks

Pt. 2 Order No.

18-1-19 Discharged from H.M.S. Medically unfit. (P.D. P)

16

1-2-19 Entitled to wear 1 blue chevron.

32

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Gibboud

9

2355769

RANK

UNIT

CO.

TROOP

BATTY

Pl

W.O. 18.

HOSPITAL

DATE OF ADMISSION

27. 9. 18. Camera

27. 8. 18

1. Adley N. Ark. 1. 1. 18.

HOSP. 1-9-18

2. Granville. Buxton.

HOSP. 11-9-18.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

g. w. h. hand

1.

2.

3.

DISPOSITION

hisc - 5. 11. 18. DATE

64 3 9 18

a 305^v

REMARKS

3-9-18

B/201-1

13-9-18 B

310 ①

14-11-18 B

363-2.

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	
2.	
3.	
4.	
5.	
6.	
7.	

F. 588
MARRIED OR SINGLE

Single

PLACE OF BIRTH

Toronto, Canada.

NAME AND ADDRESS OF NEXT OF KIN

Helen Gibbons

2176 E. 31st St., Cleveland, Ohio, U.S.A.

RELATIONSHIP OF NEXT OF KIN

Mother.

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. *2355769* RANK *Private* NAME *GIBBONS, Percy.*

IF IN ~~ARMY~~ CORPS
WHAT UNIT

2 Draft
1st W.O.R.

UNIT

NAME *GIBBONS, Percy.*

TRANSFERRED TO

4th Res Bn

DATE

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

London, Ontario

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

1/12/17.

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ *15.00*

DATE EFFECTIVE *Feby: 1st 1918.*

PAYABLE TO

Helen Gibbons, 2176 E. 31st St. Cleveland, Ohio, U.S.A.

RELATIONSHIP

Mother.

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

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

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				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	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT			
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ALLGE. PAY																				
<i>Jan 31 1918</i>	<i>Balance from Canada</i>								<i>23 60</i>																						
<i>Feb 1 1918 to</i>									<i>64 90</i>																						
<i>Mar 31/3/18</i>	<i>59 RR</i>								<i>64 90</i>																						
				<i>Jan ad Feb-Mar</i>					<i>129 20</i>																						
				<i>v 1592 27/2/17</i>					<i>2 43</i>																						
									<i>31 63</i>																						
									<i>26 87</i>																						

CANADIAN
ASSIGNED PAY AUDITED
D.H.
Percy Gibbons
AUDIT CLERK
DATE *14/6/19*

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: GIBBONS: Percy								
EFFECTIVE DATE: 1/2/18		EFFECTIVE DATE: -		NUMBER: 2355769								
AMOUNT: 15⁰⁰		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT								
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY								
Mrs Helen Gibbons 2176 E. 31st St Cleveland Ohio USA Mother				DATE EFFECTIVE								
Stopped off 1/12/18				RANK OR APPOINTMENT								
				UNIT AND TRANSFERS								
				ORIGINAL UNIT: 1 Depot Bn W.O.R.								
				DATE ACCOUNT FIRST OPENED: 1/2/18								
				AUTHORITY								
				DATE EFFECTIVE								
				DATE LEDGER SHEET T'S F'D								
				UNIT TRANSFERRED TO								
				11/1/18 23/1/18 18 Bn.								
				210. 6/1/18 1/1/18 20/1/18 word.								
				1-1-19 26-2-19 can see								
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK				DAILY RATES OF PAY AND ALLOWANCES								
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
5/1/18 9185	61	Buxton	487									
15/1/18 5809	62	ICED.	973									

PARTICULARS OF RENDERING NON-EFFECTIVE: **Transferred to Canada Army NR19 word 1/12/18**

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
3/13/18	Bal Ford								2687		
Apr. 30	P.P.	33		Canal				15			
				AR 98 17/4 (3) 4 Res	973						
				BL4005.41. 1/3/18. (20) 4 Res.	487						
				AR. 301. 29/4 (26) 4 Res.	973				2498		
May. 31	P.P.	33		Canal	1989			15			
				AR. 566. 15/5/18. (12) ✓	973						
				✓ 773. 29/5 (21) ✓	1460				1975		
June 30	P.P.	33		Canal	2433			15			
				ANAR. 788. 6/6 (7) 6 J.B.D.	446						
				✓ 830 19/6 (3) 2 66RB	357				2972		
July	P.P.	33		Canal	803			15			
				AR. 1050. 4/7/18 ✓	446						
				AR. 1287. 16-7-18 ✓	357				4079		
August	Pte. Pay	34	10	Can. AP.	803			15			
				AR. 1539. 3-8-18 ✓	357						
				✓ 644. 19-8-18 18 th 21.	357				5275		
Sept. 30	✓	34	10	Can. AP.	714			15			
				AR 7046 12.9.18 @ Buxton	487				6588		
				Canal	487			15			
				C.A.P.				15			
				AR 8137 10/10/18 ✓	487				8011		
				Canal	487			15			
Nov	✓	33		C.A.P.				15			
				AR 9185 5/1/18 Buxton	487						
				✓ 5809 15/11 ICED	973				8351		
				Canal	1460			15			
				SOS Canada Eff 7/12/18 B0 290 9/12/18 word.							

Checked *A. J. J.*
25-11-18

