Original

ATTESTATION PAPER.

No. 530050.

Folio. Original

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Lovell
1a. What are your Christian names?	Hubert Wm
1b. What is your present address?	West Edmonton P.O.
2. In what Town, Township or Parish, and in what Country were you born?	Layton Stone Essex Eng.
3. What is the name of your next-of kin?	Charles Lovell
4. What is the address of your next-of-kin?	59 Layspring Rd Layton Stone Essex Eng.
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	Nov. 28th 1891
6. What is your Trade or Calling?	Car - repairer
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? H. W. L.	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Hubert Wm Lovell, 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.

Hubert Wm Lovell (Signature of Recruit)

Date 10th Jan 1916 James F Grant (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Hubert Wm Lovell, 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.

Hubert Wm Lovell (Signature of Recruit)

Date 10th Jan. 1916 James F Grant (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Edmonton this 10th day of Jan 1916

(Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Herbert Wm Lovell on Enlistment.

Apparent Age 24 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 6 ins.

Chest measurement. Girth when fully expanded 36 ins.
Range of expansion 3 ins.

Complexion Fresh

Eyes Hazel

Hair Dark brown

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

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

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

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 7th Jan 1916. Jas [illegible]

Place Edmonton

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.

Herbert W. Lovell 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.

D W Dewlan (Signature of Officer)
Major C. A.M.C.
acting O.C. No. VIII F.A. C.E.F.

Date 10th January 1916.

REGIMENTAL DOCUMENTS

NAME LOVELL, HUBERT WILLIAM (Mc Gill) REGT. NO. 530050 UNIT 3 Ca. C. Hosp. H. Q. FILE NO.

6-8-19

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				32612	
2	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
2	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
7	Med. Cards					(1) 42-28 25-25 1 26
1	C.D.S. B.122					
1	Pay Card.					
1	H & A cards					

W. 2589
100M-11-18
3772 3- 1377

REGT'L No 53.0050

NAME Lovell. H.

H. Q. FILE No. 649-

RANK AND CORPS Pte C.A.M.C.

FOLLOWS No.

NATURE OF CASUALTY

FOLLOWS

CABLE

No.	Date

L. L. Job 8885—M. & D. 7146.

M. F. W. 42—25M —4-10-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A123.	No 42 Cas Cl. Stat.	6-11-16.	Jaundice
A128	Rejoined unit from Hosp.	14-11-16.	~~Jaundice~~ P.U.O. as per List A134

R. 149.

Name LOVELL, Hubert William. *Rank* Pte. *Reg. No.* 530050.

Unit CAMC. No.8 Canadian Field Ambulance.

Next of Kin Charles Lovell, 49 Layspring Rd., Leytonstone, Essex.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Nov.6	No.42 Casualty Clearing Station.		Jaundice.	A123,		E
" 14	Rejoined Unit.		do.	A128.		E
	Casualty now stated to be "P.U.O".			A134.		

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

No. 350050 RANK Pte NAME Lovell, H. W

530050 March Psyllist

T.O.S. 10-1-16 (D.O.T. of 11-16) UNIT No. 8 Det. San. Fld. Ambulance, Amb

M.D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Jan. 10	Jan. 31	✓		
	Feb.	✓		
	Mar.	✓		

Wid. P.

Number. 53005 Rank Pte

Surname. LOVELL

Christian Name. Hubert William

Unit. C. A. M. C. Theatre of War. France.

Date of Service. 8-5-16

Remarks, Topfield P.O. Box 22 Alberta

Latest Address ~~West Edmonton P.O.~~ Alta

Roll No. "B" Page 4739

MAY 2 1 1921

M M
2.3.18 31430 of 3-7-19

Y H CARD NO.

SURNAME. Lovell,

SAS Des 4-7-19 Demob
WO 2910 of 19/7/19 FOLL. 7-19 7/19

CHRISTIAN NAMES Hubert William.

REGL. No. 530050. RANK Pte.

UNIT 8th. Fld. Amb.

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Lovell, Charles.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Ferndene, Southborne
Grove Westcliff-on Sea.
Essex.

Auth 54-21-38-1 22-1-18

COUNTRY OF BIRTH England Layton stone Essex DATE 28th. Nov. 1891.

PLACE OF ATTESTATION Edmonton DATE 10/1/16

OS 31-3-16 363/4

R/C 2-7-19 360/32 Pte

L. L. 90389.—M. & D. 6312.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Car repairer. RELIGION Baptist

DESCRIPTION.

APPARENT AGE 24 YEARS 1 MONTHS

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 33. INCHES EXPANSION 3 INCHES

COMPLEXION Fresh EYES Hazel HAIR D. Brown.

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Edmonton DATE 7/1/16

D.M.S. 1300.

Surname: Lovell Christian Name or Names: ~~A~~ Reg. No. 530050

Rank: Pte Unit: C.A.M.C. (3rd Div) Co. Troop Batty.

Hospital: 42 Casualty Cly. Station Date of Admission: 8-11-16

Transferred: Cas. Cl. Stn. 24 & C.F. Amb. Hosp. 18-11-16.

Hosp.

Hosp.

Hosp.

Diagnosis: Jaundice ?

(1) ~~Haemorrhoids~~

Later Diagnosis (if changed): P.U.O.

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION Date

C.L. 22-11-16 A123

REMARKS

C.L. 29-11-16 A 128

22-12-16 A1314

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.		

ORIGINAL.

MEDICAL HISTORY SHEET.

R

Surname Lovell Christian Name Herbert Wm

8

Examined { on 10th day of January 1916
at Edmonton

Birthplace { City or Town Laybourstour
County Essex, Eng

Apparent age 24

Trade or occupation Car-repairer

Height 5 Feet 6 Inches.

Weight 145 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.

Physical development Average

Small-Pox Marks –

Vaccination Marks { Arm Right. Left.
Number – 2

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease /

(b) Slight defects but not sufficient to cause rejection /

Approved by J A Hanley

Rank Major M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
8/2/16	Poor	G H Maywood M.O.
21/2/16	Good	A.S. Christmas M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
29/1/16	O.K.	G H Maywood M.O.
8/2/16		G H Maywood M.O.
21/2/16		G H Maywood M.O.

Enlisted on 10th day of January 1916 at Edmonton

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	No. VIII Field Amb.	530050		Jan. 10th. 1916
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-4°9.

Surname Lovell Christian Name Herbert W

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
No.42 C.C. Station		6	11	16	14	11	16	Jaundice		Rejoined Unit from Hosp. Duplicate Medical History Sheet posted to here. 1/12	A.1239A128 GJ

8 R

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 330050 Rank Pte Surname LOVELL
(Given name in full) Herbert William

No. 3 CANADIAN GENERAL HOSPITAL

Unit or Corps ..... Birthplace ~~Laytonstone~~, Essex Eng.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5 ft. 6 in. Colour of Eyes brown

Nutrition good

Pulse 76 regular

Condition of arteries soft

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
3 V scar left arm.
Scar rt. knee 1900 (accidental)

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System yes Respiratory System no

Disturbance of Mentality no Muscular System no Digestive System yes

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

6.11.16 — 14.11.16 Jaundice

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 5.2.19 Signed A.H. Mackay Capt. M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Hubert W. Chas. Lovell.

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 530050 Rank Pte Surname LOVELL
(Given name in full) HUBERT WILLIAM

Unit or Corps 8th C.A.N. FLD. FT. M.B. Birthplace LONDON ENG.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5 ft. 5 in. Colour of Eyes brown

Nutrition Good

Pulse 72

Condition of arteries Good

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Small scar on left knee

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Fuld (Overseas)

Date 16/11/18 Signed Wm Robb Capt M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Herbert W. Lovell.

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board).

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

Army Form B. 103. Buff Copy. Regimental Number 530050

Original to K.O. 24/3/19

Casualty Form—Active Service.

Regiment or Corps .....

Rank Pte ..... Surname Lovell ..... Christian Name Hubert William

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: Date	Report: From whom received	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.
		Embarked ...			
		Disembarked ...			
		T.O.S. C.A.M.C. Genl.		16/2/19	P.O 12/1919
27/1/19	S.C.F. Amb.	Granted permission to marry in			K.M. 16/24545
		accordance with Order in Council			P.O 13/1919
		Canada P.C. 1872 of 6/11/17.			
8.4.19	C.C.R.D.	Arrived Base from C.C.R.C.		5.4.19	N.R. 2397
12.4.19	3 C.G. Fld	Posted to 3 Can Gen Hpl		8.4.19	B.B. 28.1919
"	"	T.O.S. of No 3 C.G.H.		9.4.19	B.213 P. 14/1919
19.4.19	"	Leave 16.4.19 to 30.4.19			B.213 P. 20/1919
~~9.5.19~~	Records	Ext of leave from 30.4.19			Rem 112.
		to 9.5.19.			P. 20/1919

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

(b) Signaller, Shoeing Smith, &c.

W. 8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807. 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				
		Proceeded to [illegible]			A. G. Cuson Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
26/5/19	R. Wing	T.O.S.	Witley	24/5/19	D.O. No 39
"	"	SOS. CMFC TO CEF-.CANADA	"	18 JUN 1919	
					OFFICER i/c RECORDS. R. WING C.C.C., WITLEY.
10-7-19	O-S	T.O.S D.D.#4 Dis.Sta. "F"	Montreal	25-6-19	D.O PT II-191
10-7-19		S .O.S D.D.#4 Demb	"	4-7-19	D.O.Pt II-191 R.O 1420
		G. H. Fletcher Lieutenant, a/ Assistant Adjutant, District Depot No. 4.			

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

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

A.F.W. 51.
150M. 10-15.
[illegible] 39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 8 Fld. Ambulance

Regimental No. 530050 Rank Pte. Name Hubert Wm Lovell

C. E. F.

Enlisted (a) Jan 10/16 Terms of Service (a) Duration of War. Service reckons from (a) Jan 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) Stretcher Bearer.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada	Halifax	1.4.16	
		Debarked England	Liverpool	9.4.16	
		Proceeded Overseas MAY 7 1916	R. B. Dawson Capt & Adjt For O.C. No VIII Fld. Ambulance C.E.F.		
		Embarked 7.5.16. Disembarked Havre 8.5.16 R 5449			
17/9/16	8 C.F. Amb	Attached No 49 Gen Hosp Auth:- DMS Can Corps. Tel. C.M. 732 of 13/9/16	Field	13/9/16	B213. Pte Ord. 148 23/9/16
				16/10/16	B213 " 159 31/10/16
22/10/16	do	Rejoined Unit for duty	"		
10/11/16	do	Jaundice Admitted & transfd	CCS	6/11/16	A36 " 43 22/11/16
12/11/16	42 CCS.	Jaundice Admitted		6/11/16	A36 DCS 42. 18/11/16

(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

530050 Pte Lovell. H.W.

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				
18/11/16	42 CCS.	Jaundice. Discharged to duty	Field	14/11/16	A36 DCS 26/11/16
19/11/16	8 C F Amb	Reported Unit from Hosp	"	14/11/16	B. 213. " 26/11/16
30/6/17	do	Granted 10 days leave	England	30/6/17	B213 Pte Cad 36 9/7/17
14/7/17	do	Reported from leave	Field	11/7/17	B213 " 38 21/7/17
26/1/18	"	Granted 14 days leave	Cannes	22/1/18	B213 " 6 4/2/18
9/2/18	"	Reported from leave	Field	9/2/18	B. 213.
20/7/18	"	Granted Good Conduct Badge	"	10/1/18	B 213 " 51. 1918
20/2/19	A.A.G.	S.O.S. 8 C F Amb reported to C in C. General (Authy: A.A.G. Admn. etc. Ref. Admn Branch Record Office File K. 38/1 of 21/1/19)		15/2/19	Pte 12/1919
		TOS CAMC Send		16.2.19	Pte 12-1919
27-1-19	8 C F Amb	Granted permission to marry in accordance with Order in Council Canada, P.C. 1872 of 4/7/17			KAR 18/24545 Pte 13-1919

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 550050 (Rank) Private

Name (in full) Lovell, Hubert William (Bill) enlisted in

the No. 8 Field Ambulance

CANADIAN EXPEDITIONARY FORCE at Edmonton, Alta. on the 10th

day of January 16 19

He served in Canada, England and France

and is now discharged from the service by reason of Demobilization

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

Age 6 feet 6 Inches	Marks or Scars Military Medal, author-
Height Fresh	ity London Gazette No. 31430
Complexion Hazel	dated 8-7-19.
Eyes Dark Brown	
Hair	

Signature of Soldier

July 4th, 1919.

Date of Discharge Montreal, P. Q.

Issuing Officer

Lieutenant Rank

for Director of Records.

Appointment

Signed at Pay No. 649-1-20572 this day of September 15th, 19

in Military District No.

File Reference No.

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

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

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

War Service Badge Class "A" No. .....

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 530050 (Rank) Pte

Name (in full) LOVELL Herbert William enlisted in the 6 A M L

CANADIAN EXPEDITIONARY FORCE at Edmonton on the 10 day of June 1916

HE served in 6 A M L IN FRANCE

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

DEPT MILITIA & DEFENCE SEP 24 H.Q. CANADA

DEPT. MILITIA & DEFENCE SEP 24 1919 H.Q. CANADA

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

Age 27 yrs 1 m

Height 5 ft 6"

Complexion Fresh

Eyes Hazel

Hair Dark Brown

H. W. Lovell
Signature of Soldier

Marks or Scars Nil

651

J. Fisher
Issuing Officer

Lieutenant
Rank
Officer i/c Discharge Section, Dispersal Station "F"

Date of Discharge

Dispersal Station "F" JUL 8 1919 Military District No. 4

Date July 8 1919

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

M.F.B. 39.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

OCT 24 1919

WAR SERVICE BADGE
Class "A" No. 294232

C.A.D.C. 5004A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

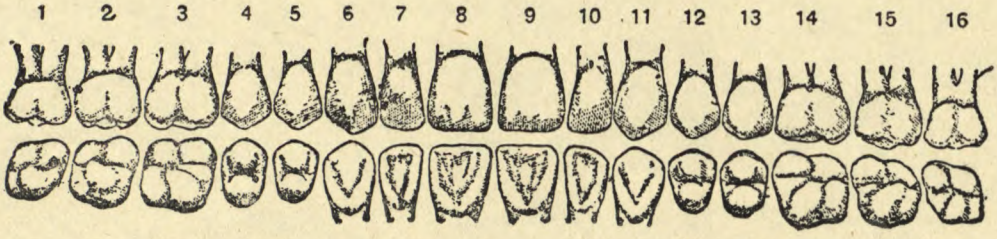
DIRECTIONS TO DENTAL OFFICERS

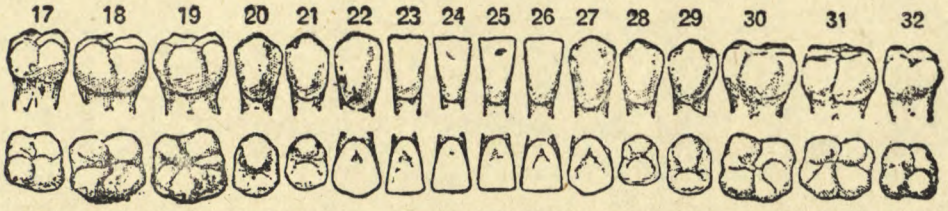
1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

NAME OF SOLDIER (Block Letters) LOVELL HUBERT WILLIAM

REGIMENT No 3 Can Gen Hosp RANK Pte No. 530050

Date of Examination in England 31/5/19 | Date of Examination in France





PRESENT DENTAL REQUIREMENTS

1. FILLINGS 10.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No.

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada yes
- (b) In England
- (c) In France

R Simpson Capt
for A. D. D. S. M. D. No. 4

Signature of Dental Officer H. A. Simmons Capt

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) LOVELL, H.W.

REGIMENT 8th Can. FLD. Amb. RANK PTE No. 530650

Date of Examination in England | Date of Examination in France 16/1/19.

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 9.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada yes
- (*b*) In England
- (*c*) In France yes

Signature of Dental Officer H Chisholm Capt

MARRIED OR SINGLE S.

PLACE OF BIRTH Laytonstone, Essex. Eng.

NAME AND ADDRESS OF NEXT OF KIN Chas. Lovell.

9 Layspringfld Laytonstone, Essex Eng

RELATIONSHIP OF NEXT OF KIN Father.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 530050 RANK Pte NAME Lovell, Hubert William

IF IN PERMT. CORPS WHAT UNIT UNIT 8th FIELD AMB. TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Edmonton alta Can TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Jan 10/16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ Nil DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C.D.

DATE 1916	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Mar 31														14 10	14 10																14 10				Balance from Canada
April 30	30	1.00	30	=	30	10	3	=							33 =	8	7/4/16	15	7/4/16					12 17	4 86					17 03	30 07				
May 31	31	—	31	—	31	—	3	10							34 10	21	15/4/16							2 55						2 55	61 62				
June 30	30	.	30	—	30	.	3	—							33 —			53	13/6/16						2 50					5 11	89 51				
																		38	30/5/16						2 56									
July 31	31	.	31	—	31	—	3	10							34 10	69	28/6/16	82	20/7/16					2 50	2 61					5 16	115 45				
																		115	16/8/16						2 61									
Aug 31	31	.	31	.	31	.	3	10							34 10			108	5/8/16						2 61					5 22	147 33				
Sept 30	30	.	30	.	30	.	3								33	134	29/8/16	148	15/9/16					2 62	2 61					5 23	175 10				
Oct 31	31		31		31		3	10							34 10																209 20				
Nov 30	30		30		30		3								33	195	28/10							261			5 23		7 84	234 36		120	114 36		O.S.D. Nov. 1/16 1.6
																227	4/12							261										
Dec 31	31		31		31		3	10							34 10	214	18/11							11 33					13 94	257 52				
1917			27	50																														
Jan 31	31	1.00	34	10											34 10	257	23/12							5 24					5 24	283 38				
																286	2/2/17							2 62										
Feb 28	28	.	30	80											30 80	278	8/1/17							2 62					5 24	308 94				
			34	10										14 10																75 56				
Mar 31	31	—	34	10											34 10	316	25/2	352	28/2					2 62	2 61					10 46	233 58				
																302	1/3	329	13/3					2 61	2 62									
			401	50										14 10	1415 60									52 15	25 64	5 23				83 02					

#530050 Pte Lovell H. 2 W.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917																																		
			40	50										14 10	41 60								52 15	25 64	5 23				83 02	382 58		180		
Apr	20	1 00/10	33												33															365 58		195		
May	31	"	34	10											34 10	20 8	30/4 15/4						2 61 2 62						5 23	394 45		210	184 45	
June	30	"	33												33	52 36	27/5 15/5						2 67 3 57						6 24	421 21		225	196 21	
July	31	"	34	10											34 10															455 31		240	215 31	
Aug	31	"	34	10											34 10	85 69 166 192 113	28/6 15/6 16/8 30/8 18/7			FC 10/- 2/6	29/6			5 36 2 68 2 68 2 68 2 68		4 73 87 60				8 04 105 37	481 37		255	226 37	
Sep	30	"	33	—											33 —																				
			60 2	80										14 10	61 6 90								79 70	25 64	10 25 6				207 90					

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Oct	Cr. Bal. 30/9	~~1 00 00~~							409 00	270	
Oct	P. Pay	24 10		AR 132 21/7/8 #7 Fd. Amb	267						
				" 222 14/9 "	268				437 75		
		24 10			5 35						
Nov	P pay	33		" 231 30/9 "	446						
Dec	" "	24 10		" 250 14/10 "	257						
				" 270 4/11 "	446				492 36	215	
		67 10			12 49				24 10		
1918									526 46		
Jan	P pay	24 10		AR 293 22/11/8 #7 Fd Amb	12 49				24 98		
				AR 307 29/11 "	446						
				" 340 " "	357						
				" 227 14/12 "	446				501 48	330	
		24 10			2 98				30 80		
									532 28		
Feb	P. P.	30 80		AR 366 17-1-18 87 Amb	3 57				92 79		
				" 405 23.1.18 "	89 22				439 49		
		30 80			92 79				439 49		
									34 10		
				AR 488 (L5) 17.2.18 87 Amb	8 03				473 59		
Mch	P. P.	31 10		" 587 (L30) 2.3.18 "	4 46				20 52		
				" 615 (L36) 30.3.18 "	8 03				453 07	360	
									453 07		
		31 10			20 52						

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

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

NAME:– LOVELL. Hubert William

NUMBER:– 530050

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.

D.O.13. 27/5/19. Came Leave. permit to Marry

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– 8 7d Amb

DATE ACCOUNT FIRST OPENED:– 1-4-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	21-7-19		Canada

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
28.5.19	744	Field	~~8.72~~				
5.6.19	1393	A Wing	73.00				
			81.72				

DAILY RATES OF PAY AND ALLOWANCES

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

Ledger Bal 685.75
L.P.C. Cr Bal 604.03

PARTICULARS OF RENDERING NON-EFFECTIVE: Transf to Canada 30/6/19. NRL 10377. Witley 7/6/19 Witley M.D. 13. Wing R.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar	Bal Forward								45307		
Apr	Pte P & A	33							48607		
				AR 130 (4) 15/4/18 87 Amb	34 07				45200		
				" 37 (4) 15/4/18 "	3 57				44843	375	
				" 85 (19) 28.4.18 "	4 46				44397		
		33			42 10						
May	P. P.	34 10							47807		
				AR 174 (2) 9.5.18. 87 Amb.	3 57				47450		
				" 227 (12) 27.5.18 "	4 46				47004	390	
		34 10			8 03						
June	P. P.	33							50304		
				AR 270 (5) 14.6.18 87 Amb.	3 57				49947	405	
		33			3 57						
July	P. P.	34 10							53357		
				AR 317. (1) 1.7.18. S.F.A.	4 46				52911		
				" 370 (3) 16.7.18 "	3 57				52554	420	
				" 426. (11) 28.7.18 "	4 46				52108		
		34 10			12 49						
Aug	P. P.	34 10							55518		
				AR 477. (8) 18.8.18 87 A.	3 57				55161	435	
				" 548. (12) 31.8.18 "	3 57				54804		
		34 10			7 14						
Sep	P P.	33						—	58104	430	
				AR 616. (9) 23.9.18 "	3 57				57747	Appeal 27/11	
		33			3 57						
Oct	P P	34 10						—	61157	465	
				AR 669 (24) 7.10.18 "	7 46				60411		
				" 752. (49) 31.10.18 "	3 73				60038		
		34 10			11 19						

COMPILED BY H Stevens
CHECKED BY

NUMBER 530050 RANK Pte NAME Lovell H W.

MONTH	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
1918				Bal 7d					600 38	4600	
Nov	P.P	33 -						—	633 38		
				AR 833 (12) 5/11/18 B.F. amb	13 66				620 32		
Dec	P.P.	34 10						—	654 42		
				AR 935 30.11.18 " 31	9 33				645 09		
				GR 181 7.12.18 " 61	24 33				620 76	L95	
1919				AR 1001 19.12.18 " 72	46 73 / 3 73				617 03		
Jany	P P	34 10							651 13	520	
		101 20			50 45						
Feby	P P	30 80							681 93	535	
				AR 1073 31-12-18 " 6	3 73				678 20		
				" 1134 10-1-19 " 26	5 60				672 60		
				" 471 31-1-19 " 65	3 73				668 87		
				" 4009 8-2-19 6 M G B. 98	3 73				665 14		
March	P.P.	34 10			16 79				699 24		
				AR 4422. 3-3-19. " (129)	3 73				695 51		
				" 5005. 17-3-19. " (157)	3 73				691 78	55	
		64 90			24 25						
April	P.P.	33 -							724 78		
				122. 4-4-19. " (15)	3 65				721 13		
				L.C.S. 15-4-19. 6 Lt. (20)	97 33				623 80		
				C.C. 65357. 28/4/19. London (31)	48 67				575 13	"	
				277 28-4-19. Chd in error 6 Lt (32)	149 63 / 9 73				50 —		
May	P.P.	34 10							609 23		
				497. 17-5-19. 3. Lt. (85)	5 23				604 —	"	
		67 10			154 88						
June	P.P.	33 -							637 —		
	Interest on Def Pay.	48 75							685 75		
				744. 28-5-19. A.O.S. 38. (5)	8 42						
				4393. 5-6-19 Whitley (16)	73 —				604 03	"	
				5728. 19-6-19 " (30)	9 43				594 30		
		81 75			91 45						

3051 Canada 25-6-19
S.L. 84

4/ 4 to 9 DTT

O.G. - 20
S.G. - 24
D.A. F

WAR SERVICE BADGE
CLASS "A" No. 244232

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

A

H.M.T. CARONIA
SAILING, No 84
Embarked 25, 6, 19.

1. No. 530050.

2. Rank. Pte

3. Name. LOVELL, Hubert William

4. Unit. No. 3 CANADIAN GENERAL HOSPITAL (Mc GILL)
B. E. F.

5. Date of Discharge | 4-7-19 | Place Montreal

6. Reason for Discharge ..... DEMOBILIZATION

H

7. Authority. R.O 1420 D.D.#4 D.O Pt II-o191

8. Proposed Residence after Discharge .....
West Edmonton P.O.
Edmonton, Alta

9 CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W. R. 39 Montreal
July 8 1919
H. W. Lovell
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal

Date July 8 1919

Signature D. J. Fisher Lieutenant
(O. C. Discharging Unit.) Officer I/c Discharge Section, Dispersal Station "C"

M.F.B. 218a

(1184) Wt. /P53 5/19 25M (2) D.St.

Star 7/11/19 gas

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate .....Militia Form W. 23

or Particulars of Recruit.....Militia Form W. 133

Field Conduct Sheet .....Militia Form W. 178 or A.F.B. 122

Casualty Form .....Militia Form W. 54 or A.F.B. 103

Last Pay Certificate .....Militia Form W. 44

Certificate that missing documents are unobtainable .....

Medical History Sheet.....Militia Form B. 313 or A.F.B. 178

Proceedings of Medical Board.....M.F.B. 227, A.F.B. 179 or A.F.A. 45

Dental History Sheet.....Militia Form B. 465

Medical Report .....M. F. W. 129 or D. M. S. 1375

Regimental Conduct Sheet .....Militia Form B. 263

Company Conduct Sheet .....Militia Form B. 263a

1. Triplicate Attestation Paper (M F W. 23), or
   Particulars of Recruit (M,F,W, 133).
2. Casualty Form (A,F,B, 103).
3. Medical History Sheet (M,F,B. 313 or A,F,B. 178).
4. Proceedings of Med, Board (M,F,B,227 or M,F,W,129)
5. Dental Certificate (C,A,D,C, 5009a).
6. Field Conduct Sheet (A,F,B, 122)
7. Proceedings on Discharge (M,F,B, 218a)
8. Discharge Certificate (M,F,W, 89)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M,F,W, 89a).
10. Dispersal Certificate (C,D,3).
11. Equipment and Clothing } Statement Q,M,G, Form (D,O,S, 2),
12. Last Pay Certificate (P, 851). + dups
13. Pay Book (A,B,64).
14. War Service Gratuity (Form M,F,W, 2595).
15. Sundry Documents.

Group..... B

Checked by No. 10 (RW)

Date 16-6-19

LTR.

R—122

Rank | Name LOVELL, Hubert William | Reg'l No. 530050.

Unit No, 8 F, C Ambce | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Edmonton, Alberta, Canada. 10th Jan 1916. | Place of Birth Laytonstone Essex, England.

Name and Address, Next-of-Kin Charles Lovell Yetenderie. Southbourne Grove Westcliff on Sea. ~~59, Layspring Rd Laytonstone,~~ Essex, Eng., | Relationship Father.

Assigned Pay Monthly $: | Payable to

(Auth. Lt. 8 Fld Amb. d/12.12.14.) | Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Auth B.D.O 1329 11-4-16		Arrived in England	10 APR 1916		S.S. Adriatic
7.5.16	8th Field Amb	Embarked for France.	7 MAY 1916		Pte D.O. 125 AFB103 checked 12.5.16
22.9.16	"	Temply Attd 4g Cas Clg Station	Field	13.9.16	pt 2 # 149
31.10.16	"	Rejoined Unit from 4g CCS	"	16.10.16	pt 2 # 159
22.11.16	3rd Can M C	Admtd. No 42 Cas Clearing Stn	"	6.11.16	C2a125 Jaundice 8
29.11.16	"	Rejoined Unit from Hospl	"	14.11.16	" C128 " 8
22.12.16		Nature of Cas upon C2a128 is now stated to be			" C134 PUO
2-8-18.	8th Can Fld Amb	Granted G.C. Badge. Pte	Field.	10-1-18	Pt II 51.
		M.M.			
23-2-19	—"—	LOS to CAMC Gen	"	15.2.19	— 12 CAMC Gen Pt II D.O. 12. d/18.3.19

S 530050 Lovell, Herbert Williams.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
27.3.19	CAME Sen	Permission to marry P.C. 1872	Pte In the field	6.7.17	A II D0 13
7-5-19	3 C.E. Hop.	Posted from C.A.M.C. Gen.	Pte Boulogne	9.4.19	Camb Gen 19. B-II D028 7-5-19
31-5-19	R.W.Kent CCC	TOS fr 3rd E Hop	Pte Witley	29-5-19 30-5-19	44
		84-F-39 dy	25-6-19		
25-6-19	R.W.Kent Cadet	SOS to Canada.	Pte Witley	25/6/19	B II D065
6-8-19	8th C.A.M.C.	Awarded M.S. Medal	—	—	A.O.3.

AUDITOR | PAYMASTER

JRB

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

M. OR S. | REGT. NO. 530050 | RANK Pte | NAME (IN FULL) Lovell H. Ford (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP — No card

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.	23/6/19	S.O. 191 1-68
W.E. Edmonton		
West. Ed. Alberta	26/9/19	

ORIGINAL UNIT C.E.F. C.A.M.C. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 10/1/16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO Nil — RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS — O.H.S.F. — Post Office — Edmonton

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Montreal — DATE 4/11/19 — REASON Demob — AUTHORITY S.O. 191 1-68 — IF ENTITLED TO POST DISCHARGE PAY

MILITARY DIST. NO. 1 JUL 26 1919 DEMOBILIZATION

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
1/5/19							59	30	59	30																								59	30	"Canada"
10/7/19	10	1	10	11	00		35	00	116	00	Bal Trans	500	887	497	500	70	43					66						716	90	66		59	30	Per S.S. [illegible]
					70	60																													Edmonton 9/7/19
							71	30																											

Other Credits	W.S.C.	S.A.	Total
	420		420

War Service Gratuity

Other Charges	W.S.G.	S.A.	Total	Balance Soldier	Balance Dependant
	70		70	350	
66			66	343	40
	70		70	273	40
	70		70	203	40
	63	40	63	140	00
	70		70	70	
	70		70		
			420		

4/8/19
4/9/19
4/10/19
4/11/19
4/12/19

1266560 2
1521643 3
1631431 4
1648057 5
1794540

Final

200M-3-19.—L. L. 58738-I.I. & D. 9985.
M. F. W. 2596.
1773-20-1300