

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? *Capt. Baron Osborne*
 2. In what Town, Township or Parish, and in what Country were you born? *Aldershot, Hants, England*
 3. What is the name of your next-of-kin? *Mrs. Amelia Waddick*
 4. What is the address of your next-of-kin? *Manchester, England*
 5. What is the date of your birth? *9th July 1869*
 6. What is your Trade or Calling? *Physical Director*
 7. Are you married? *No*
 8. Are you willing to be vaccinated or re-vaccinated? *Yes*
 9. Do you now belong to the Active Militia? *Yes*
 10. Have you ever served in any Military Force? *Yes 10 yrs Imperial Army*
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*
- Baron Osborne* (Signature of Man).
Geo. E. Lucas (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Baron Osborne (Signature of Recruit)

Date *Sept 24* 1914. *Geo. E. Lucas* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Baron Osborne*, 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.

Baron Osborne (Signature of Recruit)

Date *Sept 24* 1914. *Geo. E. Lucas* (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 *Walcot* this *23* day of *Sept* 1914.

Justice (Signature of Justice)

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

James Hill (Approving Officer)

21 grey horse

major

Description of Osborne Baron on Enlistment.

Apparent Age 45 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5-ft. 8 1/2 ins.

Chest measurement { Girth when fully expanded 39 ins.
Range of expansion 3 ins.

2 scars. ~~left arm~~
1 scar right arm

Complexion Wash

Eyes Blue

Hair Brown (scanty)

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

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 aug 28 1914.

A. H. [Signature]
Capt Carne
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.

Baron Osborne 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 Sept 12 1914.

[Signature]
(Signature of Officer)

OSBORNE BARON

MAJOR

1 BN

05942

DEMOB

ML

7493

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.



THE NATIONAL ARCHIVES
COLLECTIONS DIVISION

MJR

I.D. number
No. d'identification

OSBORNE

Surname
Nom de famille

BARON

Given names
Prénoms

**NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

Location
Lieu

7493

**«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»**



H. Q. FILE No. 649- ✓

NAME

Osborne, B.

REG'T'L. No.

RANK AND CORPS

Major

*3rd.
Hst.*

Battalion

CABLE

NATURE OF CASUALTY

NO.

DATE

C2389

18/6/15

Wounded June 15, 1915.

NO. *307*

FOLL.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
✓ 13	No. 14 Gen; Wimeroux	10/3/15	Debility
✓ 11	Sailing of H.S. "St. Andrew"	11/3/15	Debility
✓ 11	Miss Pollock's, London	11/3/15	Debility
✓ 88	Rep. from Base (Sel. Base 18/6)	15/6/15	Wounded
✓ 91	No. 2 Red X, Rouen. (W.O. 22/6)	17/6/15	B.W. L. Leg
✓ 94	Miss Pollock's, 00 Weymouth St.	24/6/15	G.W. L. Leg
✓ 2.		8/7/15	Incap. 6 wks.
✓ 139-2	Medical Boards. Fit for gen. serv.	18/8/15	G.W. L. Leg.
316 ⁽²⁾	Miss Pollock's 00 Weymouth St. W (L)	10-7-15	" " "
			Disch

Name Osborne B. Rank Major

Reg. No.

Unit ~~3rd~~ Batt. (Formerly 1st Batt.)

Next of Kin Major B. Osborne

89 Longdon Rd, Longsight, Manchester

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11.3.15	Sailing to H.S. St. Andrew	✓		11.		
11.3.15	Mrs. Pollacks Hoop	London ✓	Debility	11		
10.3.15	14 Gen. Hoop	Wimereux ✓	do	13		
15.6.15	Wounded	✓		88		
17.6.15	2 Red X Hoop	Raven ✓	B.W. h. Reg.	91		
24.6.15	Miss Pollacks Hoop	50 Weymouth St. ✓				
		W. ✓	B.S.W. h. Reg.	94		
8.7.15	Med Bd. Incap 6 wks.	✓		136		
18.8.15	Med Bd. Fit Gen Serv.	✓	"	139		
15.7.	Miss Pollacks	<u>Discharged</u>	—	516		

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

No.

RANK

Major.

NAME

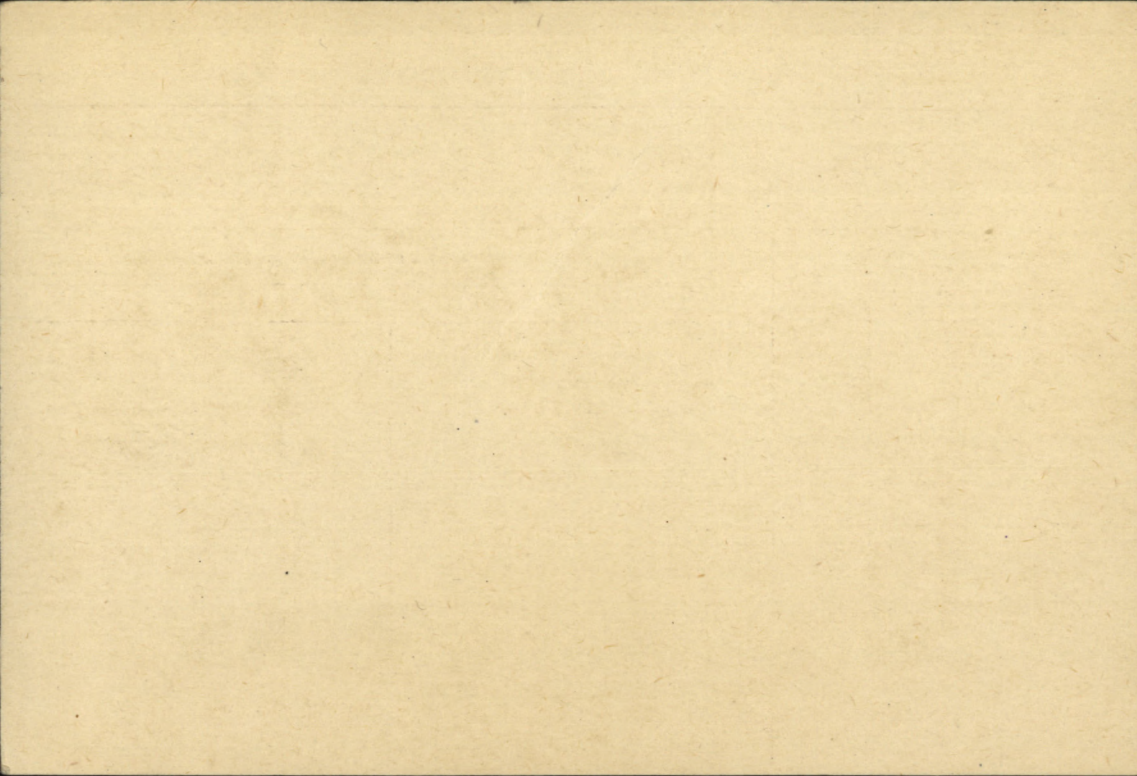
Osborne, B.

T. O. S.

UNIT

*Casualties.*M. D. *4.0*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915. Nov. 1.</i>	<i>1916. Mar. 31.</i>	<i>A.</i>	<i>From 2 3rd Bn.</i>	



H. Q. Reference 338-25-9. (f.d. 27) H/11/21. BB.

No. Rank MAJOR Unit

Surname OSBORNE

Christian names BARRON

Kindly forward Medals, to which I am entitled by reason of my service in.....

(Theatre of War)

with.....

(Unit with which served in Theatre of War)

No. c/o G. Barron Esq.

Street The Retreat.

Town Alexander Ave.

County Great Yarmouth.

Norfolk. Eng.

(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

O. H. M. S.

POSTAGE
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

Surname

Christian Name

Reg. No.

OSBORNE.

B.

Rank

Unit

Major. 1st. Battn.

MEDICAL BOARD held at

Date

Serial No.

(1) Caxton Hall.SW. 8-7-15.

Other Medical Boards at

Date

Serial No.

(2) Hqtrs.
Southern Com. 18-8-15.

(3)

(4)

(5)

Condition found by Board

G.S.W. lt. leg.

Disposition Recommended

(1) Incap. for 6 weeks.

(2) Fit for General service.

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Address. 89 Longdon Rd. Longsight.Manchester
(2). Nuneham Park. Oxford.

Osborne.

B.

Mjr. 1st. Battn.

No. 14. Gen. Wimereux.
H.S. St. Andrew.
Miss. Pollocks. London.

10-3-15.
11-3-15.
11-3-15.

Not stated.
Debility.

Discharged:--. 10-7-15.

C.L. 12-3-15. 11.
15-3-15. 13.
18-3-16. 316-2.

A.M.D. 2 DEPT.

Reg. of D.O.M.S. O.M.E.C. London

Rank and Name

Osborne, Baron

AFB 103

P AR

A.F.B 158
1 Aug 1915
1 Nov 1915

Regimental No.

Major

Name and Address of Next-of-kin

Unit

1st Battalion

Miss Amelia Maddick

Date of enlistment

24 Sept 1914

(RL 9-0-2)

89 Longton Road, Longsight
Manchester, England

Place of birth

England

Married (Yes or No)

No

Date and place of discharge

If in Permanent Force



Reason for discharge

Promotions or appointments

Character on discharge

Report

Date

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

Embarked

Wormouth 9. 2. 15

W.O.

Debility Admitted No. 14 Gen Hos Wimereux 10. 3. 15

Sailed N.S. St Andrew

11. 3. 15

NK

18. 3. 16

S.C.L.

Admitt: Miss Pollock's Hosp London

11. 3. 15

has Rept 11

316 (2)

Discharged from Hospital

10. 7. 15

20. 4. 15

O.C. 9th BuOn strength 9th Bu

11. 3. 15

Part 11 Ord 1 April 20. 1915

13. 6. 15

"

Shuckoff strength proceeded Yeasts 6th Bu

12. 6. 15

Pt 11 01-123-) 3 Bu Pt 11 018. 27 1/2

18. 6. 15

W.O.

Wounded Blvd L leg on strength 3rd Bu

15. 6. 15

6 L 88-91-94-139

27. 6. 15

O.C. 3rd Bu

To England

23. 6. 15

Part 11 Or 18

M.B.C.

To 23rd Bu

24. 6. 15

" " 156 23 Bu 5. 75.

16. 7. 15

W.O.

Granted leave by Med Board 8/7/15 to 18/8/15

RL 9-0-2

24. 8. 15

W.O.

Fit for Gen service. To join band Dept Shorecliffe

RL 9-0-2

20. 8. 15

23rd Bu

To be A/Q Master

20. 8. 15

Part 11 Or 197.

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

OC

19. 10. 15

C.T.D.

Granted leave from 25.10.15 to

24. 11. 15

R.O. 3091.

23rd Re Pl^y 0248

28. 11. 15

CTD

Proceeded to ban with expense to public one way

19. 11. 15

R.O. 3803

30. 11. 15

23rd Re

Shack off through G.E.V.

28. 4. 15

Part 11 Ord 285

A.F.S. 102

10821480

10821480

A.F.S. 102

525 31.7.15

4025

ORIGINAL

22-0-7
1 P.M.

LAST PAY CERTIFICATE

Regt. No. _____ Rank Major Name OSBORNE Baron
Corps 1st Bn who was Discharged Struck Off Strength
on 31-7- 1919 to _____

The following is a statement of the account of the above
named from 3-7-19 to 31-7-19

Bal Dr from mon. of _____ Bal Cr from mon. of _____
from L.P.C. 16.60 from L.P.C. _____

ASSIGNED PAY: Regt. Pay _____ dys. @ \$ _____
F'ld All. 29 dys. @ \$ 5.00 145.00

SEPARATION ALLOWANCE: SEPARATION ALLOWANCE: _____

OTHER CHARGES: OTHER CREDITS:
\$206494 100.- Clothing Allowance Nil 35.00
PAYMENTS: \$504331 69.20 Do 214 Subs from 8-7-19
Subsistence @ 80¢ per day 40.80

Bal. Credit (to be pd.) _____ Bal. Dr. (to be deducted) _____
185.80 (from soldier \$ _____)
(from Dependent \$ _____) 185.80

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BND
at \$ _____ per month has been to _____ by this Unit <u>Nil</u>	at \$ _____ per month has been to _____ by this Unit <u>Nil</u>	Subscribed \$ _____ Pa. by \$ _____ other Units _____ pd. by this \$ _____ Unit <u>Do.</u>

Dependent or Beneficiary: _____
Address: _____

REMARKS: D.O. 235 Discharged 31-7-19
on Demobilization.
Date of Enlistment: 14-9-14
If married and if Separation Allowance card submitted. No 26

Paymaster
I have carefully examined this statement of account and find it
to be a correct extract from the Paylist of this Unit.
AUG 28 1919
Date: No. 1
London, Ontario, **LONDON, ONT.**

Paymaster, No. 1 District Depot. Captain.

RETURN OF LEAVE OF ABSENCE.

RANK	NAME	REGIMENT	If during "Course" Long or Other	PERIOD			REMARKS
				Days	From	To	

Name. *Osborne Baron* No.

Unit.

Rank. *Major* Age.

Service.

59/12

Date.

(July 10/19)

Diagnosis. *Chronic suppurative otitis media*

History.

+ nerve deafness (right)

Nose

Pharynx.

Larynx.

Nasopharynx.

R.E. Ear. L.E.

R.E. Ear. L.E.

large Perforation. *no*

short Schwaback.

gls Discharge. *no*

Weber. \rightarrow

Retraction. *slight*

Rinne.

R *1 ft* Voice. *20 ft*

all
gls short

Upper Fork Limit.

slight
2000
short

After Inflation.

Lower Fork Limit. *C32*

Galton.

Tinnitus.

Paracusis!

Condition was *not* present previous to enlistment and has *not* been *caused* by active service *no* improvement is to be expected.

Vision.

V.O.D.

c. Glasses.

V.O.S.

c. Glasses.

Cornea.

Fundus.

Condition was present previous to enlistment and has been by Active Service improvement is to be expected.

He is a Category *C* man due to

Osborne

Baron

B. P. C. FIELD
FALSE DOCKET
2

MEDICAL RECORDS ON RECALL

CANADIAN EXPEDITIONARY FORCE

D. F. - 1-39.

H. C.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full)..... Baron McBurney

Enlisted in..... 1st Battalion

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

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

in..... 1st Battalion

CANADIAN EXPEDITIONARY FORCE on the..... fourteenth..... day

of..... September..... 191.....4

He SERVED in CANADA, England and France with the 1st.....

Battalion, 9th Battalion, 2nd Battalion, and 35th Reserve.....
Battalion, also O.C. Permanent Conducting Staff, Quebec.

and was STRUCK OFF THE STRENGTH on the..... thirty-first..... day

of..... July..... 191.....2..... by reason of..... General Demobilization.....

Dated at Ottawa, this..... fourth..... day

of..... January..... 1919.....20

Wounded-15-6-15.

.....
for Director of Personal Services.*

S. W.

CANADIAN EXPEDITIONARY FORCE
Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)

(Name in full)

Enlisted in

CANADIAN EXPEDITIONARY FORCE on the

day of AND WAS APPOINTED to COMMISSIONED RANK

in

CANADIAN EXPEDITIONARY FORCE on the

day of

He SERVED in CANADA

.....

and was STRUCK OFF THE STRENGTH on the

day of

Dated at Ottawa this

day of

Director of Personal Services

CANADIAN EXPEDITIONARY FORCE

D. J. -1-39.

H.C.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

Major

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

Baron OSBORNE

(Name in full).....

1st Battalion

Enlisted in.....

CANADIAN EXPEDITIONARY FORCE, on the.....

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

1st Battalion

in.....

Fourteenth

CANADIAN EXPEDITIONARY FORCE on the..... day

September 4

of.....191.....

England and France with the 1st

He SERVED in CANADA, 1st Battalion, 2nd Battalion, 3rd Reserve Battalion, A.P.M. H.Q. No 1., Officer i/c School of Military Police, Ottawa., and O.C. Permanent Conducting Staff, Quebec.

Thirty-First

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

July 9 General Demobilization

of.....191.....by reason of.....

Nineteenth

Dated at Ottawa, this..... day

January 22 1920.

of.....191.....

Lieut.

for

Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Rank)

(Name in full)

Enlisted in

CANADIAN EXPEDITIONARY FORCE on the

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

in

day CANADIAN EXPEDITIONARY FORCE on the

of 191.....

HE SERVED IN CANADA

day and was STRUCK OFF THE STRENGTH on the

of 191..... by reason of

day Dated at Ottawa, this 191.....

of 191.....

Director of Recruiting Service

Name

Esborne Major B.

M. F. W. 41.
10m.-11-15.
1772-39-889.

338-25-9

Regimental No.

Name and address of next-of-kin

Unit

23rd Res. Bn. (118th Bn.)

Date of enlistment

Place of

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

Returned to Canada. S.S. Corsican 19/11/15

L.P.C. 31-10-15 clear

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
1. 11. 15	31. 3. 16	152	4 ⁰⁰	608 00	152	1 ⁰⁰	152 00	201 00	979 00	573	2/12/15	100 00		100 00	For by H. 9	
								missing 18 00		1756	11/1/16	100 00		100 00	Adv By H. 2.	
										2321	3/3/16	764 00	\$15 00	779 00	Mess all @ 1 ⁰⁰ 1.11.15 18.11.15	
1. 4. 16	30 4. 16	30	4 ⁰⁰	120 00	30	1 ⁰⁰	30 00	45 00	195 00			195 00		195 00	Substance on boat Deducted	
1. 5. 16	31. 5. 16	31	4 ⁰⁰	124 00	31	1 ⁰⁰	31 00	46 50	201 50	A 382	18/5/16	201 50		201 50	10 days	
1-6-16	30-6-16	30	4.00	120 00					120 00	A 331	19/4/16	78 00		42 00	120 00	*adjustment Subs Alloc 4/5 to 4/16 and H.Q. 54-21-23-25 of 4/16 + H.Q. 338-25-9

Transferred to
P.M. 1. from 1/7/16

NAME OSBORNE, Baron

Regimental No.

Major

Name and address of next-of-kin

Unit 1st BattalionMrs. Amelia Waddish,Date of enlistment Sept. 24th 1914.Manchester, England.Place of birth England.Married (yes or no) No

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

*Transferred to 9 Batt
March 11.*

Records - May 1 from date of enlistment.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date				
1914	22 Oct	31	40	200	40	75	30	✓	150	✓	150	✓	150		
1 Nov	30 Nov	30	3	90	30	75	2250	✓	11250	✓	11250	✓	11250		
1/12/14	31/12/14	31	3	93	31	75	2325	✓	11675	✓	11675	✓	11675		
1/1/15	31/1/15	31	4	124	31	1	31	✓	155	✓	155	✓	155		
1/2/15	28/2/15	28		114	28		28	✓	140	✓	140	✓	140		
1/3/15	31/3/15	31		124	31		31	✓	186	✓	186	✓	186	✓ Mewf.	

NAME *Osborne, B. (Major)*

UNIT *3rd Battalion*

DATE OF APPOINTMENT

MARRIED (YES OR NO) *No.*

NEXT OF KIN: NAME *Mrs Amelia Haddish*

ADDRESS *Manchester, Eng.*

DATE NON-EFFECTIVE AND CAUSE

leave 25/10/15 - 24/11/15. P.O. 3091. C.D. 19/10/15.

ASSIGNED PAY:—

MONTHLY AMOUNT

TO WHOM PAYABLE

1915-16

BANK IN WHICH PAY & ALLOWANCES DEPOSITED *Bank of Montreal*

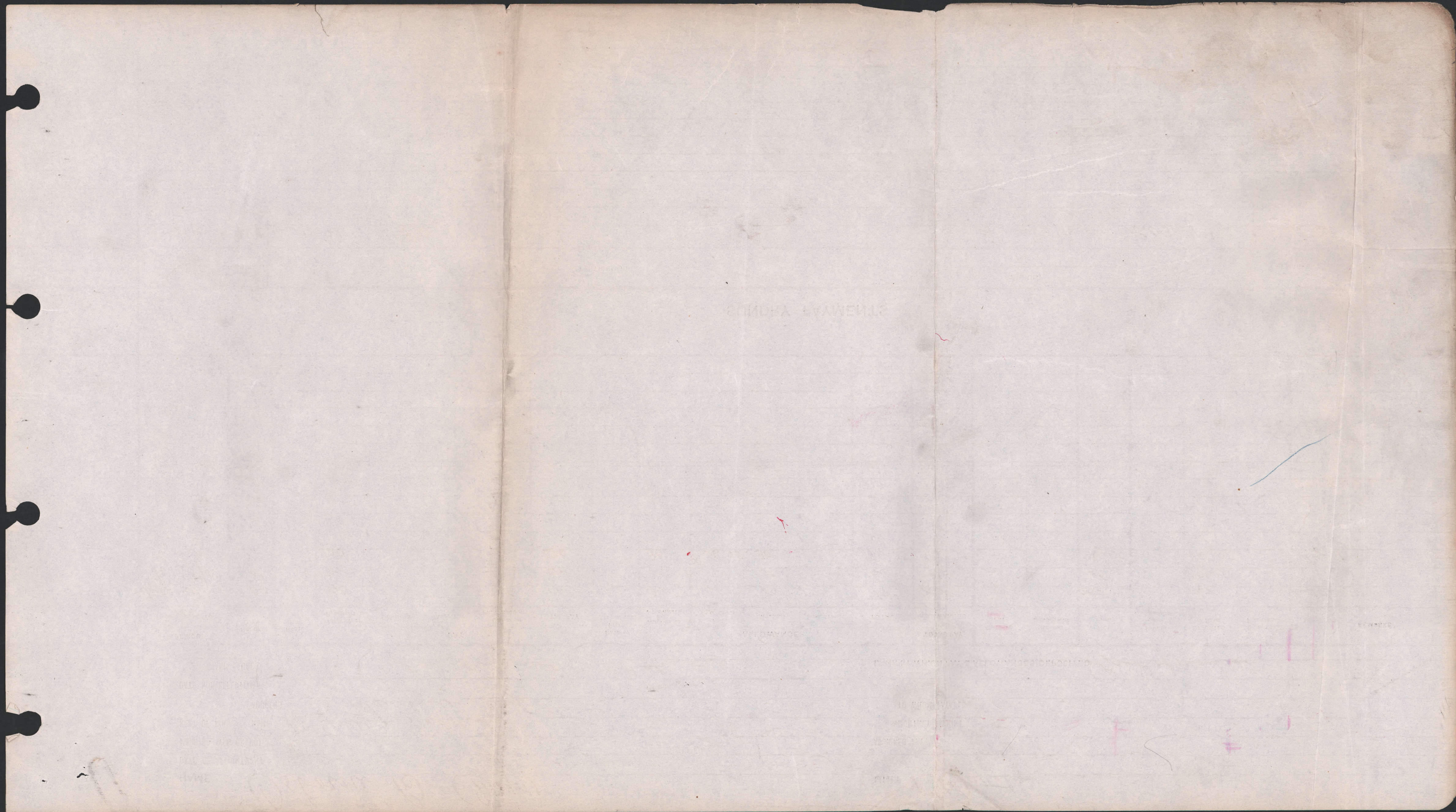
PERIOD		No. OF DAYS	REGTL. RATE	PAY				RATE OF FIELD ALLOWANCE	ALLOWANCES				TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	SUNDRY DEDUCTIONS	NET P. A.	PAID IN CASH	DEPOSITED IN BANK	CARRIED FORWARD	REMARKS							
FROM	TO			AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT		TOTAL PAY	AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING									SUBSISTENCE	TOTAL					
<i>Apr 1</i>	<i>Apr 30</i>	<i>30</i>	<i>H</i>	<i>120</i>				<i>120</i>	<i>1</i>	<i>30</i>	<i>54</i>		<i>84</i>	<i>704</i>			<i>704</i>	<i>704</i>	<i>704</i>		<i>Incl July</i>						
<i>1/5</i>	<i>31/5</i>	<i>31</i>		<i>124</i>				<i>124</i>		<i>31</i>	<i>31</i>		<i>62</i>	<i>186</i>			<i>186</i>	<i>186</i>	<i>186</i>								
<i>1/6</i>	<i>30/6</i>	<i>30</i>		<i>120</i>				<i>120</i>		<i>30</i>	<i>30</i>		<i>186.25</i>	<i>306.25</i>			<i>306.25</i>	<i>306.25</i>	<i>306.25</i>		<i>* Adj of pay 3rd Batta adjust to majors ratio from 22/2 - 31/14</i>						
<i>1/7</i>	<i>31/7</i>	<i>31</i>		<i>124</i>				<i>124</i>		<i>31</i>	<i>31</i>		<i>162</i>	<i>186</i>			<i>186</i>	<i>186</i>	<i>186</i>								
<i>1/8</i>	<i>31/8</i>	<i>31</i>		<i>124</i>				<i>124</i>		<i>31</i>	<i>31</i>		<i>62</i>	<i>186</i>			<i>186</i>	<i>186</i>	<i>186</i>								
<i>1/9</i>	<i>30/9</i>	<i>30</i>		<i>120</i>				<i>120</i>		<i>30</i>	<i>30</i>		<i>60</i>	<i>180</i>			<i>180</i>	<i>180</i>	<i>180</i>								
<i>1/10</i>	<i>31/10</i>	<i>31</i>		<i>124</i>				<i>124</i>		<i>31</i>	<i>31</i>		<i>62</i>	<i>186</i>			<i>186</i>	<i>186</i>	<i>186</i>								
<i>1/11</i>	<i>30/11</i>	<i>30</i>		<i>120</i>				<i>120</i>		<i>30</i>	<i>30</i>		<i>60</i>	<i>180</i>			<i>180</i>	<i>180</i>	<i>180</i>								
								<p><i>214 Days @ 6⁰⁰</i> <i>Messing delay</i> <i>Adj of pay</i></p>																			
												<p><i>1284.00</i> <i>22.00</i> <i>126.25</i> <i>1432.25</i></p>								<p><i>Dep in Bank</i></p>							

Incl July
** Adj of pay 3rd Batta
 adjust to majors ratio from
 22/2 - 31/14*
L.P.C. to 31/10, on 28/10.

SUNDRY PAYMENTS

*Audit Observation (# 248)
 \$126.25 is an adjustment of P.A. from Capt to Major
 ratio for period 22/2 - 31/14. shown as major in
 1st graduation list*

DATE	CHEQUE No.	PARTICULARS	AMOUNT					REMARKS	
			\$	c.	¢	s.	d.		
<i>5 18</i>	<i>1349</i>	<i>Outfit all.</i>	<i>78</i>			<i>5</i>	<i>15</i>	<i>1</i>	<i>R.O. 3822 29/1/15 To Carr. Stand off 28/11/15</i>
<i>31</i>	<i>1832</i>		<i>74</i>					<i>10</i>	<i>141510</i>



M. F. W. 84.
5m.-2-17.
1772-39-993.
L. L. 15315.-M. & D. 7567.

Major B. Osborne P.C.S.

Date of Dis-embarkation

Place

CHIEF CONDUCTING PAYMASTER
CLEARING SERVICES COMMAND

PERIOD 1919		Dugano			FIELD		CREDIT LAST ACCOUNT	SUB- SISTENCE	TOTAL CREDITS	ASSIGNED PAY	OTHER CHARGES	Casual Payments	TOTAL DEBITS	Cheque No.	AMOUNT PAID	REMARKS
From	To	Days	Rate	Amount	Days	Amount										
Apr	5.		18.					200 00							200 00	
May	24		1574					122 15							122 15	
June	30		2751					175 14							175 14	
July	3.		2920					115 94							115 94	
			3001					85 75							85 75	
Aug	15		4087					44 45							44 45	
								<u>743 43</u>							<u>743 43</u>	

Check for pay & R 1683
Draw Lt 29/8/18 to 15/10/18
18/4/19 to 10/5/19
19/5/19 to 24/5/19
4/3/19 to 2/6/19
27/3/19 to 9/4/19
1-7-19-8-7-19

117 22-0-7

AUDITOR *M* PAYMASTER *M*

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

M. OR S. REGT. No. RANK *Major* NAME (IN FULL) *OSBORNE Baron*

ORIGINAL UNIT C.E.F. *1st Bn* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION *Bank of Montreal London Ont* TRANSFERRED TO DATE *7-7-19* AUTHORITY

DATE OF ATTESTATION *14-9-14* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ *nil* DATE EFFECTIVE

IS SEPARATION ALLOWANCE PAID? *nil* DATE EFFECTIVE

TO WHOM PAID *nil* RELATIONSHIP

ADDRESS

ADDRESS

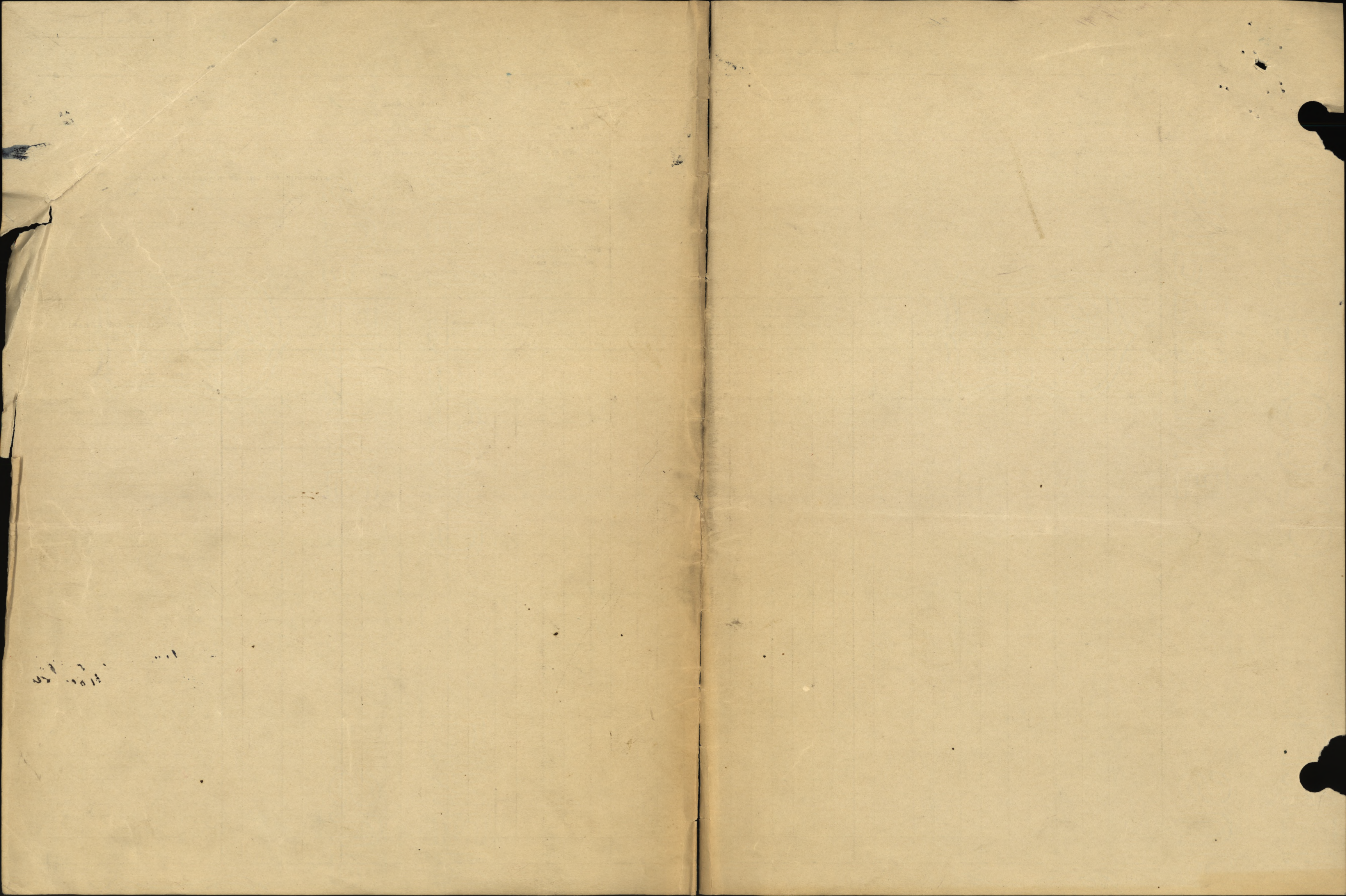
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE *LONDON, ONT* DATE *31-7-19* REASON *On Demot* AUTHORITY *D 235* IF ENTITLED TO POST DISCHARGE PAY

MONTH	4-PAY AND F.A.I.		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		DEBIT	CREDIT
					\$	C.	NO.	DATE	NO.	DATE				NO.	DATE					
2-7-19															11660					
3-7-19	29	5%	14500		14500										1660		128	Subscribed by...		
1-8-19		5%	4080		4080			850	331	100					16920			off set		
					WAR SERVICE GRATUITY													27-11-19		
1-8-30				915	915										915			no wsb paid on discharge		
										300					915					
										150.00					615			3/9/19 1164534		
										150.00					465.00			SEP 27 1919 1172257		
										150.00					315.00			OCT 27 1919 1180988		
										150.00					165.00			29/11/19 1186596		
				915	915					165.00					915			DEC 24 1919 1191149		
										915										

BALANCE FROM PREVIOUS ACCOUNT

Bank of Montreal May



338-25-9
Number Rank ~~Capt. Major~~

Surname OSBORNE.

Christian Name Baron.

Units Theatre of War France.

Date of Service 22.9.14 9-2.15 (28.11-15.)

Remarks
W.D.K.
Latest Address ~~Care of Grigg House~~
~~London, Ont.~~

Roll No. B Page 12425

200m. -2-21.M.

DESP. APR 25 1922

REGN. NO. GA11156.

COPY.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 10-7-19.

1. 1 (a) Unit No. 1 Dist. Depot. (b) Regimental No. (c) Rank Major.
 (d) Surname OSBORNE. (e) Christian name Baron.
 (f) Home address Care of Grigg House, London, Ont.
 (g) Next of Kin John Osborne. (h) Relationship Brother.
 (i) Address of Next of Kin 23 Breary St., Salford, Manchester, England.

2. Age last birthday 50 Date of birth July 9th. 1869.

3. Enlistment, or Appointment (if an Officer). (a) Place Valcartier. (b) Date 22-9-14.

4. Personal description:
 (a) Height 5' 8 1/2" (b) Weight 176 lbs. (c) Complexion Dark.
(stripped)
 (d) Colour of hair Dk. Brown (e) Colour of eyes Blue. (f) Identification marks, Scars, etc.
2 circular scars, left leg.

5. Former trade or occupation Director Physical Training.

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).

	PERIODS	
	From	To
Canada	22-9-14.	30-9-14.
England	24-10-15.	10-7-19.
	30-9-14.	5-2-15.
	11-3-15.	11-6-15.
France or other theatres of War	30-8-15.	24-10-15.
	5-2-15.	11-3-15.
	11-6-15.	30-6-15.

7. Original disease, or injury 1. Otitis Media, right.
2. Gunshot wound left leg.
3. Adenitis right groin.

B.P.C. BOARD
 FALSE DOCKET
 B

(a) Date of origin 1, 2 & 3 Since enlistment (b) Place of origin 1 & 2 France. 3. England.

(c) Cause 1. Blow on head.
2. Bullet.
3. Fall from Horse.

M. F. B. 227.

74

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

1. Restriction in choice of occupation, due to chronic Otitis Media, right, caused by blow on head, in France.
2. Difficulty in walking, due to pain in left leg, caused by bullet wound in France.
3. Difficulty in walking, due to pain in right groin, caused by adenitis following injury in England.

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

1. OBJECTIVE- Special ear report attached, with which I agree.
1. SUBJECTIVE- Complains of deafness, discharge and occasional pains in right side of head, with head noises.
2. OBJECTIVE- Entrance of bullet outer side, middle third, left leg. Exit on inner side of middle third. Movements are normal. Scars well healed.
2. SUBJECTIVE- Complains of dull aching pain in calf of left leg, on walking about 2 miles at own pace. Experiences difficulty in walking fast. Pain is worse in damp and cold weather.
3. OBJECTIVE- A soft movable swelling about 2½" x 1½" right groin, slightly tender on pressure. Gives no ~~irregular~~ impulse on coughing. Not reducible.
3. SUBJECTIVE- Pain in right groin on walking about 2 miles at own pace, or on climbing stairs.

SPECIALIST'S REPORT.

July 10th, 1919.

Diagnosis—Chronic suppurative Otitis Media, and nerve deafness (right)

	<u>R.E.</u>	<u>EAR</u>	<u>L.E.</u>	<u>R.E.</u>	<u>EAR</u>	<u>L.E.</u>
Large	PERFORATION No.			Short	SCHWARZACK.	
Yes	DISCHARGE No.				WEBER-----	
	RETRACTION Slight.			All	UPPER FORK LIMIT C2048 slightly short	
1 ft.	VOICE. 20 ft.		very Short		LOWER FORK LIMIT C32.	

Condition was not present previous to enlistment and has been caused by active service. No improvement is to be expected.

Category "C" man. (Sgd) W.J. Brown, Major.

(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).)

1. struck on head with piece of earth, causing by exploding shell. June 15th, 1915. Condition has remained about same since initial injury
2. wounded June 15th, 1915, left leg. Hospital 2 months.
3. Horse came over on right side, England, Aug. 11th, 1915 states condition remains about same or slightly larger.

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).)

Nervous debility, March 13th, 1915, Hospital 1 month.

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

2 circular scars, middle third left leg.

11.-(a) Did the disabling condition have its origin before enlistment? 1, 2 & 3 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.)

1, 2, & 3 Not applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1, 2 & 3 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? 1. Permanent, 2 & 3. Indefinite.

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

Rouen, 3 weeks, Splints, dressings.

Officer's special Hospital, London, 2 1/2 months, X-Ray, Dressings.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? 1, 2 & 3 No. (If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? No. (If not, briefly state why)

17. Recommendations. Fit for Light duty in Canada only.

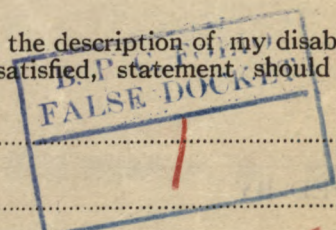
H. A. Simpkins, Capt. Medical Officer by whom the case is brought forward.

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 B. Osborne, 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



70

B. Osborne, Major. 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.

The Board agrees that condition is as described.
 That no improvement is to be expected in ear condition.
 Consider disability due to gunshot wound leg, slight.
 Swelling in groin only slight. Do not consider it adenitis. Has
 had adenitis with removal of glands, prior to enlistment.
 Except (16) Yes, with lessened efficiency.
 (17) Medically unfit, due to ears.

19. Is the invalid fit for

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

20. It is certified that the invalid

- (a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
 (b) Does not require treatment.
 (c) Should pass under his own control.
 (d) ~~Should not pass under his own control.~~
 (Strike out condition not applicable.)

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

is medically fit for Home Service.

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.

(sgd) C. E. McEhen, Major, C.A.M.C., President.
 (sgd) J. Moriarty, Capt. C.A.H.C. }
 Members

PLACE London, Ont.
 DATE 11-7-19.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

..... President.
 PLACE..... }
 DATE..... }
 Members

APPROVED BY A. F. Laird, Capt. for Assistant Director of Medical Services. DATE 11-7-19.
 APPROVED BY [Signature] Director-General of Medical Services. DATE 11/8/19.

CERTIFIED CORRECT

DUPLICATE.

10 SEP 1918 Army Form B. 103

Regimental Number.....

CANADIAN RECORD OFFICE

Casualty Form—Active Service.

Regiment or Corps..... 1ST BATTALION

Rank MAJOR Surname OSBORNE Christian Name BARON

Religion..... Age on Enlistment..... years..... months

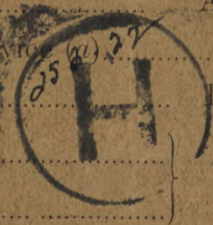
Enlisted (a) 25-2-14 Terms of Service..... Service reckons from (a) 22-9-14

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.....

DEPT MILITIA & DEFENCE
OCT 8 1918
H. O. ...
CANADA



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 ...	Canada	22-9-14	
		Disembarked...			
		Embarked.	Avonmouth	9-2-15	
	W.O	Debility admitted No 14 Gen. Hospital Wimereux		10-3-15	
	W.O	Sailed H.S. St Andrews		11-3-15	
20-4-15	O.C 9 th BN	On Strength of 9 th BN		11-3-15	Pt II ORA I April 20-1915
13-6-15	" "	SOS proceeded / sent to 3 rd BN		12-6-15	Pt II ORA 1-123 3 rd BN Pt II 018 27/15
18-6-15	W.O	Wounded. B.W. Left leg on strength 3 rd BN		15-6-15	C.L 88 191-94 139
27-6-15	O.C 3 rd BN	To England		23-6-15	Pt II ORA 18

(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				
		To 23 rd Batt.		24-6-15	Pt II ORDN 156
16-7-15	W.O.	Granted leave by Med. Board 8-7-15 to 13-8-15			R-L 9-0-2
24-8-15	W.O.	Fit for Gen. Service to join Can. Depot Montreal			R-L 9-0-2
20-8-15	23 rd Batt	To be. H/Q. MASTER		20-8-15	Pt II. ORN 197
19-10-15	OC - CTD	Granted leave from 25-10-15 to 24-11-15			R-O 3091
					23 rd BN Pt II O 248
28-11-15	CO C C.T.D	Proceeded to Canada with expense to Public. org. way.		19-11-15	R-O 3803.
30-11-15	23 rd BATT	Struck of Strength C.E.F. To Canada.		28-11-15	Pt II ORN 285
					CAPT
					FOR ASST MIL SEC CN
6-12-15	M.H. O'Brien	Attached to 118th Os. Bn. C.E.F.	M.D# 1.	6-12-15	F.F. 44.
	M.H. O'Brien	attached to HQ M.D# 1.	London Ont		F.F. 85

2

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9 0.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No..... Rank *Major* Name *OSBORNE, Baron*
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B 215, Army Form A. 36, or other official documents
Date	From whom received				
7.5.18	M.H.Q. Ottawa	Detailed for duty as A.P.C. M.D.# 12. from M.D.# 1.		Requid. 29.4.18	C. & F.R.O. 526-18.
22.5.18	M.H.Q. Ottawa	Attached for duty Provost Marshall's Services Ottawa as A.P.W. 1/2 of C. M. P. C. Training School	Ottawa	29.4.18	C. & F.R.O. 579-18. substituted for R.O. 526-18.
4.19	M.H.Q. Ottawa	Reappointment to permanent commanding Staff attached to the Clearing Services Command		M.D.# 1. 29.3.19	C. & F.R.O. 18

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

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

M. OR S. _____ REGT. NO. _____ RANK **Major** NAME (IN FULL) **Osborne** **B.** (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN _____ RELATIONSHIP _____ PARTICULARS _____ EFFECTIVE DATE _____ AUTHORITY _____ ORIGINAL UNIT C.E.F. _____ IF IN P.F. WHAT UNIT? _____

ADDRESS _____ *Subs allow of 12% per diem* PLACE OF ATTESTATION **Attached to Clearing Services Command.** TRANSFERRED TO _____ DATE **29-3-19.** AUTHORITY **D091.**

IS SEPARATION ALLOWANCE PAID? *nil* DATE EFFECTIVE _____ ASSIGNED PAY \$ _____ DATE EFFECTIVE _____

TO WHOM PAID _____ RELATIONSHIP _____ PAYABLE TO _____ RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS _____ ADDRESS _____

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED *Transferred to MP#1. 2/7/19* PLACE _____ DATE _____ REASON _____ AUTHORITY **D0.184**

CHIEF CONDUCTING PAYMASTER, CLEARING SERVICES COMMAND.

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS		TOTAL CREDITS			ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS				
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	\$	C.	NO.	DATE	NO.	DATE					NO.	DATE		\$	C.	\$	C.
			\$	C.																					
<i>1919</i>																									
<i>Apr</i>	<i>30</i>	<i>5⁰⁰</i>	<i>150 00</i>	<i>57 00</i>				<i>201 00</i>	<i>30</i>	<i>30 1/4</i>				<i>201 00</i>				<i>201 00</i>			<i>320</i>				
<i>May</i>	<i>31</i>	<i>5⁰⁰</i>	<i>155 00</i>	<i>57 00</i>				<i>207 70</i>	<i>154</i>	<i>23 3/4</i>				<i>207 70</i>				<i>207 70</i>			<i>340</i>				
<i>June</i>	<i>30</i>	<i>5⁰⁰</i>	<i>150 00</i>	<i>51 00</i>				<i>201 00</i>	<i>286</i>	<i>30 5/8</i>				<i>201 00</i>				<i>201 00</i>			<i>360</i>				
<i>July</i>	<i>2</i>	<i>5⁰⁰</i>	<i>10 00</i>	<i>340</i>				<i>13 40</i>	<i>2081</i>	<i>27 1/4</i>				<i>30 00</i>				<i>30 00</i>	<i>16 60</i>		<i>380</i>				

