

ATTESTATION PAPER.

No. 1018085

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Neale.
- 1a. What are your Christian names? Percy.
- 1b. What is your present address? Battleford, Sask.
2. In what Town, Township or Parish, and in what Country were you born? Southport Lancashire, Eng.
3. What is the name of your next-of kin? William Neale.
4. What is the address of your next-of-kin? Daysville, Sask.
- 4a. What is the relationship of your next-of-kin? Father.
5. What is the date of your birth? Jan .5th, 1888.
6. What is your Trade or Calling? Farmer.
7. Are you married? No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
9. Do you now belong to the Active Militia? No.
10. Have you ever served in any Military Force? No.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes.
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date April 4th 1916 Percy Neale (Signature of Recruit)
R. J. Boulton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date April 4th 1916 Percy Neale (Signature of Recruit)
R. J. Boulton (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 Battleford, Sask. this 4th day of April 1916.

W. H. Thompson (Signature of Justice)
A Justice of the Peace in and for the
Province of Saskatchewan.

Description of Percy Neale on Enlistment:

Apparent Age 28 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

ATTESTATION (ANSWERS)

Height 5 ft 5 1/2 ins.

One vaccination left arm

Chest measurement: Girth when fully expanded 39 ins.
Range of expansion 4 ins.

Complexion Ruddy

Eyes Blue

Hair Brown

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

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 April 4th. 191 6

W. J. Mearns
Lieut. A.M.C.
Medical Officer.

Place Battleford

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Percy Neale having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date April 4 191 6
W. J. Mearns Capt. (Signature of Officer)

REGIMENTAL DOCUMENTS

NAME

NEALE

PERCY

REGT. NO.

1018085

UNIT

5th Can Inf Reg

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

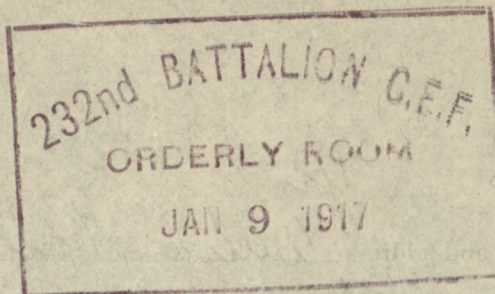
DESERTION

01397

36-18
20-18
10-20



To be made out in duplicate.



War Service Badge
Class "A" No.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

- This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- 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.
- All questions, etc., must be answered.
- 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.
- 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. *232nd Overseas Battalion C.E.F.*

(2) Regimental Number *1018085*

(3) Full Name of Soldier *Percy Heale*

(4) Place of Birth *Southport, Lancashire, England*

(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 *✓*

28

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

Yes

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

William Heale, Daysville, Sask

(10) Is your Mother alive?.....

Yes

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

Margaret Heale, Battleford

Sask

(11) If your Mother is a widow.....

no

Are you her sole support, or not?.....

no

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

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

✓

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

no

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

Yes

If so, in what Company?.....

Prudential Insurance Co, Eng.

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

no

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

P. Maurice

Officer Commanding.

Date.....

Dec 24/16

495
Number 1018085 Rank Plt-

Surname NEALE

Christian Name Percy

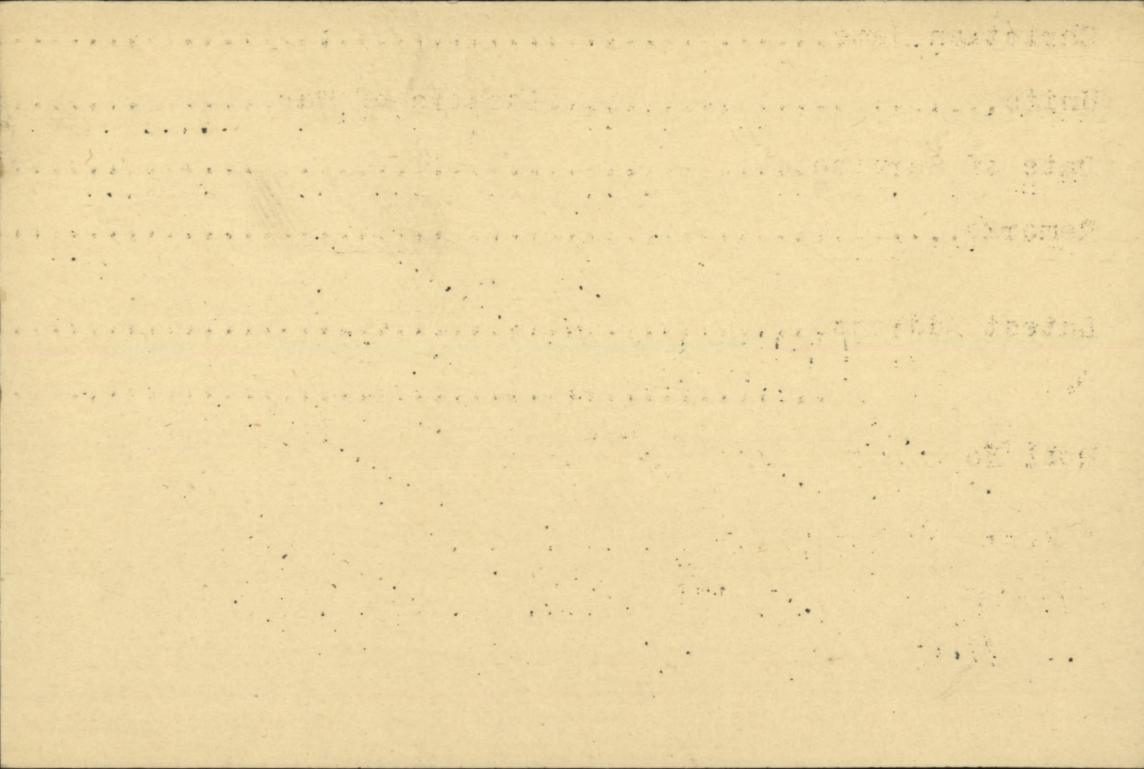
Units 5th Bn Cam Inf Theatre of War France

Date of Service 24-11-17

Remarks

Latest Address Battleford Sask

Roll No



B.C.U.

Number. 1018085 Rank. Pt.

Surname. NEALE

Christian Name. Percy

Units. 5th Par Theatre of War. France

Date of Service. 25-11-17

Remarks. (no card)

Latest Address. 16, 32664. 1st Guard of Canada

Ross Barracks.

Roll No. Moose Jaw Sask

DESP. **SEP** 25 1942
REGN No. 58

Name **NEALE** Percy

Rank Pte.

Reg. No. 1018085

Unit 5th Bn.

Next of Kin **Canada**

[illegible]

[illegible]

No. 10 K 085 RANK *Pte.*NAME *Male. P*T. O. S. 4-4-16 UNIT *232nd Battalion**D.O. 14 of 4-4-16*M. D. *10*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Apr. 4</i>	<i>Apr. 30</i>	<i>N</i>		
<i>May</i>		<i>v</i>		
<i>June</i>		<i>v</i>		
<i>July</i>		<i>v</i>		
<i>Aug.</i>		<i>v</i>		
<i>Sep.</i>		<i>v</i>		
<i>Oct.</i>		<i>v</i>		
<i>Nov.</i>		<i>v</i>		
<i>Dec.</i>		<i>v</i>		
<i>1917</i>		<i>v</i>		
<i>Jan.</i>		<i>v</i>		
<i>Feb.</i>		<i>v</i>		
<i>Mar.</i>		<i>v</i>		
<i>Apr. 5</i>	<i>Apr. 15</i>	<i>n</i>	<i>In Quarantine at Halifax April Pay list</i>	<i>DO (over)</i>
<i>Apr. 16</i>	<i>Apr. 30</i>	<i>n</i>		

1917 mid	1917	n		
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SURNAME.

CHRISTIAN NAMES

REGL. NO.

UNIT

FORMER CORPS

RANK

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

NEXT OF KIN.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

CARD NO.

Neale
Percy.
1018085.
Pte
222nd.
Nil
Mo. 12 U.S.
S.O.S. Shemob.
FOU. 4-19
OST. 110826/4/19.
12 U.S.
Bn

England. Southport, Lancs.
Battleford Sask
Jan 5th 1888
Apr 4, 1916.
RIC 19-4-19 305
83.
36

FROM HALIFAX PER S S 'NORTHLAND' 18-4-17

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

28

YEARS

3

MONTHS

HEIGHT

5

FEET

5 1/2

INCHES

CHEST MEASUREMENT

39

INCHES

EXPANSION

4

INCHES

COMPLEXION

Ruddy.

EYES

Blue

HAIR

Brown.

DISTINGUISHING MARKS

Walc left arm.

MEDICAL EXAMINATION.

PLACE

Battleford, Sask

DATE

Apr 4th 1916

Present Address.

Battleford, Sask.

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No.

H. Q. FILE NO. 649

FOLLOWS

No.

FOLLOWS

L. L. 31493. M. & D. 8476.

M. F. W. 42-100M.-28-11-17.

H. Q. 1772-39-893.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a 278

No 2. Can. Fld. Unit.

23-7-18

Influenza.

a 278

Disch. to Duty

25-7-18

Influenza.

(2)

Sask. Regt.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Heale

P

1018085

RANK

UNIT

Co.

TROOP

BATTY.

HOSPITAL

DATE OF ADMISSION

2. 6. 7. Amb.

23. 7. 18

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

Influenza

2.

3.

DISPOSITION

Dis 25. 7. 18. DATE

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

CANADIAN EXPEDITIONARY FORCE

War Service Badge 246778

Class "A" No. DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1018085 (Rank) Private

Name (in full) Heale, Percy enlisted in
the 232nd Bn.

CANADIAN EXPEDITIONARY FORCE at Battleford Sask. on the 14th
day of April 1916

HE served in 5th C. I. Bn. France

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

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

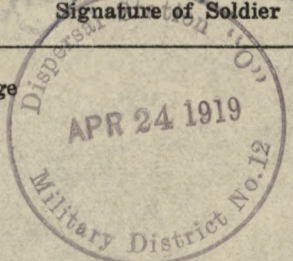
Age 31
Height 5'6"
Complexion Ruddy
Eyes Blue
Hair Brown

Marks or Scars Small
area of Pigmentation 3"
above umbilicus small
int. to rt shoulder
joint.

Percy Heale
Signature of Soldier

W. Badcock
Issuing Officer

Date of Discharge



MAJOR
Rank

Date 19

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

CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 15000 (Rank) Private

has been discharged from the service of the CANADIAN EXPEDITIONARY FORCE at 1916

and is now entitled to the service by reason of Medical Discharge

Demobilization

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

Age	<u>22</u>
Height	<u>5' 8"</u>
Complexion	<u>Fair</u>
Eyes	<u>Blue</u>
Hair	<u>Brown</u>
Signature of Soldier	<u>[Signature]</u>
Date of Discharge	<u>1916</u>
Signature of Officer	<u>[Signature]</u>
Date	<u>1916</u>

N.B.—If no notice of this Certificate will be issued, any person holding same is requested to forward it to the Secretary, Military Council, Ottawa, Canada.

10-11-16
 10-11-16
 10-11-16

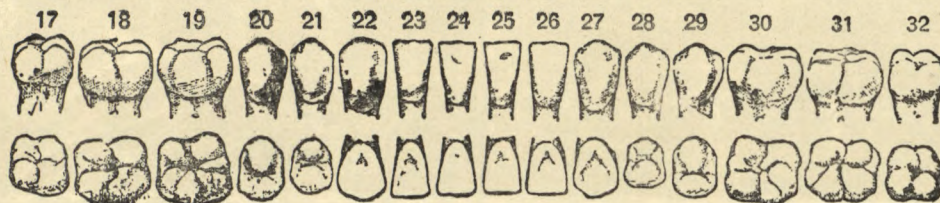
CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

War Service Badge
Class "A" No.DIRECTIONS TO
DENTAL OFFICERSNAME OF SOLDIER (Block Letters) NEALE, P.REGIMENT 546 I Br.RANK PCNo. 1018085Date of Examination in England 19-3-19

Date of Examination in France



1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper Repair

(b) Part Upper

(c) Full Lower

(d) Part Lower

E. W. M. Counter Capt.
Major

A.D.D.S., C.A.D.C., M.D. 12

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

H. B. Rutherford Capt.

Service 188
Class 1A

STANDARD

STANDARD

STANDARD

STANDARD

STANDARD

STANDARD

Fill in Only.—Unit, Number, Rank and Name. War Service Badge

Class "A" No. M. F. W. 54. (A. F. B. 103.)

250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 232nd Overseas Bn.

Regimental No. 10190PS Rank Pte. Name Percy Neale

Enlisted (a) 4th April 16 Terms of Service (a) 10 years Service reckons from (a) 4th April 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) Farmer

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				
		Embarked <u>Salifu</u> <u>27.5.17</u> Disembarked <u>1st pool</u> <u>24/7</u> Entered repatriation <u>Bramshott</u> <u>11.6.17</u>			<u>Yolymphie</u> <u>W.B. Hunt</u> <u>SR.</u> <u>Officer's death</u> <u>OVERSEAS BATTALION, C.E.F.</u>
JUN 25 1917	<u>OL. 15th Can Res Bn</u>	Taken on the Strength of the 15th Can Res Bn.	BRAMSHOTT.	<u>10/6/17</u>	<u>Pl 5170</u> <u>707</u> <u>JUN 25 1917</u>
NOV 25 1917	<u>O.C. 15th RESERVE</u>	PROCEEDED OVERSEAS FOR SERVICE WITH <u>5th</u> BATTALION	BRAMSHOTT	NOV 24 1917	PART II. DAILY ORDERS No. <u>322</u> <u>& Campbell</u> <u>15th RESERVE BATTALION.</u>
2-4-19		<u>S.O.S. on Proceeding to Canada</u> <u>Embarked</u> <u>10 4 19</u> <u>Disembarked</u> <u>18 4 19</u> <u>No. 9 Conducting Staff.</u>		<u>10 APR 1919</u>	<u>H. Wing c.c.c.</u> <u>W.A. Squair Lt.</u> <u>for Lt. Col.</u>

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

Report		Record of promotions, reductions, transfers, casualties, etc. during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
28 NOV 1917	C. B. D.	ARRIVED C. B. D.	FRANCE	25 NOV 1917	N. R. D.
30 NOV 1917	C. B. D.	LEFT C. B. D. FOR	CAN. CORPS REINF. CAMP	30 NOV 1917	N. R. D.
30 NOV 1917	C. B. D.	ARRIVED	CAN. CORPS REINF. CAMP	30 NOV 1917	N. R. D.
8 DEC 1917	5TH CAN BN.	JOINED UNIT	FIELD	3 DEC 1917	B. 213 D.
2.3.18	"	To 1st Can Bn. (Batman)		24.2.18	B713 -
6.7.18	"	Reformed Unit (Artilley)		5.7.18	B713 -
13.7.18	"	To 1st C. D. I. M. B. (Batman)		9.7.18	"
25.7.18	1st C. D.	Influenza adm	1st C. D.	23.7.18	8.5055
25.7.18	do	as to duty	do	25.7.18	do
27.7.18	5th Bn.	To Field Amb	Field	23.7.18	B713.
27.7.18	do	Leaves to be att. 2nd C. D. I. M. B.		23.7.18	do
2.8.18	"	Reformed unit	Field	26.7.18	B713
"	"	To 2nd Can Light I. M. B. (Batman)		26.7.18	B713
9.11.18	1st C. D.	14 day Leave		10.11.18	B713.
7.12.18	5th Bn.	Reformed unit	Field	5.12.18	"
	Emb. Camp.	Proceeded to England.		15-3-19	N.R.

REGINA DISPERSAL AREA

T.O.S. R.O. 1420 (D.D.O. 115) P.A.C.

S.O.S. R.O. (D.D.O. 115) P.A.C.

MEDICAL UNIT, DEMOBILIZATION.

LIEUT.

J. A. Balfour

LIEUT. FOR L. COL. A. A. C.

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.

50m.—6-16.

H. Q. 1772-39-813.

~~SEPARATION ALLOWANCE~~

Name

Mrs. William Neale

Name of Soldier

Neale P

Address

*Battleford
Sask*

Regtl. No.

1018085

Rank

Pte

Corps

232 Bn

Relation to Soldier

\$20.00

wife, child or mother

Apr 1917

To what Corps belonging

when called out

APR

1917

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				



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2

(Assignee)

PAYMENTS.

Name of Soldier

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

#1018085

232nd Batta. pte.

20-00

APR

1917

Y 4326 20
 G 9541 20 20 Ch
 N 17706 20 B.
 024622 20 B.
 D 31272 20
 E 38486 20 J
 T 44813 20
 P 50556 20
 R 60378 20 180 J

MILITIA AND DEFENCE
ASSIGNED PAY
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.						

ORIGINAL

Original
10180 PS

MEDICAL HISTORY SHEET

War Service Badge
Class "A" No.

Surname **Neale**

Christian Name **Percy**

Examined { on **4th** day of **April** 191 **6**
at **Battleford, Sask.**

Approved by

[Signature]
[Signature]

Birthplace { City or Town **Southport**
County **Lancashire, Eng.**

Rank **Lieut. A.M.C.** M.O.

Apparent age **28 years 3 months**

Trade or occupation **Farmer**

Height **5** Feet **5 $\frac{1}{2}$** Inches.

Weight **146** Lbs.

Chest measurement { Minimum **35** inches.

Maximum expansion **4** inches.

Physical development **good**

Small-Pox Marks

Vaccination Marks { Arm **Right** Left.

Number **1**

When Vaccinated last **childhood**

(a) Marks indicating congenital peculiarities or

previous disease

(b) Slight defects but not sufficient to cause rejection

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.
1916		
Oct 8	good	<i>[Signature]</i>
		M.O.
		M.O.
		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
1916		
Aug 2	Good	<i>[Signature]</i>
		M.O.
" 8	"	M.O.
" 13	"	M.O.

Enlisted on **4th** day of **April** 191 **6** at **Battleford, Sask.**

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	232nd O/S. Bn	10180-85		4th April, 1916
	15th Canadian Res. Bn			JUN 10 1917
Transferred to	5th Bn			24.11.17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>[Signature]</i> Approved for Colonel, A.D.M.S. Canadian Troops, Bramshott Camp.	15-6-17	Hot Tub	A fit & reliable MEDICAL BOARD, BRAMSHOTT.

28

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

Peale

Christian Name

STATION.

Date of Arrival
at the
Station.

DATES OF

Admission
into Hospital.Discharge
from Hospital.

Day

Month

Year

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.

War Service Badge
Class "A" No.

168231

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

No. 1018085 Rank PL- Name Neale Percy
Local Unit 232nd Overseas Unit _____ Age 29
15-6-1917

Examination held in Bramshott area.

DISABILITY. FLAT FEET.

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

A considerable anatomical condition of foot which has never caused him any trouble, and is no disability. He runs perfectly on his toes & marches in full.

His heart is normal, and he is otherwise fit

28

Board recommends: A11

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

Signatures:

Members

C. Cooper Pres.
W. H. Jackson Capt.

Approved.

Bramshott

15 June 1917. H. L. Burrows
for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

STANDING MEDICAL BOARD, BRAMSHOTT

BY

EXAMINATION

101

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

Examination held in Bramshott area

DISABILITY

(Overseas - Local)
(Scratch only out)

PRESENT CONDITION

28

Board re-organized

1. For 1st Unit

2. The 1st Unit after weeks physical training

3. For 1st Base Unit weeks

4. For 1st Permanent Base Unit

5. Discharge

Signature

Pres

Member

Approved

Bramshott

War Service Badge
Class "A" No. *1018095*

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. *1018095* Rank *Pte* Surname *NEALE*
(Given name in full)

Unit or Corps *5th L.I. Bn.* Birthplace *Singapore Eng.*

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

1. GENERAL DESCRIPTION: *Estimated*

Physique *Good* Weight *155* lbs.

Height *5* ft. *6* in.

Colour of Eyes *Blue*

Nutrition *Good*

Pulse *70 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).

*Small area of Brown
pigmentation 3" above
umbilicus - small
scars ant. to rt shoulder
faint*

Opinion as to general health and physical condition *very 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 Sytem *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.

Influenza. 23-7-18 Recovery 25-7-18

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at *Malpura Camp* (Overseas)

Date *18-3-19*

Signed *[Signature]* 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 *Percy Seale*

(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 Medical Board.)

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

MK

Rank

Name **NEALE Percy**

Reg' **101808**

Unit **232nd Bn to Sask Regt**

If in perm. Corps, What Unit?

Married or Single **Single**

Place and Date of Enlistment **Battleford 4.4.16**

Place of Birth **Southport England**

Name and Address, Next-of-Kin **William Neale**

Daysville. Saskatchewan Canada

Relationship **Father.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.



NJE. R.B. No **11794**
File R.L.
Category **O.R. Can.**

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
					ARRIVED IN ENGLAND 9 6 17 S/S OLYMPIC. A.F.B. 103 CHECKED
25-6-17	15 ^{1/2} Res Bn	Taken on strength from 232 nd	To 1st Batt	10-6-17	PI 170 3 DEC. 1917
25-11-17	✓	SOS on posting to 5 ^{1/2} Bn O'neal	PA ✓	24-11-17	PI 3224 5 ^{1/2} Bn PI 1462/5-12-17
25-6-19	CC	SEND RET TO CANADA		10 3 19 D.O. 15	
	CCC			16-3-19	
10 4 19	5BN	SOS TO CAN.		10 4 19	DO 24
	H.Wing With 5 Bn				
		To Canada 10-4-19		45-0-69.	

1018085 Neale P.

[illegible]

War Service Badge
Class "A" No. 1

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

No. 1018285 Rank PLT Name Neale Percy
Local Unit 237th Overseas Unit _____ Age 29
15-6-1917

Examination held in Bramshott area.

DISABILITY. FLAT FEET.

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

A considerable anatomical condition of abdomen which has never caused him any trouble, and is no disability. He runs perfectly on his toes & marcelus in full.

His heart is normal, and he is otherwise fit

28

Board recommends: A. 11

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

Signatures:

Members

Pres.

Approved.

Bramshott

15 June 1917

A.L. Burrismaincane
for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

STANDING MEDICAL BOARD, BRAMSHOTT.

BY

EXAMINATION

War Service Badge
Class "A" 1914

Form M.S. 1945 (Rev. 1945)

191

No. Rank Name Local Unit Overseas Unit Age

Examination held in Bramshott area.

DISABILITY

Overseas - Local
(attach one only)

PRESENT CONDITION



Board recommendations

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

Signature

Pres

Members

Approved

Bramshott

191

for A.D.M.S. and G.O.C.
Canadian Troops, Bramshott

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE June 4, 1971

NAME Service No. 1018085 WW1 CPC No.
NOM NEALE, Percy Matricule No. K L-32664 WW2 CCP No. 564036

WVA No.
AAC No. 43803

Information Received from: S.T.M.O. Saskatoon, Sask. Tel Memo d/June 1, 1971
Information reçue de:

Date of Death
Date du Décès May 23, 1971

Place
Endroit Saskatchewan Hospital, North Battleford, Sask.

Distribution: WSR-DASG
VI - ASS
DO - BDX
HO - BC

Pour le chef,
A. F. Boules
for Chief, Central Registry Division.
Dépôt central des dossiers.

DEPARTMENT OF AGRICULTURE

MINISTER OF AGRICULTURE AND FISHERIES

REPLY TO MEMORANDUM

1911-12

1911-12

1911-12

1911-12

1911-12

1911-12

1911-12

1911-12

1911-12

1911-12

1911-12

1911-12

1911-12

1911-12

1911-12

1911-12

1911-12

A.P. 20 20

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- NEALE, Percy.																																								
EFFECTIVE DATE:- 1/6/17.		EFFECTIVE DATE:-		NUMBER:- 1018085																																								
AMOUNT:- 20% stop 1/4/19		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT																																								
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				<table border="1"> <tr> <th>AUTHORITY</th> <th>DATE EFFECTIVE</th> <th>RANK OR APPOINTMENT</th> </tr> <tr> <td></td> <td></td> <td>Plt.</td> </tr> </table>	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT			Plt.																																		
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		Plt.																																										
Mrs. Wm. Neale (Mother) Battleford Sask. Can.																																												
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UNIT AND TRANSFERS ORIGINAL UNIT:- 232 Bn. DATE ACCOUNT FIRST OPENED:- 1/4/17.																																								
<table border="1"> <tr> <th>DATE OF PAYMENT</th> <th>NUMBER OF A.R.</th> <th>UNIT PAID BY</th> <th>AMOUNT</th> <th>DATE OF PAYMENT</th> <th>NUMBER OF A.R.</th> <th>UNIT PAID BY</th> <th>AMOUNT</th> </tr> <tr> <td>12/3</td> <td>1478</td> <td></td> <td>257 466</td> <td></td> <td></td> <td>L.P.C. Dal Dr</td> <td>44 04</td> </tr> <tr> <td>1/3</td> <td>1520</td> <td>CCC</td> <td>10 45 67</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>53 33</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	12/3	1478		257 466			L.P.C. Dal Dr	44 04	1/3	1520	CCC	10 45 67								53 33					<table border="1"> <tr> <th>AUTHORITY</th> <th>DATE EFFECTIVE</th> <th>DATE LEDGER SHEET T'S'D</th> <th>UNIT TRANSFERRED TO</th> </tr> <tr> <td></td> <td></td> <td></td> <td>5 Bn.</td> </tr> </table>	AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO				5 Bn.
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DAILY RATES OF PAY AND ALLOWANCES				<table border="1"> <tr> <th>AUTHORITY</th> <th>PAY</th> <th>F.A.</th> <th>P.F.A.</th> <th>SUBS'CE ALL'CE</th> </tr> <tr> <td></td> <td>100</td> <td>10</td> <td></td> <td></td> </tr> </table>	AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE		100	10																																
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	100	10																																										

PARTICULARS OF RENDERING NON-EFFECTIVE:- Disto Can 31/3/19 7 58 21 25/3/19 Bramshott to Bramshott mtd 12

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Bal Fwd.								3038		
April	P.P.	33		a.p.				20			
				a.p. 3 1st JmB 15/4/18	357						
		33		a.p. 3 " 15/4/18	446			20	3538		
May	Lt pay	3410		a.p. 35 1st Div JmB. 4/5/18.	446			20	4502		
				a.p.				20			
June	P. Pay	33		a.p.	446			20			
				a.p. 64. H. 6. 18. 1st Div JmB	446						
		33		a.p. 80. 19/6/18	357			20	4999		
July		3410		a.p.	803						
	a.p. 1285. 2nd Div. B. 1st Div. 18-5-17. Field			a.p. 93. 3/4	446			20			
				a.p. 1285. 2059. 4849 3.57. 1st Div. 18-5-17. Field	844						
		3410		a.p. 105. 24/4. 1st Div JmB.	357			20	4762		
Aug	Ptes Pay	3410		a.p.	1647						
				a.p. 123. 19-8-18. 1st Div B. C.	357			20	5815		
Sep		3410		a.p.	357			20			
		33		✓ 139. 6-9-18	714						
				✓ 154. 18-9-18.	357			20	6044		
Oct		3410		a.p.	1071						
				a.p. 195 4/10 1st Div Tm Bde	373			20	7454		
				✓ 228 22/10 " "	373				6708		
		3410			746			20			
				C.F.							

NUMBER 1018085 RANK

NAME

NEALE Percy

[illegible]

War Service Badge

Class "A" No.

246778

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Occupational Group No.

Da O.

1. No. 1018085

2. Rank. Pte.

3. Name. Heale Percy.

4. Unit. 5th Can. Inf. Battrn. Regina

5. Date of Discharge. REGINA, SASK. APR 24 1919

Place. Saskatoon, Sask.

6. Reason for Discharge

Demobilization



7. Authority. R.O. 1420 (D.D.O. 115 Para 70) 9

8. Proposed Residence after Discharge

Battleford, Sask.

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.?

Percy Heale
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



[Signature]
MAJOR

Signature

(O. C. Discharging Unit.)

PROCEEDINGS ON DISCHARGE
(Demobilization)

1. No.	1018085
2. Rank	ST
3. Name	W. J. ...
4. Unit	Co. ...
5. Date of Discharge	...
6. Reason for Discharge	...
7. Authority	...
8. Proposed Residence after Discharge	...
CERTIFICATE TO BE SIGNED BY SOLDIER	
I hereby acknowledge that at the indicated place and date I received my discharge Certificate	
M. J. W. J.	
Signature of Soldier	
CONFIRMATION	
The discharge of the above named man is hereby confirmed.	
...	
Signature	
(to be signed by Unit)	

LIST OF DISCHARGE DOCUMENTS

Attention Paper, Discharge	Medical Form W-10
or Particulars of Release	Medical Form W-10
Field Conduct Sheet	Medical Form W-10 or A-10
Casualty Form	Medical Form W-10 or A-10
Last Pay Certificate	Medical Form W-10
Certificates that missing documents are replaced	
Medical History Sheet	Medical Form W-10 or A-10
Proceedings of Medical Board	Medical Form W-10 or A-10
Dental History Sheet	Medical Form W-10
Medical Report	Medical Form W-10 or A-10
Regimental Conduct Sheet	Medical Form W-10
Company Conduct Sheet	Medical Form W-10

1. Discharge Certificate, Form W-10
2. Discharge Certificate, Form W-10
3. Discharge Certificate, Form W-10
4. Discharge Certificate, Form W-10
5. Discharge Certificate, Form W-10
6. Discharge Certificate, Form W-10
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97. Discharge Certificate, Form W-10
98. Discharge Certificate, Form W-10
99. Discharge Certificate, Form W-10
100. Discharge Certificate, Form W-10

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 (V.F.P. 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 (O.A.D.C. 5909a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group.....

Checked by No.....

Date..... 4-4-19

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

N

320

RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *1018085*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *P. Neale*
 Battalion *232nd Battn.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. William Neale*
 Address *Batteford Sask.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>13448 P. 10</i>
<i>Dec 31</i>	<i>—</i>		<i>180</i>	<i>180</i>	
<i>Jan 18</i>	<i>I 63255</i>		<i>20</i>	<i>20</i>	
<i>Feb</i>	<i>R 25003</i>		<i>20</i>	<i>20</i>	
<i>Mar</i>	<i>N 95117</i>		<i>20</i>	<i>20</i>	
<i>Apr</i>	<i>O 9950</i>		<i>20</i>	<i>20</i>	
<i>May</i>	<i>R 20466</i>		<i>20</i>	<i>20</i>	
<i>June</i>	<i>N 24635</i>		<i>20</i>	<i>20</i>	
<i>July</i>	<i>H 34092</i>		<i>20</i>	<i>20</i>	
<i>Aug</i>	<i>R 35906</i>		<i>20</i>	<i>20</i>	
<i>Sept</i>	<i>U 45858</i>		<i>20</i>	<i>20</i>	
<i>Oct</i>	<i>H 46700</i>		<i>20</i>	<i>20</i>	
<i>Nov</i>	<i>U 60292</i>		<i>20</i>	<i>20</i>	
<i>Dec</i>	<i>X 69716</i>		<i>20</i>	<i>20</i>	
<i>Jan</i>	<i>U 75345</i>		<i>20</i>	<i>20</i>	
<i>Feb.</i>	<i>N 79441</i>		<i>20</i>	<i>20</i>	
<i>Mar.</i>	<i>M 88529</i>		<i>20</i>	<i>20</i>	
<i>Apr.</i>	<i>R 820</i>		<i>20</i>	<i>20</i>	
			<i>500</i>	<i>500</i>	

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 23320-M. & D. 7468.

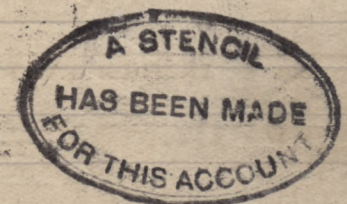
A/c Closed

Ret'd per

Date

Clerk

Command
Wesley 75709. 24.4.19
M.F.W. 187
Wesley



File N 147 $\frac{5}{5}$ Jaumonia 18 $\frac{4}{19}$

M. OR S.

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

REGT. No. 1018085 RANK 1st NAME (IN FULL)

IF IN P.F.
WHAT UNIT?

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE
DATE

AUTHORITY

ORIGINAL UNIT
C.E.F. 2

232nd B₃

PLACE OF ATTESTATION

.....
TRANSFERRED TO

DATE _____

.....
AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO

DATE _____

.....
AUTHORITY

ASSIGNED PAY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

P | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

..... EFFECTIVE

DISCHARGED

PLACE

DATE

REASON

.....
AUTHORITY

IF ENTITLED TO
POST
DISCHARGE
PAY

No. 12 DISTRICT DEPOT

[illegible]

19490 T30730 01 03