

Unit 160th B'n. C.E.F. Rank Captain Name Little, James C.

OFFICERS' DECLARATION PAPER **Original**

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Little.
- (b) What are your Christian Names? James Clow.
2. (a) Where were you born? (State place and country) Teeswater Ont. Canada.
- (b) What is your present address? Teeswater Ont. Canada.
3. What is the date of your birth? 14th Sept. 1889.
4. What is (a) the name of your next-of-kin? Robert E. Little.
- (b) the address of your next-of-kin? Teeswater Ont. Canada.
- (c) the relationship of your next-of-kin? Father.
5. What is your profession or occupation? Newspaper Editor.
6. What is your religion? Presbyterian.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? 52nd Bruce Regiment.
9. State particulars of any former Military Service. None.
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

James C. Little (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* FIT. for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 9th August, 1916.

Place Walkerton Ontario.

Adrian capt.
Medical Officer.

*Insert here "fit" or "unfit".

OFFICERS' DECLARATION PAPER

QUESTIONS TO BE ANSWERED BY OFFICER

1. What is your name?
 2. What is your rank?
 3. What is your service number?
 4. What is your date of birth?
 5. What is your date of enlistment?
 6. What is your date of arrival in Canada?
 7. What is your date of departure from Canada?
 8. What is your date of return to Canada?
 9. What is your date of discharge from the force?
 10. What is your date of re-enlistment?
 11. What is your date of re-arrival in Canada?
 12. What is your date of re-departure from Canada?
 13. What is your date of re-return to Canada?
 14. What is your date of re-discharge from the force?
 15. What is your date of re-re-enlistment?
 16. What is your date of re-re-arrival in Canada?
 17. What is your date of re-re-departure from Canada?
 18. What is your date of re-re-return to Canada?
 19. What is your date of re-re-discharge from the force?
 20. What is your date of re-re-re-enlistment?

DECLARATION OF MEDICAL EXAMINATION

I, the undersigned, being a duly qualified medical officer, do hereby certify that the above named officer is fit for service in the Canadian Overseas Expeditionary Force, and that he is not suffering from any disease or injury which would render him unfit for such service.

Signed: _____
 Medical Officer


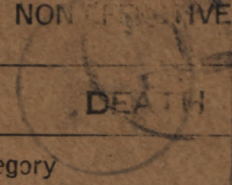


REGIMENTAL DOCUMENTS

NAME LITTLE JAMES CLOW

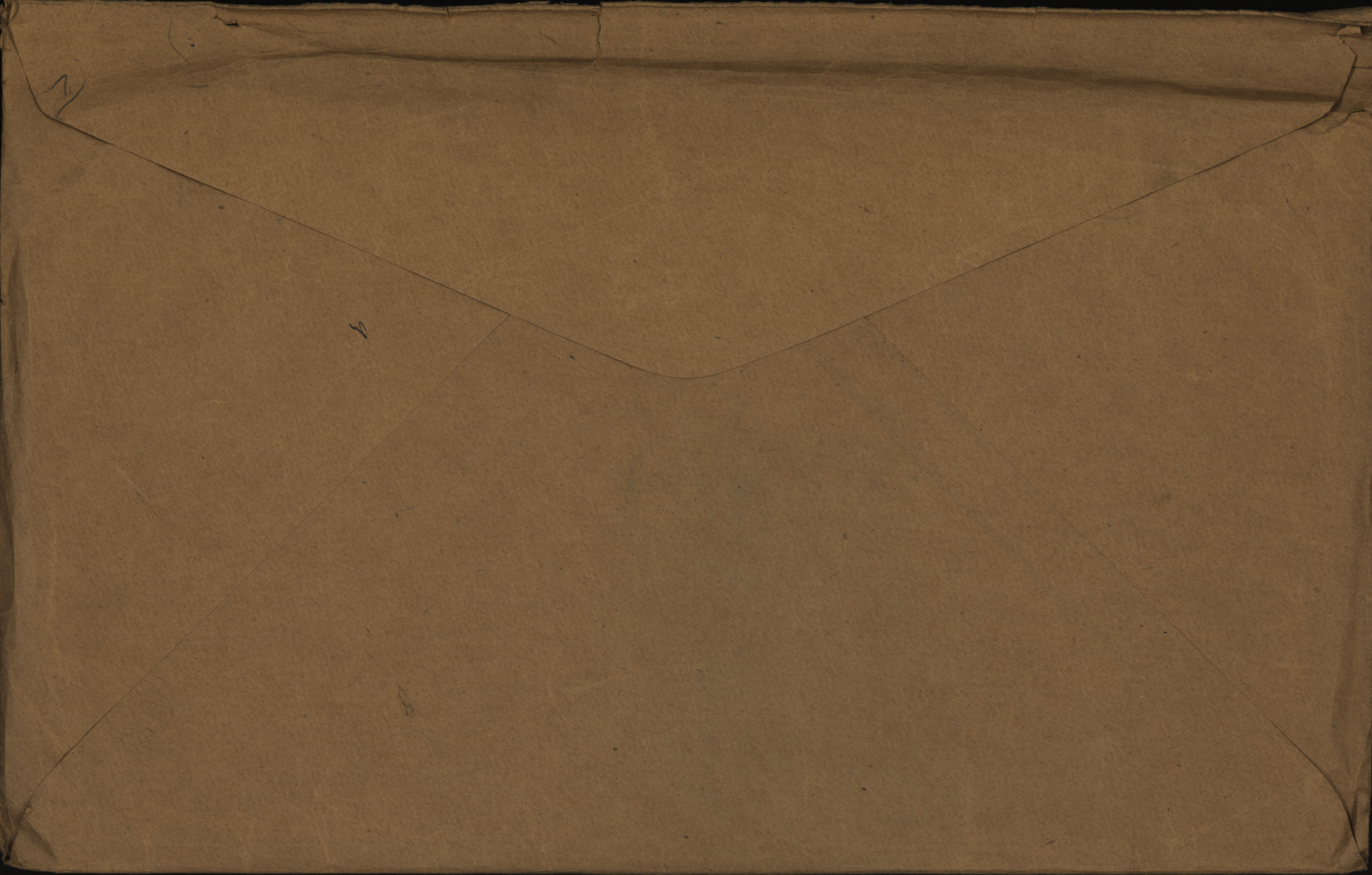
REGT. NO. 160th Bn

UNIT 160th Bn

H. Q. FILE NO. 332-32-41

 CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-RECEIVED BY
2 ATTESTATION NUMBER (M.F.W. 23, 133, or 51)		To DPO M.D.I.	26 3 19	1-462 m# 314	
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		M.D.I.	5/12/19		Category
TRAINING HISTORY SHEET (M.F.W. 113)		Returned 22-3-20			
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		Returned 22-3-20			
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)		Returned 22-3-20			
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)		Returned 22-3-20			
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		Returned 22-3-20	6/7/20		DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)		Returned 22-3-20			Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		Returned 22-3-20	9-8-20		Demob
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				27917	
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
1 LAST PAY CERTIFICATE (M.F.W. 44)					DESERTION
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 Conf report					
1 M.F.W. 67					
1 M.F.W. 49					
1 M.F.W. 49					
1 M.F.W. 49					
1 M.F.W. 49					
1 M.F.W. 49					
1 M.F.W. 49					
1 M.F.W. 49					
1 M.F.W. 49					
1 M.F.W. 49					

Ref ams 0565



No.

RANK

Lieut.
Capt.

NAME

Little. James. Clow.

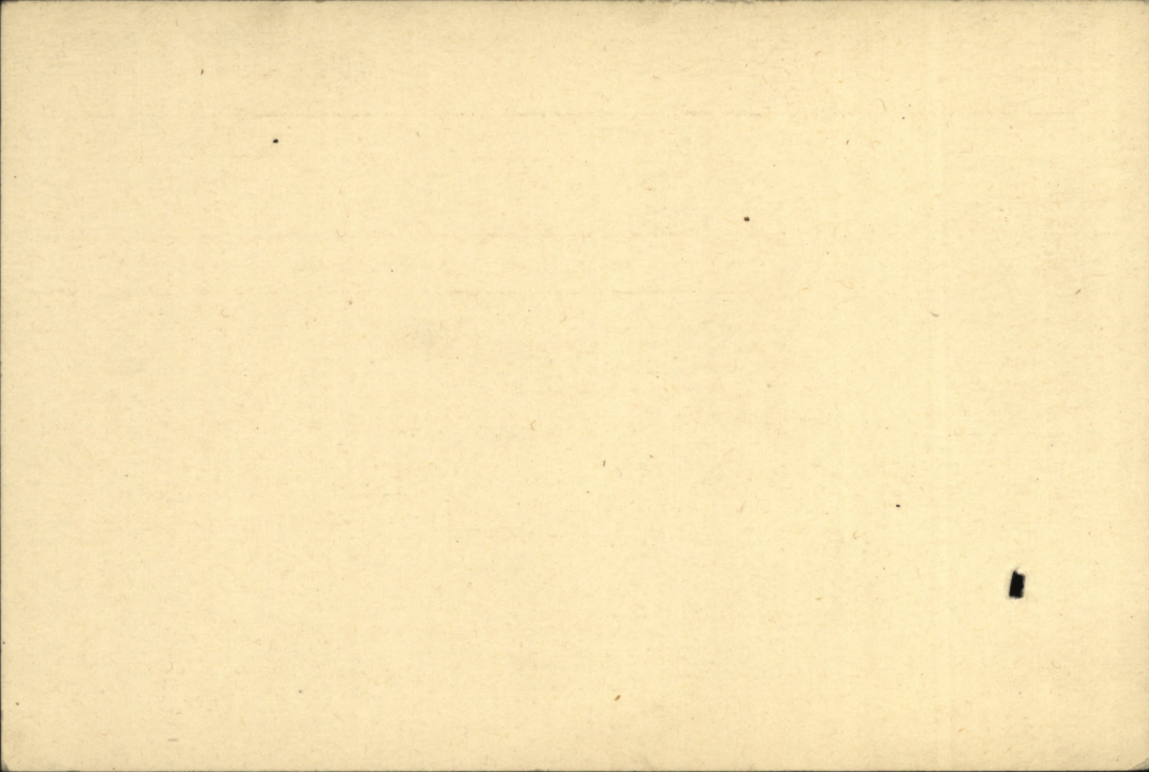
T. O. S.

UNIT 160th Battalion from 32nd Bruce Regt.

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. Dec. 29.	1916. Jan 11.	n.		
1916 Jan 12.	1916. Feb 29	v.		
Mar.		v.		
Apr.		v.		
May		v.		
June		v.	In camp from 22/6/16	(June payroll)
July		v.	Prom. Capt. 20/3/16	(D.O. 178)
Aug.		v.		
Sept.		v.		
Oct.		n.		

UNIT SAILED
OCT 17 1916



C. P. of N. released.

SURNAME.

Little

CHRISTIAN NAMES

James below

REGL. NO.

RANK

capt.

UNIT

160th

FORMER CORPS

32nd Bruce Regt.

NEXT OF KIN.

NAMES IN FULL

Little, Robert E.

RELATIONSHIP TO SOLDIER

Father

ADD

Teeswater Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Teeswater, Ont. Sept. 14th. 1889.

PLACE OF ATTESTATION

DATE

Date of Sailing Per. S.S.



Metagama Oct-14th 1916.
R/C. 10-1-19 251 Lieut

L. L. 90589.-M. & D. 6312.

M. F. W. 22.3 100m.-1-16. H. Q. 1772-39-839.

382-32-41
D.O. trans. from 2 to 2, amended
to read 14/1/19 auth.
100-147 of 27/5/19
#1 DD.

2.1. CARD NO. ✓
S.O.S. Demob.
Ret. to "A.M." 14/3/19.
FOLL.
R.O. 1795 of 15/3/19.
Lieut.

1.0.8.12.3.20. m. u.
D.O. 867 26.3.20 #1 DD. Bw.
R.O. 24297 23.3.20. F

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Newspaper Editor

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

Also notify - Mrs G.E. Little (Rms.) Stayner. Ont.
S.A.P. 18/1917

MEDICAL EXAMINATION.

PLACE

Walkerton Ont.

DATE

Aug. 9th. 1916

Present address.

Teeswater, Ont.

Reg. No. Name Little J C
Rank Lieut Corps AD 1 Age 30 Service 4 years
Ledger No. Serial No. E39584

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
<u>W B C H London</u>	<u>21. 12. 19</u>	<u>Boils</u> 6
<u>D is Unit</u>	<u>13. 3. 20</u>	

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Name [✓]
LITTLE
JamesRank
C. lowLieut. [✓]Reg. No. 92720 ^{2A}

Unit

18th Bn. [✓]

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10-10	Rep. from Base (KI	618 17-10-18)	MISSING	1115	¹⁸⁷⁸ 1115	19/10
	Now rep. (ORA)					
	<u>Prisoners of War</u>			1129	O2004	5/11
8-12-18	Now rep. (anket) repatriated			1161	O2200	12/11
	arrived Dover					

REGT'L. NO.

NAME

Little James Claw

H. Q. FILE NO 649

RANK AND CORPS

Lieut 18th Br. from 160th Br.

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

Prof K. Robert E. Little 'father'
Leeswater Ont.

2-7

C1848
1115
03004
112911
02300
1-4

19-10-18

18-10-18

5-11-18

4-11-18

12-12-18

Rept. miss Oct-10-18. 1915.

Prof. rept. miss now Prof.

Prof. Prof. now report
Dec-5-18. 1918.

LIST No.

2

HOSPITAL

DATE OF
ADMISSION

REMARKS

1161. Pres. reptd. P. of W. now reptd.
Repatriated & arrived at
Dover. 8-12-18

Number.....

Rank

Capt.

Surname

LITTLE.

Christian Name

James Clow.

Units.....

Theatre of War

France

Date of Service

17-10-16

11-3-18.

31-12-18.

Remarks.....

W.R.K.
Latest Address

Teeswater, Ont.

Roll No.

Blay 12430.

200m.-2-21.M.

B

✓

8

DESP. JUN 29 1926

REGN. No. 23878

Name Little, James Clow Rank Private Regtl. No.

Fyle Depot IDD9-(-13)

Original unit 160th Bn Present unit 18 Bn M. or S. Age Religion Ref. H.Q.

Port, ship and date of arrival St. Johns N. B. Scandinavian 10-1-19

Next of kin Robert E Little Teeswater Ontario

Address on leave.....

Address on discharge.....

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation Newspaper Editor Date and place of enlistment 12-1-16

Diagnosis..... Date of Medical Boards.....

Date T. O. S.	Remarks.	Pt. 2 Order No.
31-12-18	No. 1, D. D.	
14-1-19	Posted to Casualty Coy	15
14-1-19	Granted leave of absence for 14 days from 14-1-19 to	
	27-1-19 (R.O. 763	16

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

(over)

Date.

Remarks

Pt. 2 Order No.

15-1-19	Grante sub. allowance of \$1.70 per diem in lieu of ration & quarters	22
15-3-19	To be lieutenant Details Company.	108
27-5-19	D.O. Pt. 2 No. 15 para 1 is amended to read "Taken on strength on transfer from No. 2 D.D. with effect 14-1-19	147
26-6-19	will draw sub. allow. from 29-1-19 to 14-3-19 (Repatriated Prisoner of War)	177
26-6-19	Granted special furlough from 14-1-19 to 14-3-19	177
10-7-19	To be Lieutenant. Discharge Section	209
16-8-19	To Hospital Section from Discharge Section	230
19-8-19	D.O. Pt. 2 No. 230 para 3(b) is hereby cancelled	231
28-8-19	To Headquarters from Discharge Section	231

Name LITTLE James Clow Rank Lieut Regtl. No.

Fyle Depot.....

Original Present
unit unit..... M. or S. Age..... Religion..... Ref. H.Q.....

Port, ship and date of arrival.....

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.	Pt. 2 Order No.
29-8-19	To Cas. Coy from Headquarters	258
11-11-19	Granted Leave to 13-11-19	316
13-11-19	Rejoined from Leave of Absence	318
1-12-19	To Hosp. Section from Cas. Coy.	2

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

Date.	Remarks	Pt. 2 Order No.
20-1-20	D.D.O.Pt.2 par a 3 is hereby cancelled.	20
31-12-19	Ceases to be attached to Hdqrs for pay.	20
31-12-19	Attending Hospital for Medical Treatment.	20
26-2-20	D.D.O. Pt.2. No.20 d/20-1-20 insofar as it refers to Lt.Little is hereby Cancelled.	57
1.3.20	Granted sub.all.of \$1.70,perdiem effective 1.1.20 while an attending patient Auth.A.D.M.S.letter D/27.2.20(1.22.L.69)D.O.43	61
12.3.20	Posted to Casualty Co.	75
12.3.20	S.O.S.C.E.F.&Trans.to S.C.R. H.Q.332.32.41 1.D.22.L.69	

Surname.

Christian Name.

LITTLE

J. C.

Rank.

Unit.

Lieut.

18th. Batt'n.

Date of admission.

Hospital.

Transferred Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

R.F.B., MISSING: -10-10-18. A.

Now reported Prisoner of War.

Diagnosis

Now REPATRIATED & arrived at Dover: -8-12-18.

Later diagnosis.

.....

.....

.....

Disposition.

Date.

18-10-18 1115.

4-11-18 1129.

11-12-18 1161-2.

C.L.

Remarks.

C.L.

C.L.

C.L.

C.L.

C.L.

C.L.

A.M.D. 2 DEPT.

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

Surname

Christian Name

Reg. No.

Rank

Unit

MEDICAL BOARD held at

Date

Serial No.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

CERTIFIED CORRECT
 18 MAR 1918
 CANADIAN RECORD OFFICE

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

M. F. W. 54.
 150M. 10-15.
 H.Q. 1172-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 160th O. S. Battalion, C. E. F.

Regimental No. _____ Rank Captain Name Little, James Blow.

Enlisted (a) 2/1/16 Terms of Service (a) 6 6/12 Service reckons from (a) 12/1/16 17/10/16

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

Extended _____ Re-engaged _____ Qualification (b) Captain's (Newspaper Editor)

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.
		Embarked - Canada.	Halifax	17/10/16	
		Arrived - England.	Liverpool	28/10/16	
12/3/18	B.C. 160th Bn	S.O.S. and transfer to 1st Bdn Inf. Bn	Witley	11/3/18	D.O. Part 2 "35 - All Jean Koffat - Major O/Lon 160TH CANADIAN INFANTRY BATTN.
12-3-18	2 Can. I. B. D.	Arrived from England as reinforcement, and T.O.S. of 18th Can. Bn., and to be carried as supernumerary to establishment. (Auth: War office list No. 139, 121/Drafted/1/20/18 (M.S.I.R. (5)), 2/9.3.18)	2 Can. I. B. Dep.	12-3-18	Now. Roll. (Can. Sect. No. KR. 25723) Pt. II Ord. 25, 31/3/18.
16-3-18	C.C.R. Camp.	Arrived at Can. Corps Reinf. Camp.		16-3-18	Now. Roll.
19-4-18	do	Despatched to 18th Bn.		19-4-18	do

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

OVER

[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				
27-4-18	18 Bn.	Joined 18th Can. Bn.	In the Fld.	19-4-18	B. 213.
22-9-18	M.S., G.H.Q.	Reverts to the temporary rank of lieutenant, (under P.C.I. 1881 + Amendments), on being absorbed into the establishment of 18th Can. Bn. (Auth: list no. 206, "Appointments, Commissions, etc.")	In the Fld.	19-6-18	Pt. II Ord. 95, 4/10/18.
15-10-18	18 Bn	Missing	In the Fld	10-10-18	Letter (Can. Sect. No. KI. 17/11/02)
19-11-18	do	Missing after action	In. Field	10-10-18	Pt. II Ord. 105, 23/10/18. Distec. Can Sect No. KI 17/11/02 Pt II Ord. 116 2/19-11-18.
					Whogau Major for Lt.-Col., A.A.G. Canadian Section G.H.Q. 3rd Echelon B.E.F.

Casualty Form—Active Service.

Regiment or Corps *18th Batt.*
 Rank *CAPT. Lieut.* Surname *LITTLE* Christian Name *James Clow.*
 Religion..... Age on Enlistment..... years..... months
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and Rate.....
 Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<i>15-1-19.</i>	<i>O'Leary</i>	<i>T.O.S. No 1 District Depot.</i>	<i>London.</i>	<i>31-12-18.</i>	<i>DD.O. 15</i>
<i>15-3-19.</i>	<i>A.Q.</i>	<i>To be Lieut Details Coy. No 1 District Depot.</i>	<i>London.</i>	<i>15-3-18.</i>	<i>DDO 108.</i>
		<i>DDO 15 para 1 amended to read</i>			
		<i>T.O.S. on transfer from No 2 D.D. with effect</i>		<i>14-1-19</i>	<i>DD.O 147</i>
		<i>Granted Special Furlough from</i>			
		<i>14-1-19 to 14-3-19 Repatriated</i>			
<i>26-6-19</i>		<i>Prisoner of War.</i>	<i>London.</i>	<i>26-6-19</i>	<i>DDO 144</i>

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

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				
	N.A.	To be Lieut & Discharge Section No 1 D. Depot	London.	10-7-19	DD.O 209
		<i>M. J. ...</i> Lieut. Col. Commanding District Depot No. 1			
		Sos. Ch 7 & trans. passed A.C.H. -	London Dist.	12.3.20	NO 332-32-41 I.D 22-4-69
					<i>M. Kelly Capt</i> S.R.S. 1.

Name

Little

9-8-16

Date of Embarkation for England

17-10-16

Proceeded to France.

12-3-18

Returned to England.

14-1-19 Rep. P. J. W.

Date returned to Canada.

W.S.

Chk'd 2/6/22

Name

Date of Expiration for England

Processed to France.

Returned to England

Date returned to Canada.

P. R. 2855.

Duplicate

MEDICAL HISTORY SHEET.

Surname Little Christian Name James Clow

Examined { on 9 day of Oct 1916
at London
Birthplace { City or Town Lussumutu
County Bruce

Approved by A. W. Bennett
Rank Capt M.O.

Apparent age 28
Trade or occupation Editor
Height 5 Feet 10 1/2 Inches.
Weight 170 Lbs.
Chest measurement { Minimum 34 inches.
Maximum expansion 3 1/2 inches.
Physical development Good
Small-Pox Marks None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left 90
Number Two
When Vaccinated last 9/16/16
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	VACCINATIONS.
<u>9/16/16</u>	<u>Fit</u>	<u>Approved</u> M.O.
		M.O.
		M.O.

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8/25/16</u>	<u>Fit</u>	<u>Approved</u> M.O.
<u>8/30/16</u>	<u>Fit</u>	<u>Approved</u> M.O.
<u>9/7/16</u>	<u>Fit</u>	<u>Approved</u> M.O.

Enlisted on 12th day of January 1916 at Calverton

	CORPS.	REG'T NUMBER.	MARKS.	DATE.
Joined on enlistment	<u>Booth's</u>	<u>Cap't</u>	<u>Good</u>	<u>12th January 1916</u>
Transferred to	<u>Bir</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>London</u>	<u>8 x 16</u>	<u>Med Board</u>	<u>Fit w/draft Captains</u>
<u>London, Ont.</u>	<u>23-12-19.</u>	<u>Nil.</u>	<u>General service.</u> <u>Major, Pres.</u> <u>S.M.B.</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.

Surname *Lull* Christian Name *Jamies* *Ann*
 7

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				
<i>Womutt. London Out</i>		<i>31</i>	<i>12</i>	<i>1912</i>	<i>3</i>	<i>20</i>	<i>Abscess Coccyx Region</i>	<i>73</i>	<i>Abscess developed in August 1919 Was incised and left a discharging sinus Treated with Penicillin paste Still slight sinus & discharge with itching about the fold of the buttocks. Transferred to S.R.</i>	<i>H. Worsley Cyt</i>	

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..... 160th Os. B'n. C.E.F.

(2) Regimental Number

(3) Full Name of Soldier..... LITTLE, James Clow (capt.)

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

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

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

(b) Present Postal Address.....

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

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

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

Also their names and ages.....

(9) Is your Father alive?..... **Yes**.....

If so, state name and address **Robert E. Little, Teeswater, Ont.**.....

(10) Is your Mother alive?..... **No.**.....

If so, state name and address..... -----.....

(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.

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

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

(15) Are you insured?..... **Yes**.....

If so, in what Company?..... **Equitable Life Ins. Co.**.....

Have you made arrangements for payment of your Insurance premium..... **Yes**.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

A. Weir **Lt. Col.**
Officer Commanding.

Date..... **Aug. 25th 1916.**.....

160th Os. B'n. C.E.F.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
200M-3-19 (D.P. 254).
1772-39-903 (9986).

LAST PAY CERTIFICATE

Regimental No. Rank Lieut. Name LITTLE, James Clow
 Unit 18th Battalion who was* Struck off Strength
 On 12-3-20 191... to ...
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-3-20 to 12-3-20 191...
 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		
Regimental Pay..... <u>12</u> days at \$ <u>2</u> c.....		24
Field Allowance..... <u>12</u> days at \$ <u>1</u> c.....		12
Separation Allowance..... <u>12-3-20</u>		16
Clothing Allowance.....		
War Service Gratuity.....		
*Other Credits <u>Subsca. Allee. 1-3-20 to 12-3-20 @ \$1.70</u>		20.40
Advances		
Separation Allowance and Assigned Pay Cheque No. <u>650202</u>	32	
*Other Charges.....		
Balance on transfer on discharge, cheque No. <u>650201</u>	40.40	
Total.....	72.40	72.40

*Give particulars.

A monthly stoppage of \$ 40.00 (†) has (‡) been paid on account of
 Assigned Pay for the month of 12-3-20 191..... }
 and Separation Allee. for month of 12-3-20 191..... } (to) Assignee Mrs. Grace E. Little,
149 Oxford St., London, Ont.
 (Address)
 (†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment..... 12-1-16 married or single Married
 (2) Separation Allowance, entitled or not. Yes (3) Reason for discharge Demob M.M.
 (4) Authority for discharge or transfer..... Do 86

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date MARCH 15TH, 1920.
 Place LONDON, Ontario.

HR Montrose Major.
 Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Articles 122 and 130) Financial Instructions, C.E.F., 1916.
 (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.

WAR SERVICE GRATUITY PAID IN FULL

CANADIAN EXPEDITIONARY FORCE

W.W. 1-45.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Lieutenant.....

(Name in full)..... James Clow LITTLE,.....

Enlisted in..... 160th Battalion,.....

CANADIAN EXPEDITIONARY FORCE, on the ~~.....~~

day of ~~.....~~ 191~~.....~~ AND WAS APPOINTED to COMMISSIONED RANK

in..... 160th Battalion,.....

CANADIAN EXPEDITIONARY FORCE on the..... Twenty Ninth..... day

of..... December..... 191~~.....~~5 ..

HE SERVED in CANADA, England and France with the 160th Battalion.,.....

1st Battalion., 18th Battalion., A District Depot Ho. l.,.....

and was STRUCK OFF THE STRENGTH on the..... Fourteenth..... day

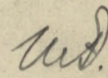
of..... March..... 191~~.....~~9 by reason of..... General Demobilisation.....

Dated at Ottawa, this..... Seventeenth..... day

of..... August..... 1920

Prisoner of War, 10-10-18.

Repatriated Prisoner of War, 8-12-18.



for

..... Capt......
Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NON-COMMISSIONED RANK

This is to certify that

NAME OF OFFICER

GRADE

CANADIAN EXPEDITIONARY FORCE

has served in the above capacity for the period of

CANADIAN EXPEDITIONARY FORCE

191

HE SERVED IN CANADA

and was struck off the strength of

on the 19th day of

at

191

191

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom *Mrs Grace E Little* By Whom Assigned *Little J. C.*
 Address ~~*290 Sheldrake Blvd*~~ Regtl. No.
Stayner Ont Toronto Ont Rank *Capt*
 Corps *160 Bn*
 Rate *40¹⁰ Dec 1st 1916*
2 m Dec 23rd 16 jmet PAYMENTS

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



31

31

31

31

ASSIGNED PAY

Sheet No. 2.

Mrs G E Little

OVERSEAS CONTINGENTS

Name of Soldier

Little J. C.

PAYMENTS.

Capt 160 Bn

L. L. Job 4503. - Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916		.	
May			.	
June			.	
July			.	
Aug.			.	
Sept.			.	
Oct.			.	
Nov.			.	
Dec.			.	
Jan.	✓ 1917		.	
Feb.		S 44317.	120	
March		Y 51114	40	40-2-PV
April		W 2773	40	40-Ch
May		W 9702	40	
June		V 15884	40	Pa
July		W 25473	40	6
Aug.		I 30035	40	
Sept.		C 36933	40	6
Oct.		K 42973	40	Stayover. Oct. 12-10-17. JCS.
Nov.		F 49863	40	
Dec.		L 56778	40	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

40 60 Dec 16

520

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1913			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Marrud 13-10-16

MILITIA AND DEFENCE

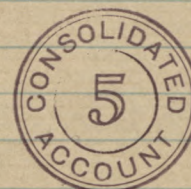
M. F. W. 11.
50m.—6-16.
H. Q. 177-39-813.

SEPARATION ALLOWANCE

Name *Grace E. Little* Name of Soldier *Little. Jas C*
 Address *290 Shel Drake Blvd* Regtl. No.
Toronto Rank *Captain*
Staynes *Ont.* Corps *160th Batt*
 Relation to Soldier }
 wife, child or mother } *Wife* To what Corps belonging }
 when called out } *✓ ✓*

PAYMENTS

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



10 4 11 1

10 2 1

10 8 1

10 1

13.10.16

MILITIA AND DEFENCE

M. F. W. 11a.

50m. - 6-16.

1772-39-313.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Grace E. Little

Wife

Name of Soldier *Little, Jas C*

PAYMENTS. *Captain*

L. L. Job 4503. - Req. 6332.

Month.	Year.	Cheque No.	Amnt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>R 1123</i>	<i>264</i>	<i>264 R</i>
May		<i>E 5189</i>	<i>40</i>	<i>40</i>
June		<i>E 8664</i>	<i>40</i>	<i>40</i>
July		<i>E 12019</i>	<i>40</i>	<i>40</i>
Aug.		<i>L 14963</i>	<i>40</i>	<i>40</i>
Sept.		<i>R 18290</i>	<i>40</i>	<i>40</i>
Oct.	<i>1157</i>	<i>B 22177</i>	<i>40</i>	<i>B) Slaynes, out</i>
Nov.	<i>23819</i>	<i>N 23808</i>	<i>40</i>	<i>23808 can</i>
Dec.		<i>M 27358</i>	<i>40</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

344
34
584
F
M

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

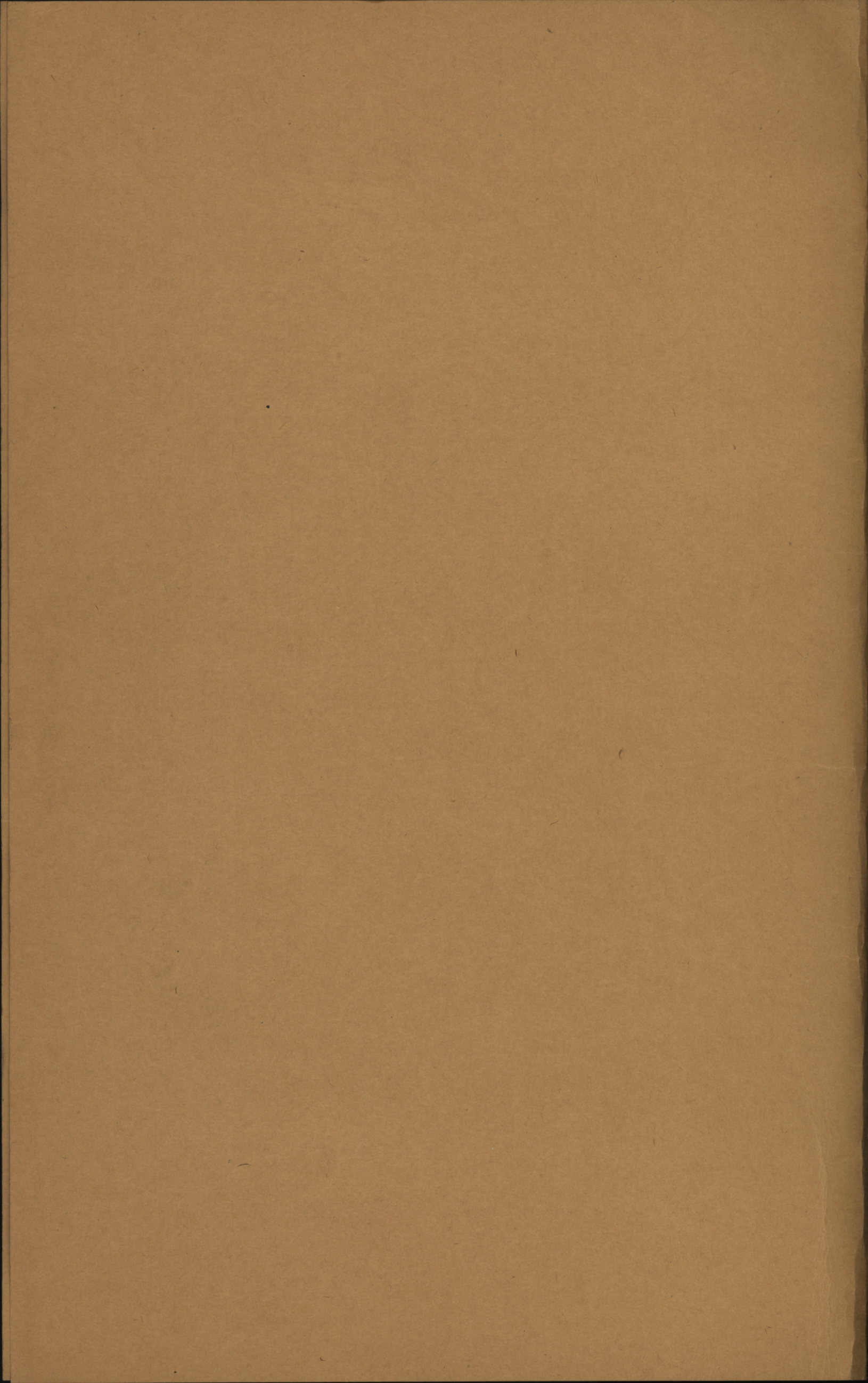
PAYMENTS.

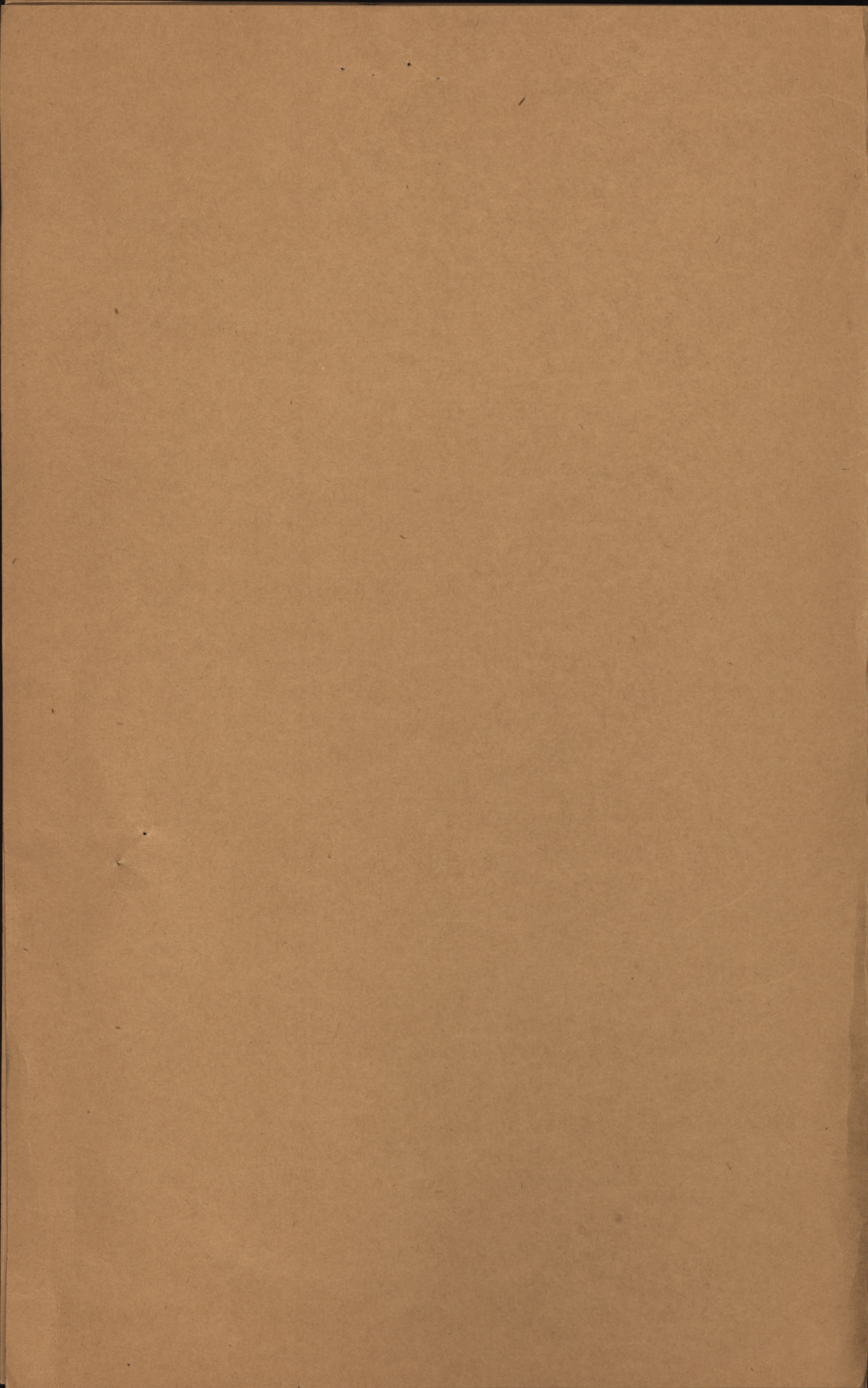
Name of Soldier _____

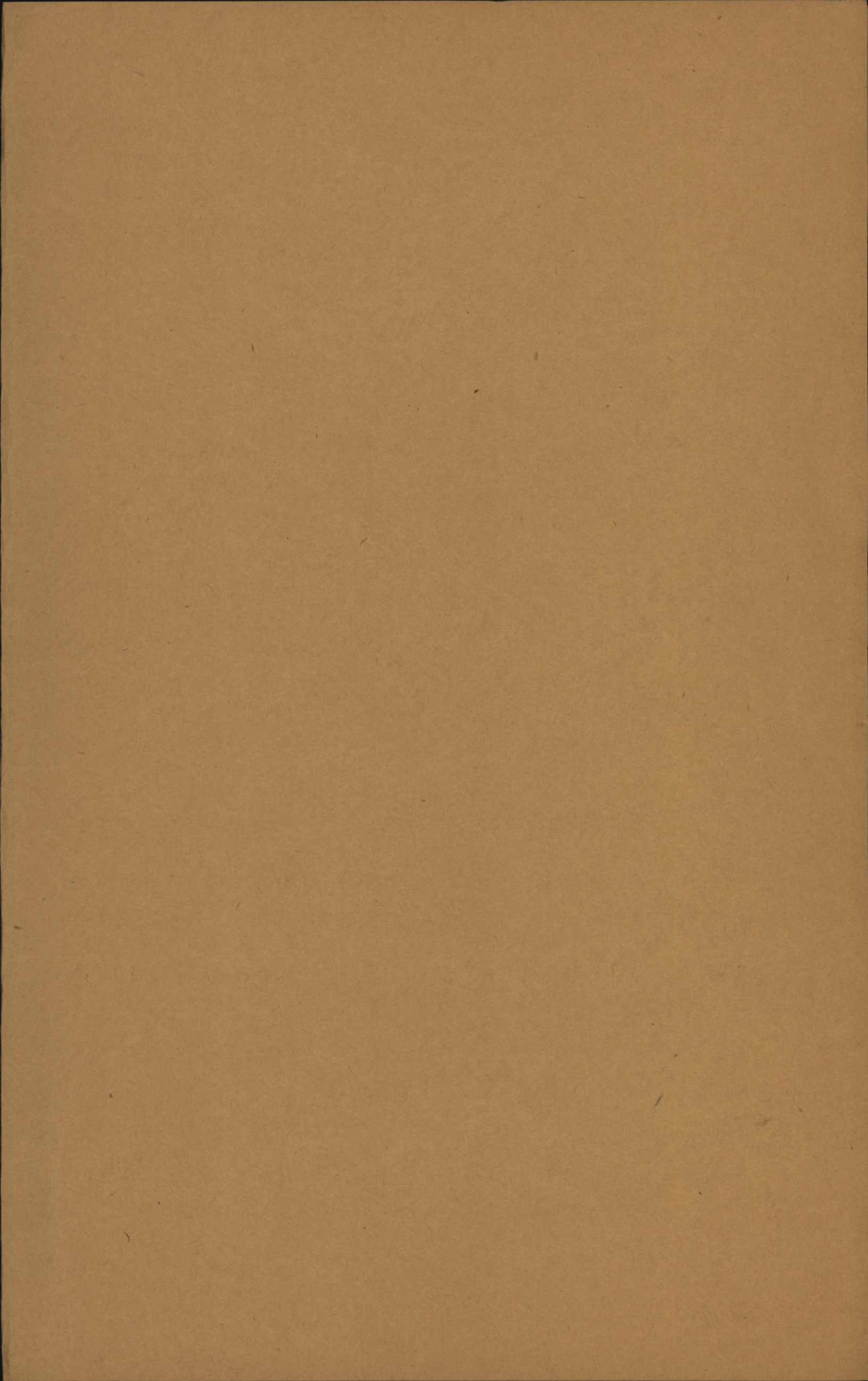
Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

23-7-38.

Little James Clow
St.







Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

13.10.16

Separation and Assigned Pay Branch

L 006038 Dec 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

40			
----	--	--	--

RATE OF ASSIGNMENT

40			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank **Capt** Promoted **T** Reverted **Thier** Discharge _____
 Soldier's Name **J. C. Little**
 Battalion **160 Battrn.**
 Beneficiary **Grace C. Little**
 Relationship **wife**
 Address _____

PARTICULARS OF ASSIGNMENT

Name **Mrs Grace C. Little**
 Address **290 Shelburne Blvd.**
 Change of Address **Toronto Ont.**
 1 **25 Briar Hill Ave. #18 E.H.**
 2 _____
 3 _____
 4 _____

Rec'd Fr. M. J. W. 1554
26-7-18

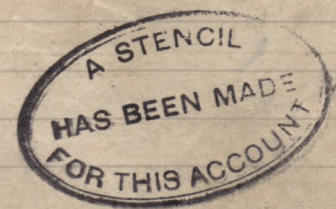
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31	✓	584 ✓	520 ✓	1104	File 011176-A-4
Jan	F 65783	40	40	80	This Soldier is not in receipt of Civil Pay and has not been in the employ of P.O. Dept. Awaiting Notation on file. Noted 19-7-18. HQ. Det. Ord 15704-1-11-18 E.H.
Feb.	R 73682	40	40	80	
Mar.	J 94510	40	40	80	
Apr.	D 1239	40	40	80	
May	L 18471	40	40	80	
June	H 23325	40	40	80	
July	A 28755	40	40	80	
Aug	J 40187	40	40	80	
Sept	M 43948	40	40	80	
Oct	P 55721	40	40	80	
Nov	J 61047	40	40	80	Prisoner of War for his 1351 6-11-18 Folio 1 / 15/11/18 Repat. 8-12-18 for Ch. 392 Folio 1979.
Dec	O 68627	40	40	80	
Jan	B 74307	40	40	80	

Reported missing: Date 10-10-18
 C. L. No. 340 Date 23-10-18
 B. F. or P. A. Date 8-5-19
 Clerk E. R. Anderson Date 8/11/18

S. J. in England 3/12/18 - Str 28/2/19
 Stop A.T. 1/2/19 - Str 27.2.19. Str 3/3/19

Account Closed 31-1-19
 Ret'd per Scandinavian
 Date 10-1-19 F.X. 14-1-19
 Clerk E. R. Anderson

M. F. W. 128
 400M-6-17-1772-89-141
 L. L. 22320-M. & D. 7493.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 432

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
 400M-6-17-1772-39-141
 L. L. 22320-M. & D. 1583.

10-Li-32

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

M. OR S. _____ REGT. No. *160132 18 Bn* RANK *Lieut* NAME (IN FULL) *LITTLE James. Glow*

ORIGINAL UNIT C.E.F. *160132 18 Bn* IF IN P.F. WHAT UNIT? _____ (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION *Transferred to* DATE _____ AUTHORITY _____

DATE OF ATTESTATION *12-1-16* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY, \$ *40xx* DATE EFFECTIVE *Pd to 31-7-19*

PAYABLE TO *Mrs. G.E. Little* RELATIONSHIP *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS *25 Broad Street, Toronto Ont* ADDRESS *849 Wellington St. Toronto Ont*

STOP PAYMENT FORM RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED *London* DATE *12-3-20* REASON *Demob* AUTHORITY *M 5086* IF ENTITLED TO POST DISCHARGE PAY *4.*

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	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
Balance from previous account																		
<i>31-1-19</i>																	<i>18.00</i> <i>14.00</i> <i>1400</i> <i>301.31 1/8</i> <i>801.5</i> <i>Subs from 15/19 D.O. 22</i> <i>To be paid. Details Co 00108</i> <i>from 15-3-19 12.5</i>	
<i>12/28/28</i>	<i>3xx</i>	<i>84</i>	<i>7650</i>	<i>16050</i>	<i>188</i>	<i>25 7/2</i>			<i>50.00</i>				<i>82</i>		<i>78.50</i>			
<i>13/31/31</i>	<i>3xx</i>	<i>93</i>	<i>5270</i>	<i>7850</i>	<i>22420</i>	<i>333</i>	<i>17-3-19</i>		<i>75.00</i>				<i>175</i>		<i>49.20</i>		<i>D.O. 147 amends D.O. 15. should read 10.9. from 2 D.O. 14-1-19</i>	
<i>14/30/30</i>	<i>3-</i>	<i>90</i>	<i>51</i>	<i>4920</i>	<i>19020</i>	<i>414</i>	<i>21 3/4</i>		<i>100</i>				<i>195</i>		<i>480</i>			
			<i>120</i>	<i>120</i>					<i>75</i>				<i>120</i>					
<i>1-5-19</i>	<i>31</i>	<i>300</i>	<i>9200</i>	<i>5270</i>	<i>14570</i>	<i>13</i>	<i>5/4</i>	<i>30</i>	<i>5</i>	<i>50.00</i>	<i>5090</i>	<i>40.00</i>	<i>480</i>	<i>14570</i>				
			<i>40</i>	<i>40</i>							<i>40.00</i>		<i>4000</i>					
<i>1-6-19</i>	<i>30</i>	<i>300</i>	<i>90</i>	<i>51</i>	<i>141.00</i>			<i>300</i>	<i>56</i>		<i>101.00</i>	<i>40</i>		<i>141.00</i>			<i>D.O. 177 Subs No Subs</i> <i>from 29-1-19 to 14-3-19</i> <i>D.O. 177 Sub Subs from</i> <i>14-1-19 to 14-3-19</i> <i>D.O. 177 2250 per month</i> <i>46.64 Advance 18 Bulalans</i> <i>20.09 " Issuon Repayment</i> <i>r. Goods. France 7-12-18</i> <i>See letter on file</i> <i>D.O. 230 TO NS. in this sec 16-8-19</i> <i>D.O. 231 Cancels D.O. 230 (posting)</i> <i>D.O. 239 TO HQ from HQ Dec 28/19</i> <i>D.O. 228 To Col Calgary 11/29/19</i>	
			<i>40.00</i>	<i>40.00</i>							<i>40</i>		<i>4000</i>					
<i>1-7-19</i>	<i>31</i>	<i>300</i>	<i>9306</i>	<i>5270</i>	<i>14570</i>			<i>301</i>	<i>294</i>		<i>5000</i>	<i>4000</i>	<i>76.50</i>	<i>183.23</i>	<i>87.53</i>			
			<i>40</i>	<i>40</i>							<i>4000</i>		<i>4000</i>					
<i>1-8-19</i>	<i>31</i>	<i>300</i>	<i>9300</i>	<i>5270</i>	<i>14570</i>			<i>504</i>	<i>044</i>		<i>187</i>	<i>4000</i>		<i>5817</i>				
			<i>40</i>	<i>40</i>							<i>4000</i>		<i>4000</i>					
<i>1-9-19</i>	<i>30</i>	<i>300</i>	<i>9000</i>	<i>5100</i>	<i>14100</i>	<i>505</i>	<i>610</i>	<i>506</i>	<i>024</i>	<i>50.00</i>	<i>5100</i>	<i>4000</i>		<i>14100</i>				
			<i>40</i>	<i>40</i>							<i>4000</i>		<i>4000</i>					
<i>1-10-19</i>	<i>31</i>	<i>300</i>	<i>9300</i>	<i>5270</i>	<i>14570</i>			<i>565</i>	<i>617</i>		<i>10570</i>	<i>4000</i>		<i>14570</i>				
			<i>4000</i>	<i>4000</i>							<i>4000</i>		<i>4000</i>					
<i>Forward</i>	<i>May-Dec.</i>		<i>552.00</i>	<i>552.80</i>	<i>1104.80</i>				<i>100</i>		<i>376.97</i>	<i>480</i>	<i>143.23</i>	<i>480</i>	<i>1104.80</i>		<i>TW</i>	

Totals May to October 1919

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			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
Forward			552.		552 80				100		276 77	480		143 23	480	1104 80		
1-11-19	30	3.00	900		4						101 00	40				741 00		
30-11-19	30	3.00	900		51 00				566 453		40	40				4000		J.T.
Dec. 31	31	3.00	9300		4000				567 939		40	40				145 70		J.T.
					40				568 354		40	40				40		J.T. To H.P. Sect. 31-12-19 D.O.2.
Jan	31	3.00	93		52 70				568 354		40	40				185 95		J.T.
					25				568 354		40	40				185 95		J.T. 25 Xmas Grants
Feb.	29	3.00	87		49 30				568 354		40	40				176 30		J.T. 30 20 cancelled D.O. 2
					40				568 354		40	40				176 30		J.T. 50 20 describes attending to omb. for treatment with effect 31-12-19
Mar	12	3.00	36		20 40				568 354		40	40				72 40		J.T. 20 61 subs from 1-1-20
					16				568 354		40	40				78 20		J.T. 20 61 subs from 1-1-20
					78 20				568 354		40	40				78 20		J.T. 20 61 subs from 1-1-20

WAR SERVICE GRATUITY

Capt's Rate
see # 3111 2595 ✓
183 ✓
4.00 ✓
732 ✓
240 ✓
200 ✓
J.T.

912 ✓ 1002 ✓	506473 ✓	9000 ✓	506474 ✓	4000 ✓	130 ✓	642 ✓	200 ✓
		9000 ✓		4000 ✓	130 ✓	532 ✓	260 ✓
		9000 ✓		4000 ✓	130 ✓	462 ✓	160 ✓
568127 ✓		90 ✓	568128 ✓	40 ✓	130 ✓	372 ✓	120 ✓
568035 ✓		186 ✓	568129 ✓	40 ✓	130 ✓	372 ✓	80 ✓
650195 ✓		186 ✓	650196 ✓	40 ✓	226 ✓	186 ✓	40 ✓
		732 ✓		240 ✓	972 ✓		

Ch. No 506473 ✓
S/A 506474 ✓
Ch. No 566029 ✓
S/A 566030 ✓
Ch. No 567641 ✓
S/A 567650 ✓
J.T.
L.M. Mortimer Major

ASSIGNED PAY.

UNIT.

RANK.

NAME.

12 4/19 - 1 19

NAME OF RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. 40 \$

Separation Allowance issued. Yes or No.....

160 B =
18 Bu

Pay

F.A.

2⁰⁰ \$

1⁶⁰ \$

Capt =

29 10/16

To Canada
R.O. # 623.618

(B'shon) 31 10/16

Name

Initials

Bank

Little
J. C.
Gloyds
Bank. Millbank

Canada how Repatriated & arrived at home
19 10/18
Now Repta Com. of War # 29 4/18
Missing 10 10/18
b. n. 1115 d/18 10/18

DATE

PARTICULARS

CHK. NO.

CR.

DR.

ASSIGNED PAY PAID IN CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

Advtl Outfit allie 10/10

1919-20

1918									
Apr 11	a.p. loan					40			
15	Pay April (-R)				142 50				
23	Bank 0946					102 50			
May 9	a.p. loan					40			
18	Pay May (-R)				144 25				
22	Bank 2439					107 25			
June 10	a.p. loan					40			
14	Pay June (-R)				142 50				
21	Bank 3989					102 50			
July 11	a.p. loan					40			
18	Pay R.				147 25				
22	Bank 5410					107 25			
Aug 10	a.p. loan					40			
16	Pay R.				147 25				
22	Bank 7072					107 25			
Sept 10	a.p. loan					40			
18	Sept Pay R				142 50				
24	Bank 8934					102 50			Cancelled 4.12.3 Debit to Come for 119 60
Oct 10	Pay R				111 60				
10	a.p. Canada					40			Rever Oct 19 60 " Nov 40 } 124 14 " Dec 40
17	9/12 244. but Capt's 1/15 value for 19 10/18 - 30 10/18				Br P E No 2414	119 60			
21	Bank 10659					32			80
28	Advtl Outfit allie off 18/18					100			20
Nov	Unpd Cheq Accl (Cox Co) 1833 45 4/125 Fcs \$ 4.12.3.				Bank	22 45			
22	Adjst F.A. fr 12 18 - 31 18					20 -			17 55

Prate base 31 10/18
Lifes to Ledger 28 1/2
118 Nov 1918
Lifes to Ledger 10 11/18

ASSIGNED PAY.

UNIT.

RANK.

NAME.

ASSIGNED PAY.	UNIT. NAME OF	RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
Beneficiary Address Amount. \$ 40 ⁰⁰ Separation Allowance issued. Yes or No.....	160 Bn. 18 Bn.	Pay 2 ⁰⁰ F.A. .60 Messing 1 ⁰⁰	Lieut	12 ⁶ / ₁₈	A.C.H. d/22 ⁹ / ₁₈ C.L. 1161 d/11 ¹³ / ₁₈	Name Little Initials J. C. Bank Lloyds Bank Millbanks
	<i>now Repatriated arrived a d over</i> <i>now Repitd. Psmr. 7 W ar. C.L. 1129 d/ 4⁴/₁₈</i> <i>Missing 10¹²/₁₈ C.L. 1115 d/18¹²/₁₈</i>					

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918	Bro Forward					Cr 1755		
Nov 28	Nov Pay		120 -					
28	Bank			97 55		Cr 40 -		
Dec 23	Dec Pay		124					
"	Bank			84 -		Cr 80 -		
27	(Jan Pay) advanced.			84 -		Dr 4 -		
1919	Jan 23 Adv by Cashier #5 Calais (250 Francs) list 28 gany (18 can 13 attr)	Vo 589		46 64				
"	Jan Pay		124 -					
"	A.P. Can Nov, Dec 1918, Jan 1919 paid not chgd	Vo 1730		120 -		46 64		
31	Lon R.V.G. France 7 ¹² / ₁₈	15004		20 09		66.73		
May 31	Transferred to Canada	Vo 569	6673					

Add outfit allow 1⁸/₁₈

Reho to loan
L. J. G. to 31¹⁹/₁₉
to ledger
Transf led 11
to ledger 12 6¹²/₁₉
of ledger note can Dr. C. 6
23

ASSIGNED PAY.

UNIT.

RANK.

Mess. DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank

160 Bn.

pay 3⁰⁰
75⁰⁰ 11⁰⁰
Total of 75⁰⁰ per day

Capt.

29-10-16

from Canada

Little

J. C.

Lloyds Bank
7 Millbank

Canada

\$ 40⁰⁰ 1-12-16

R.O.# 6236, J. D.
(Bshott) 31-10-16

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

1917

1917-16

April 18

A.P. Can.

40

23

Pay April (R)

142 50

25

Bank

2876

102 50

May 16

A.P. Can.

40

21

Pay May (R)

147 25

23

Bank

4726

107 25

June 18

A.P. Can.

40

18

Pay June (R)

142 50

19

Bank

7971

102 50

July 17

A.P. Canada.

40

18

Pay July (R)

147 25

23

Bank

12950

107 25

Aug 16

A.P. Can.

40

20

Rations 11-30⁶/₇

3525

£1-6-8.

20

Pay Aug (R)

147 25

20

Bank

16995.
107

107 25

Sept 13

A.P. Can.

40

15

Pay Sept (R)

142 50

16

Bank

2167

102 50

Oct 9

A.P. Can.

40

11

Pay Oct (R)

147 25

17

Bank

86059.

107 25

Nov 15

A.P. Can

40

16

Pay Nov (R)

142 50

20

Bank

30490

102 50

Carried to next page.

ASSIGNED PAY.

UNIT.

RANK.

NAME.

\$ 160

NAME OF DATE AUTHORITY

Mass DATE AUTHORITY

9-2-534

Beneficiary

160th Br.

Capt.

29-10-16 From Canada

Name Little

Address

Canada

P.O. # 623 C.T.D.

Initials J.C.

Amount. \$ 40⁰⁰ ¹²/₁₆

(Bohler) 4/31-10-16.

Bank *Lloyds, 7 Millbank*

Separation Allowance issued. Yes or No.

DATE	PARTICULARS	CK. NO.	GR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
1916								
Nov 6	Nov 29-31 ¹⁰ 16 Cr bal 56 ²⁵							
	Bank			59 25		59 25		
	21 Pay bank							
	Nov 29-31 ¹⁰ 16			142 50				
	3							
	3 bal from Can			56 25				
	18 Bank			142 50				
	Dec 11 A.P. Can				40			
	Pay Dech.			147 25				
	16 Bank			107 25				
1917								
Jan 17	A.P. Can.				40			
	27 Pay Jan (R)			147 25				
	23 Bank			107 25				
Feb 17	A.P. Can.				40			
	20 Pay Feb (R)			133				
	21 Bank	21850		93 -				
Mar 13	A.P. Can.				40			
	20 Pay March (R)			147 25				
	23 Bank	24676		107 25				

UNIT

NAME

ASSIGNED PAY:—

DATE OF APPO

MONTHLY AMOUNT

MARRIED (YES

TO WHOM PAYABLE

NEXT OF KIN:

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

DATE NON-EFF

AND

G. S. & S.

PERIOD		NO. OF DAYS	REGTL. RATE	PAY					RATE OF FIELD ALLOWANCE	ALLOWANCES				TOTAL	
FROM	TO			AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT	TOTAL PAY		AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING	SUBSISTENCE		

SUNDRY PAYMENTS

DATE	CHEQUE No.	PARTICULARS

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 12-3-20

1. 1 (a) Unit OSP (b) Regimental No. (c) Rank Serjeant
 (d) Surname LITTLE (e) Christian name James Clow
 (f) Home address Deeswater Ont
 (g) Next of Kin Mrs. Grace Little (h) Relationship wife
 (i) Address of Next of Kin Deeswater Ont

2. Age last birthday 30 yrs Date of birth Sept 14 1889

3. Enlistment, or Appointment (if an Officer) (a) Place Walkerton Ont (b) Date Jan 12, 1916

4. Personal description:
 (a) Height 5' 9 1/4" (b) Weight 162 (c) Complexion Fair
(stripped)
 (d) Colour of hair 1. Brown (e) Colour of eyes Hazel (f) Identification marks, Scars, etc. Nil

5. Former trade or occupation Hardware Merchant

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 <u>4</u>	Days <u>60</u>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------	-------------------

	PERIODS	
	From	To
Canada	<u>12-1-16</u> <u>31-12-18</u>	<u>14-10-16</u> <u>12-3-20</u>
England	<u>14-10-16</u> <u>10-10-18</u>	<u>12-3-18</u> <u>31-12-18</u>
France or other theatres of War	<u>12-3-18</u>	<u>10-10-18</u>

7. Original disease, or injury Abscess-Coccyx region

(a) Date of origin Aug 26 1919 (b) Place of origin Canada
 (c) Cause Infectious

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.)

Irritation between buttocks due to very small sinus the result of coccygeal abscess

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 a very small sinus present just to the left of the coccyx. The subcutaneous tissue & skin surrounding this is indurated for a slight distance and the skin surrounding it is of a bluish-red colour. A small drop of pus can be expressed.

Subjective - Patient complains of slight irritation & itching. This is increased after motoring or train-riding.

X-Ray does not reveal any disease of the bone. The pus is sterile.

- (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).)

Contracted a "boil" to left of coccyx in Aug 1919.

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.)

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? *Indefinite.*

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

Incision - drainage - Curettage - Bismuth + Iodoform paste.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *Yes*

(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 *Transfer to SCR for further treatment*

H. H. Murrell Capt
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 *J. Little* 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.....

J. Little Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

yes

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.)

breast

- (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.)

Referred to DSCR for further treatment

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

London

DATE

12-3-20

President.

W. B. ...
J. ...

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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

President.

PLACE

DATE

Members

APPROVED BY

APPROVED BY

13-3-20

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

5/11/20

DATE

ET

Surname **LITTLE**
 Rank **Captain**
 Promotion **Reverts to Lieut**
 Unit **160th Battn.**
 Place of birth **Teeswater, Ontario, Canada.**
 Married (Yes or No)
 Appointments

Christian Names **James Clow.**
 Name and Address of Next-of-Kin **Father.**
Robert E. Little.
Teeswater, Ontario, Canada.

H

M

Date of leaving Canada **SAILED 17 10 16 12 28 10 16** Date and Cause of Resignation **11/**

WORK

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Date and Cause of Resignation		REMARKS Taken from Official Documents
Date	From whom received		Place	Date	
			Capt. 20.6.16		
1	21.1.18. HQ OMFC.	Confidential Report on officer course at ROT school of instruction, Brocton Camp, Stafford 17.11.17. to 12.1.18. filed in envelope. W.R. 1915 L.P.			
2	12.3.18. 160 Bn	S.O.S. on proceeding overseas		11.3.18	Pl II ord 35, 18 MAR 1918
3	31.3.18. 18 Bn.	T.O.S. from England as supply det.		12.3.18	Pl II ord 25.
4	22.9.18 GNA	Revert to Lieut rank of Lieut. absorbed into establishment of 18 th Bn		19.6.18	Alk 206 of L. 9 309646
5	18.10.18 A.M.S.	Reported from Base Missing		10.10.18	Cl. 1115
6	4.11.18 A.M.S.	Previously reported Missing now reported Prisoner of War			Cl 1129
7	19.11.18 18 th Bn	Sold Establishment			
8	11.12.18 Bamf	missing after action		10.10.18	Pt II 116
9	17.12.18 WORD	Now reported repatriated & arrived at Dover		8.12.18	Cl 1161.
10	24.1.19 HQ OMFC	T.O.S. on being repatriated		8.12.18	Pt II 297
11		Did not get out transport. Cl 4 in Canada as Repatriated Prisoner of War.		3.1.18	RO 5720

10730 Sus. 14.3.19

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

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