No. 12 M. D. First Sask. Depot Battalion C.E.F. Regiment

Regtl. No. 256305.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Pegg.
2. Christian name Howard.
3. Present address Fiske, Sask.
4. Military Service Act letter and number No Record.
5. Date of birth Jan. 16th 1896.
6. Place of birth Forestville. Ontario.
   (town, township or county and country)
7. Married, widower or single Single.
8. Religion Baptist.
9. Trade or calling Farmer.
10. Name of next-of-kin L. S. Pegg.
11. Relationship of next-of-kin Father.
12. Address of next-of-kin Forestville, Ont.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any none.
15. Medical Examination under Military Service Act:—
    (a) Place Saskatoon. (b) Date 14-12-17. (c) Category A 2.

DECLARATION OF RECRUIT

I, Howard Pegg, do solemnly declare that the above particulars refer to me, and are true.

Howard Pegg (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs. 11 mths.

Height 5 ft. 7 ins.

Chest measurement: fully expanded 38 ins.; range of expansion 3 ins.

Complexion

Eyes

Hair

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

W. J. Binnie Major for Lt. Col.
O. C. 1st Depot Btln.
Sask. Regt.

Place Regina Date Jan. 10th 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

REGIMENTAL DOCUMENTS

Pte. NAME PEGG, Howard REGT. NO. 256305 UNIT 1st Pack Depot, FILE NO. A.S. 12-4-19

	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
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category I
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	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)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)	7701				DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				814	Med. Unfit.
1	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
1	LAST PAY CERTIFICATE (M.F.W. 44)					
2	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)					33 — 20
1	I. S. C. 132					24 — 20
1	M. F. W. 192					10 — 21
1	C.A.D.C. 5009a					
1	Can Cons					1.
1	W.S.W.B.					
1	814					
1	814					
1	Med. case Sheet					

Discharged 21-1-19
64-D-1456

W. 2503

256 305 | PEGG | HOWARD

I.D. number
No. d'identification

Surname
Nom de famille

DEC'D 21/01/49

Given names
Prénoms

OPEN
ATIA

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 7701

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC-1048 (r. 87/05)

M.S.A

SURNAME. Pegg,

CHRISTIAN NAMES Howard.

REGL. No. 256305 RANK Pte.

UNIT Sask. Regt. 1st Dpo. Bn. (1st R. D)

FORMER CORPS Nil.

2/ CARD NO.

S.S. Disc. 28/8/19

D.O.S. 26/8/19

FOLL. M.W. #258

NEXT OF KIN.

NAMES IN FULL Pegg, L. S.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Forestville, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Forestville Ont. DATE Jan. 16th, 1896.

PLACE OF ATTESTATION Regina, Sask. DATE Jan. 10th, 1918.

From Halifax per S.S. "Scotian" 24-1-18 A/C 1-3-19 276/45 Pte.

528.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

EM WAC

B

Number 256305 Rank Pte

Surname PEAC V

Christian Name Howard

Units 1 C M R Theatre of War France

Date of Service 2/5/18

Remarks

Latest Address Deseronto

Ont

Roll No. B Page 9315

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued [illegible] No. Date

Character on discharge

Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

Date		Remarks

Rec'd 1926
DESP. JUN 12 1926 REGN. No. 93480

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

Form R. 149.

Name Pegg Howard. Rank Pte Reg. No. 256305

Unit 1st Can M.T.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
30.9.18	26 G.H. Etaples.		G.S.W. L. Hand	B336	H372	4502-6.
2.10.18.	W.H. Huddersfield		"	B378		27912
29.10	Mil. C. Epsom	do	Fract. Pha[illegible]	B359		30263
18.12.18	Died			B401		555
30.12.18	med Lbd Bramshott					

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

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
21305	Pte	Christian Names (1) Peggy (2) (3)	Date a	

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
Province:	Age on	Date 31.1.19		Vaccination	D

On Command	Hospital	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service: 1st C.M.R.

Profession or Trade (Civil)

Transferred or Posted to

Reason for Return: Date

Married or Single

Address of Next of Kin

Country

LEAVE.			
No. of Pass Issued.	From.	To.	Free Transportation.

A.G. 10434.

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
32	1-2-19	51			

TRAINING.

Weeks of Training.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over.

Nature of Training	Date passed test
Drill	
Musketry	
Bombing	
Rifle Bombing	
Bayonet Training	
Anti-Gas	
Lewis Gun	
Rapid Wiring	

Special Training Courses, etc.

NAME Pegg Howard

REGT'L. No. 256205

RANK AND CORPS Pte. 1st Regt. C.M.

H. Q. FILE No. 649

FOLLOWS No. Left-1919

NATURE OF CASUALTY Sick

FOLLOWS

CABLE NO.	DATE
Nof K	
W372	7-10-18
64-7	
A3363	5-10-18

L. S. Pegg Father
Forestfield Ont.
Adm. 26 Gen. H. Stapleton
Sept. 30th 1918. Glen L. Hand.

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

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

Sask Rifs

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
B338-2	W.R. Huddersfield	2-10-18	GSW L hand
B359-2	Mil. Conv. Epsom	29-10-18	" " 4th Phalanx
B401-2	Do Do	18-12-18	GSW L. Hand Frac 4th Phalanx

Surname	Christian Name or Names	Reg. No.
Pegg	H.	35-6305.

Rank	Unit
Pte	Sask 16 mR.

Cas. List.	
5.10.18 B336-3	Wd Gen & taples 30-9-18
	G.S.W. R.Hand
8.10.18 B338	War HP Huddersfield 2-10-18
1-11-18 B359-2	Woodcote Pk Epsom 29-10-18
20.12.18 B401-3	Dis 18-12-18

A.M.D. 2 DEPT.
Bgh. of D.G.M.S. O.M.F.C. London.

D.M.S.1300. 50M-30-8-18.

Cas. List.

*Name L PEGG Howard Rank Pte. Regtl. No. 256305 W

Fyle Depot 24- Pe - 277

Original unit ..... Present unit ..... M. or S. Age 22 Religion Bapt. Ref. H.Q.

Port, ship and date of arrival Halifax Belgic 2-3-19

Next of kin Father L.S. Pegg Forestville Ont.

Address on leave Forestville, Ont.

Address on discharge Same

Transportation issued Yes ~~No~~ Date 28-3-19. Regina, Sask. Character on discharge ----------

Previous occupation Farmer Date and place of enlistment Regina Sak Jan 10-18

Diagnosis Wound of Index Finger of left hand Date of Medical Boards March 25th 1919.

Date.	Remarks	Pt. 2 Order No.
TOS 23-2-19 postedto CASCO (HAMILTON (2-3-19		
	leave with subsfrom 6-3-19 to 20-3-19 67	
28-3-19	S.O.S. Discharged " Medically Unfit" entitled to 122 days W.S.G.	85

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

(over)

Date.	Remarks	Pt. 2 Order No.

M. F. W. 192
150m.—5-18
1772-39-1243

Form R 122.
2353—100M—9-1-16

LTR

Rank: No 1 Dft Name: PEGG, Howard Reg'l No. 256305

Unit: 1st, D. B Sask Regt If in perm. Corps, What Unit?

Married or Single: Single.

Place and Date of Enlistment: Regina Jan. 10th 1918. Place of Birth: Forestville, Ont.

Name and Address, Next-of-Kin: L. S. Pegg.
Forestville, Ontario, Canada Relationship: Father.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

12000
N/E. R.B. No. ~~2999~~
File R.L.
Category OR Can

H. W. & V., Ld.—9546-16.

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.
		Arrived in England		6-2-18	S/S SCOTIAN
8,2,18.	15 Res. Bn.	T O S from Canada	B Shott	7,2,18,	Pt II O 39
8.5.18	✓	S.O.S. to 1st Cmd Bn pass	Pte ✓	7.5.18	" 128 Pte to H2a/14/5/18 1st Cmd
5 10 18	S R	Wounded	✓ Freed	30 9 18	C2 9336
9 10 18	1st Cmd	Wound Wounded Posted to S R D	✓ ✓	2 10 18	D098 S R D Pt II 261/11.10.18
23.12.18	S.R.D.	On com 2nd C C A	" B Shott	18.12.18	" 324.
1-2-19.	15 Res.	T O S from S R D On Com from 2nd C C D	Pte "	31-1-19.	Pt II O 32.
1-2-19.	2nd C C D	Cases Attached on Return to 15th Res	" "	31-1-19.	D025. ~~D025~~ a/3.2.19 S.R.D.
14.2.19	15th Res	S O S on Ltr to C C M D 2 for ret to Canada.	" Repat	14-2-19	D045 S.R.D. 21/2/19 D049.

CHECKED 10 MAY 1918

256305 Pegg H

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.
7/3/19	M.D. 2	S.O.S. to Canada	Ft Rhyl	22-2-19	D.O. 56.

W.S.B. Class "A"

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

M. F. W. 54. (A. F. B. 103)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps First Pack Depot Battalion C.E.F.

Regimental No. 256305 Rank Gnr. Name Legg, Howard

Enlisted (a) ~~13/12/1915~~ 10/1/18 Terms of Service (a) C. E. F. DURATION OF WAR Service reckons from (a) ~~13/12/1915~~ 10/1/18

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 Militiaman Nil

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.	St. John.	21/1/18.	H.M.S. Scotian
		Disembarked	Liverpool	6/2/18.	
FEB 8 1918	O.C. 15th RES. BN.	Taken on the Strength of the 15th Can Res Battn BRAMSHOTT ~~8/2/18~~ 7/2/18			PART II. DAILY ORDERS No. 39
MAY 8 1918	O.C. 15th RES. BN.	STRUCK OFF STRENGTH TO Tbmd	BRAMSHOTT. MAY 7 1918		PART II. DAILY ORDERS No. 128 D Campbell Lt & ADJUTANT 15th RESERVE BATTALION
8-5-18.	CIBD.	Landed & T.O.S. 1st.C.M.R. CIBD		8-5-18.	NR.666 D.O.43 Dß 14-5-18.
"	"	Left for CCRC		23.5.18	NR 1233
23.5.18	CCRC	Arrived CCRC		23.5.18	NR a721
2.8.18		Left for Unit.		6.8.18	NR D.1344
	Unit.	Joined	Unit.		B213.
30.9.18	26 Gen	Gsw Hand L adm	26 Gen	30.9.18	K4882
2-10-18.	"	Inv'd. WOUNDED & posted to Sask. Reg. Dep. Bramshott	AT. NEWHAVEN	2-10-18.	W.3083/6144 D.O.98 4/9.10.18

G.H. Davies Lieut.
for Lt. Col., AAG. Canadians.

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

[P.T.O.

CERTIFIED CORRECT. 10 MAY 1918 CANADIAN RECORDS, LONDON.

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
11.10.18	S.R.D.	T.O.S. from 1st Cmd	Bshott	2.10.18	C.R. to 26/
					FOR ~~LT COL~~ I/C RECORDS. C.O.M.F. Major
23/12/18	2nd C.C.D.	ttached to 2nd C.C.D.	Bramshott	18/12/18	Pt. II No. 303.
1-2-19.	OC. 2ndCCD	Ceases to be attached to 2nd C. C. D. on return to 15 Res. Bn.	Ripon	31-1-19	Pt. 2 D. O. No. 25 for OC. 2nd CCD.
FEB 1 1919	O.C. 15th RES. BN.	TAKEN ON STRENGTH FROM S.R.D. From 2nd C. C. D	Ripon	31 JAN 1919	PART II DAILY ORDERS No. 32
14 FEB 1919	O.C. 15th RES. BN.	STRUCK OFF STRENGTH TO M.D. 2 Wing Kinmel Park	RIPON.	14 FEB 1919	PART II DAILY ORDERS No. 45 ADJUTANT, 15th RESERVE BATTALION.
		Attached C.O.C. Kinmel Park for return to Canada Part II Orders No _____. Ceases to be attached C.O.C. Kinmel Park on embark for Canada, Part II Order No. 56. 4-3-19. Commanding _____ Wing, Kinmel Park Camp,			SLD-LVI FEB 23/19 LIVERPOOL HFX MAR 2 10 H M T BELGIC

121

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 256305 Rank pte C. E. F. Name Pegg Howard

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. 213, Army Form A. 36, or other official documents
Date	From whom received				
FEB 28 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT. TORONTO		1919 PART II D. O. 87	
		Lieut. For O. C. No. 2 District Dep.			
28-3-19		S.O.S. (Discharged) No. 2 District Depot Part II, D.O. No. 85			
		For O. C. No. 2 District Depot.			

(*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.

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				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 256305 (Rank) Pte.

Name (in full) PRCC HOWARD enlisted in

the 128th Bn.

CANADIAN EXPEDITIONARY FORCE at Regina, Sask on the 10th

day of January 19 18

HE served in FRANCE with 1st C.M.R.

and is now discharged from the service by reason of

Medically Unfit

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

Age 23 yrs 2 mths

Height 5 ft 7 in

Complexion Medium

Eyes Grey

Hair Lt. Brown

Marks or Scars

Vacc Scar Lt. Arm

G.S.W. Hand Lt. ---30-9-18

Howard Pegg
Signature of Soldier

Jas A Young Lt
Issuing Officer

For
Rank

O. C. No. 2 District Depot.
Appointment

Date of Discharge March 28, 1919

Signed at Hamilton, Ont. this 28th day of March 1919

in Military District No. 2

File Reference No.

NO. 2
MAR 28 1919
DISTRICT DEPOT.

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.

C.B.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will be completed.

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. District.

ORIGINAL

T403 4 M1005

26

MEDICAL HISTORY SHEET

Surname Pegg Christian Name Howard.

Examined on 4 day of Nov 1917
at Saskatoon.

Birthplace City or Town Forestville
County Ont.

Apparent age 21 + 11 mon.

Trade or occupation Farmer.

Height 5 feet 7 Inches

Weight 145 lbs.

Chest measurement Minimum 35 inches
Maximum expansion 38 inches

Physical development good

Small-pox Marks nil

Vaccination Marks Arm 0 Right 0 Left
Number 0

When Vaccinated last 0

(a) Marks indicating congential peculiarities or previous disease

none

(b) Slight defects but not sufficient to cause rejection

none.

T.A.B. 1 18.11.18 - Epsom

Approved by J Romeo Paré
Rank Capt. M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
13/12/18	D1	ACK.	M.O.
			M.O.
31/1/19	A1	2nd Dental Capt	M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
14/12/17	—	Wallmarshall	M.O.
5/1/18	+	Wallmarshall Capt	M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
18-11-18	T.A.B.	ACK	
14/12/17	+	Wallmarshall Capt	M.O.
5/1/18	+		M.O.
11/1/18	+	Wallmarshall Capt.	M.O.

Enlisted on 10 day of January 1918 at Regina, Sask.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	1st Sask. Depot Batt.	256305		
Transferred to	15th Canadian Res. Battn			FEB 6 1918
	1 6 m 12.			MAY 7 1918
	16th CAN. RES. BATTN.			31 JAN 1919

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Hamilton.	24-3-19	G.S.W. R. index finger	Bx Julian Mayst. Major.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Howard Christian Name Reginald

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
HUDDERSFIELD WAR HOSPITAL		2	10	18	28	10	18	G.S.W. hand L.	27.	Wound healed. Transferred to Conv. Hil. Conv H. Epsom	P. Rattray Lt RAMC
M.C.H. Epsom		28	10	18	18 DEC 1918			G.S.W. Left hand and face ~~Phlebitis~~ Phalap	52	29-10-18 Healed - Considerable thickening - Can't flex index finger - massage + R.Q. 13-12-18: Wound healed fit discharge to C.C.D., in Cat D.I.	A. Kennedy Lieut RAMC

D.M.S. 1375

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☞ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Pte. Name Howard Surname PEGG

Unit or Corps 15th Res. Bn. (If a soldier) Regtl. No. 256305

Born at Burrestville, Ont. on, date 16th Jan. 1896.

Signature (for identification) H. Pegg

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 160 lbs.

Height 5 ft. 7 ins.

Index finger Rt. still stiff from bullet wd. Is improving steadily and fast. Does not consider it a disability

2. **NUTRITION AND DIATHESIS?** Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?** No

4. **RESPIRATORY SYSTEM.** No

5. **HEART?**

Abnormal Sounds? No

Abnormal Size? No

Pulse Rate? 73 Intermittence or irregularity? No

6. **ARTERIES.**—Any hardening? No

7. **DIGESTIVE SYSTEM?** No

8. **GENITO-URINARY SYSTEM?** No

Urinalysis—S.G.? 1020 Reaction? Acid Albumen? None Sugar? None

9. **SKIN, MIDDLE EAR, EYE** or any other part? No

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. No

11. Opinion as to the health and physical condition of the one examined? Fit

Examined at Ripon

Date 4-2-19

Signed [illegible] MAJOR C.A.M.C. M.O.

Signed W. H. Wilson Capt. M.O

☞ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins First Can. R. Depôt
Battalion C.E.F.

(2) Regimental Number 256305

(3) Full Name of Soldier Peggy Howard

(4) Place of Birth Dorchester Ont.

(5) Are you married, or not ? No

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

(b) Present Postal Address —

(7) Are you a widower ? No

(8) Have you any children ? —

If so, give number of boys and girls —

Also their names and ages —

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address James A. Pegg, Forestville Ont

(10) Is your Mother alive? Yes.

If so, state name and address Mrs Mary Pegg
Forestville Ont.

(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.

—

(15) Are you insured? No

If so, in what Company? —

Have you made arrangements for payment of your Insurance premium —

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

H. J. Blimie Major for L-C-H
Officer Commanding.
1st Depot Bn. Sask. Regt

Date December 28th 1917

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 12.

NAME OF SOLDIER Howard. Regg

REGIMENT 3rd Trad Uyld. Bat. RANK Pte. No. 256305

INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	Jan 14 1918	8. 2.3.12.13.14 15.18.3													3 7.8.9		1 10.			Capt Robertson	12.	Can 1.15.16.17.32

M.F.B. 465
2/0M 1-17
1772-39 950

DENTAL HISTORY SHEET

CANADIAN DENTAL CORPS

M.D. 2

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE No. 58

Regimental No. 256305 Rank Pte Name Pegg, H.
(Surname first)

Unit No. 2 District Depot. who was* DISCHARGED

On Mar. 28, 1919, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Mar. 1 to Mar. 28 1919 the inclusive date of transfer or discharge.

		Dr.	Cr.
Bal. Dr. or Cr. from prev. month		21 58	
Regimental Pay	28 days at $ 1 c.		28 00
Field Allowance	28 days at $ c. 10		2 80
Separation Allowance			
Clothing Allowance			3 5 00
Post Discharge Pay			7 0 00
*Other Credits	Subs		12 00
Advances	158394	10 00	
Separation Allowance and Assigned Pay Cheque No.			
*Other Charges			
	160475	116 22	
Balance on transfer or on discharge, cheque No.			
Total		147 80	147 80

*Give particulars.

Flook

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
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.....	.....	.....	.....	....	.....	....	.....

DEPARTMENT OF MILITIA AND DEFENCE.

Headquarters' File Ref.

Regimental Number 256305 Rank Pte

Name Pegg. Howard.

Original Unit 1st Depot Bn. Sask. Regt.

Units in which served 15th Res Bn, 1st D.M.R. S.R.D.

Date of Enlistment 10-1-18

Date S.O.S. 28-3-19

Service Canada, England, France (or other theatre of war)

in months 2 8 5

Reason S.O.S. Medically unfit

Assessment of Character

Date 10-6-20

Doc.17
200/4-20.

Lieutenant,
for Director of Records,
for Adjutant-General.

P 820
12474—378M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 4/2/18		EFFECTIVE DATE:-	
AMOUNT:- 15 00		AMOUNT:-	

NAME:- PEGG, Howard.
NUMBER:- 256305.

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.
Mrs. L. S. Pegg, Stepmother.	
Forrestville, Ont. eff 4/3/19	

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1st Depot Bn. Sask. Reg.
DATE ACCOUNT FIRST OPENED:- 18/1/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			S.R.D.
43	8/6/18	19/6/18	, 6 Can R. (J.)

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
7/2/19	3570	15 Res: Feb	9 73			L.P.C. Cr balance	33 29
				V868 issued 26/4/19 Cr 3 51. 30/10.			4
							33 25

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Transferred to Can: 1/3/19. F2856 Ripon to Ripon 10/2/19. MD2 (J)

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
March	31 Bal.								9 38	nil	
Apr.	P.P.+a.	33		C.A.P.				15			
				aR.199. 30/4. 15 Res.	4 87						
				aR.199. 30/4. "	9 73				12 78		
		33			14 60			15			
May	Ple pay	34 10		C.A.P.				15			
				A.24006. 18. 2/5. 15 Res.	58						
				aR.465. 15/5. "	2 92						
				aR560. 18/5. C.F.B.D.	4 46				23 94		
		34 10			7 96			15			
June	P.Rod.	33		AP				15			
				AR738. 14/6. 3rd Div Wing	3 57						
				A000273. 31/5. Ion R. C.F.B.D.	93						
				aR 528 28/5 - 3 D. Wing	3 57						
				" 814 26/6 " "	4 46				29 39		
		33			12 53			15			
July	-	34 10		AP.				15			
				aR 941 9/7 " "	3 57						
				" 1256 26/7 " "	4 46				40 46		
		34 10			8 03			15			
Aug	" "	34 10		CAP				15			
				aR 662 14/8 8 C.F.B	4 46				55 10		
		34 10			4 46			15			
Sept	- -	33		CAP				15			
				aR 988 1/9 "	3 57						
				" 1271. 22/9 "	4 46				65 07	a/c agreed	
		33			8 03			15			
		201 30			55 61			90			

NUMBER 256305 RANK Pte NAME PEGG H.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal Fwd					65 07		
Oct	G. P.	34 10		C. & P.				15			
				HR 41596 15/10 Lao	9 73						
				AR 9301 29/10 Epsom	4 87				69 57		
		34 10			14 60			15			
Nov	✓	33		C & P				15			
				✓868. 8/11 ✓	4 87						
				✓5475 29/11 ✓	4 87						
Dec	✓	34 10		C & P.				15			
				✓6998 18/12 ✓	48 61				48 26		
Jan	✓	34 10		C & P.				15	61 36		
		101 20			58 41			45			
Feb	SF 18/12/18 - 31/12/18 12 days RO303 23/2. 266D	8 16		✓8089. 9/1 266D.	24 50						
	R P			C & P.				15			
		30 80		✓8258 24/1 ✓	24 33				43 02		
				✓3570 8/2 15 Rec	9 13				33 29		
		39 56			58 63			15			
Mar				QB51. 3/10. Huddersfield Hosp	04				33 25		
					04						
				305. to Canv. 25-2-19 S.L. 23.							

FORM F. 559
8245-150M.-7/5/17

MARRIED OR SINGLE: Single.

PLACE OF BIRTH: Forestville, Ontario.

NAME OF NEXT OF KIN: L. S. Pegg. RELATIONSHIP: Father

ADDRESS: Forestville, Ontario.

NAME OF NEXT OF KIN: RELATIONSHIP:

ADDRESS:

APPOINTMENTS. PROMOTIONS AND REVERSIONS.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

DATE ADMITTED	ADMISSIONS DATE DISCH'D	V. OR A.	TO HOSPITAL, &C. NAME OF HOSPITAL.

SEPARATION ALLOWANCE.

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE) — STOPPED EFFECTIVE (DATE)

PAYABLE TO — REASON

RELATIONSHIP — AUTHORITY

AUTHORITY FOR ISSUE — REMARKS

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE DATE — STOPPED EFFECTIVE (DATE)

PAYABLE TO — REASON

RELATIONSHIP — AUTHORITY

AUTHORITY FOR ISSUE — REMARKS

NEW PAYBOOK ISSUED — NEW PAYBOOK ISSUED

REG'L. NO. 256305. RANK Pte NAME Pegg. Howard.

PLACE OF ATTESTATION Regina, Sask. DATE OF ATTESTATION 10/1/18. ORIGINAL UNIT 1st Depot Bn. Sask. Reg.

PRESENT UNIT 15th Can. Res. Bn.

ASSIGNED PAY

(1) PER MONTH $ 15.00 DATE EFFECTIVE 1/2/18. AUTHY.

PAYABLE TO Mrs. L. S. Pegg. Forestville Ontario. RELATIONSHIP Mother.

(2) PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

(3) PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

(4) PER MONTH $ DATE EFFECTIVE AUTHY.

PAYABLE TO

RELATIONSHIP

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

(1) STOPPED EFFECTIVE — CAUSE — DATE A3M FORMS REND.

(2) STOPPED EFFECTIVE — CAUSE — DATE A3M FORMS REND.

(3) STOPPED EFFECTIVE — CAUSE — DATE A3M FORMS REND.

(4) STOPPED EFFECTIVE — CAUSE — DATE A3M FORMS REND.

ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

PARTICULARS OF TRANSFERS

TO UNIT	EFFECTIVE DATE	AUTHORITY

PERIOD FROM	PERIOD TO	PAY AND FIELD ALLOWANCE No. OF DAYS	PAY AND FIELD ALLOWANCE RATE	PAY AND FIELD ALLOWANCE $ C.	WORKING PAY No. OF DAYS	WORKING PAY RATE	WORKING PAY $ C.	SEPARATION ALLOWANCE $ C.	ASSIGNED PAY CREDITS $ C.	ANY OTHER CREDITS $ C.	TOTAL CREDITS $ C.	SEPARATION ALLOWANCE $ C.	CASH PAYMENTS DURING THE MONTH 1 $ C.	2 $ C.	3 $ C.	4 $ C.	ASSIGNED PAY $ C.	OTHER CHARGES $ C.	TOTAL DEBITS $ C.	BALANCE CARRIED FORWARD CREDIT $ C.	BALANCE CARRIED FORWARD DEBIT $ C.	NUMBER OF ACQUITTANCE ROLLS 1	2	NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &C., TO BE NOTED. ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS								DR.1	DR.2	DR.3	DR.4	BALANCE	DEFR. PAY	SEP. ALLOW.	PAY CR.							
1918.																										
Jan: 17th				Balance from Canada.																		7 75				
	12/1 - 31/3			Mech. P.Pd			80 30									30										

PERIOD		PAY AND FIELD ALLOWANCE			WORKING PAY			SEPARATION ALLOWANCE	ASSIGNED PAY CREDITS	ANY OTHER CREDITS	TOTAL CREDITS	SEPARATION ALLOWANCE	CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS		NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &c., TO BE NOTED. ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
FROM	TO	NO. OF DAYS	RATE	$ c.	NO. OF DAYS	RATE	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	1 $ c.	2 $ c.	3 $ c.	4 $ c.	$ c.	$ c.	$ c.	CREDIT $ c.	DEBIT $ c.	1	2		

This space to be for numbers.

M 11' 6-34

War Service Bdge. Class A No. 137461

Proceedings on Discharge.

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

No.	256305
Rank	Pte.
Surname	PEGG
Christian name	HOWARD

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company)	1st Sask Depot Bn. (#2 D.D.)
Date of discharge	March 28, 1919
Place of discharge	HAMILTON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	23 years 2 months.
Height	5 feet 7 11 inches.
Complexion	Medium
Eyes	Grey
Hair	Lt. BrOwn
Trade	Farmer
Intended place of residence (To be given as fully as practicable.)	Forestville, Ont.

Descriptive marks

Vacc Scar Lt. Arm

G.S.W. Hand Lt. ---30-9-18

Released-21-1-19 G.O. 145-19

2. The above-named man is discharged in consequence of MEDICALLY UNFIT

Authority for discharge #2 D.D. Pt. 2, D.O. #85

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

K6 D 24 2 19

(OVER)

G.B.

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

.....

Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) Hamilton, Ont. Howard Bigg *(Signature of Soldier.)*

(Date) March 28, 1919 Jas. Young Lt. *(Signature of Witness.)*

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

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

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

.....*(Signature of Soldier.)*

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) Hamilton, Ont.

(Signature) J. D. Hobbs Lt

(Date) March 28, 1919

For

O. C. No. 2 District Depot.

Reservations referred to at Para. 8.

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

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

"BELGIO" 1-3-19 Hamilton

No. 2 DISTRICT DEPOT P 1146

AUDITOR Wgm | PAYMASTER B

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

M. OR S.

REGT. No. 256305 RANK Pte. NAME (IN FULL) PEGG, H.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Std. Rund.		

ORIGINAL UNIT C.E.F. S.R.M. — IF IN P.F. WHAT UNIT? Same (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 13/12/17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ 15.00 — DATE EFFECTIVE 1-4-19

PAYABLE TO Mrs. L. D. Pegg. — RELATIONSHIP (mother) — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Forestville P.O. Ontario

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE Toronto DATE 28/3/19 REASON M.L. AUTHORITY D.O. 85 IF ENTITLED TO POST DISCHARGE PAY Yes

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
Balance from previous account																																				
	28-2-19	1.10					33	29	33	29		13/2/19		Boat			4	87													54	87					
												1-3-19		Halifax			5	00																			
												1-3-19		Halifax			30	00																			
																							15	00												
																															54	87	21	58		
	1-3-19	28 1.10	30	80	12						158394						10	00							21	58										
			35		70		147	80					160475						116	22											147	80				
																													Leave Soldier.							
	122 dys		280	80			280	00									Mar 28.		70	00											70	00	210	00		
																	Apr 28	277163	70	00											140	00	140	00		
																	May 26	314693	70	00											210	00	70	00		
																	June 27	725949	70												280					
			280				280												280												280					

a P. Mar 19

T. O. S. D. 67

SUBS. D. 67

122 Days Ld. D.G. D.O. 85

W.S.G. Paid by #2 D.D.

W.S.G. PAID IN FULL

CAPTAIN

FOR PAYMASTER WAR SERVICE GRATUITY

60m.-11-18. L. L. 81777. M. & D. 9585.

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								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

3039

Date of Assignment

Feb. 1st 18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 256305

Rank Pte. Promoted Reverted Discharge

Soldier's Name Howard. Pegg.

Battalion 1st Sask. Depot Battn. 1st Dft. 1st Co.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs L.S. Pegg.

Address Forestville. Ont.

Change of Address

1 MRS.L.S.PEGG,
2 FORESTVILLE,
ONT. 15 15.00
% 256305 PTE HOWARD PEGG
3 FIFTEEN DOLLARS
4

14365-H-27

Date	Cheque No.	Amount S/A	Amount A/P		Total		REMARKS
Feby 18	C 75613		15		15		
Mar 18	Q 90158		15	✓	15	✓	
Apr 18	P 11810		15	✓	15	✓	
May 18	U 14639		15		15	✓	
June 18	O 27544		15		15	✓	
July	J 29578		15		15	✓	
Aug	Q 36386		15		15	✓	
Sept.	E 37739		15		15	✓	
Oct	C 44505		15		15	✓	
Nov	G 59617		15		15	✓	In D#2
Dec	G 64051		15		15	✓	
Jany 19	A 71891		15		15	✓	
Feb	C 78901		15		15	✓	
March	A 84560		15		15	✓	
			210		210		

A/c Closed 31-3-19

Ret'd per Belgic

Date 1-3-19

Clerk J Charbonneau 7/3/19

In F.W. 187 Rcnd " "

In R.O. 60071 " " J.C. 6/1/19

M. F. W. 128.
40M. 6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
40M. 6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Hamilton, Ontario. DATE March 24th, 1919.

1. 1 (a) Unit #2 Dist. Depot. (b) Regimental No. 256505 (c) Rank Pte.

(d) Surname Pegg (e) Christian name Howard

(f) Home address Forestville, Ontario.

(g) Next of Kin Mr. Lewis Pegg (h) Relationship Father

(i) Address of Next of Kin Forestville Ontario.

2. Age last birthday 23 years Date of birth Jan. 16th, 1896.

3. Enlistment, ~~or Appointment (if an Officer)~~ (a) Place Saskatoon, Sask. (b) Date 14-12-17.

4. Personal description:

(a) Height 5' 7" (b) Weight 155 lbs. (stripped) (c) Complexion medium.

(d) Colour of hair Lt. brown (e) Colour of eyes gray (f) Identification marks, Scars, etc. Scar right leg, burn in boyhood.

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1	100

	Periods	
	From	To
Canada	14-12-17.	6-2-18.
England	6-2-18.	6-5-18.
France or other theatres of War	6-5-18.	1-10-18.
England and Canada	1-10-18.	Date.

7. Original disease, or injury Wound of index finger of left hand.

(a) Date of origin Sept. 29/18. (b) Place of origin France.

(c) Cause Bullet.

M. F. B. 227.

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.)

Partial loss of function of left index finger.

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

OBJECTIVE:- Slight scar on dorsal surface of metacarpo phalangeal joint of index finger of left hand, being entrance of bullet, the exit being between metacarpal bones of index and middle fingers. There is a callus at the head of proximal phalanx which prevents the joint from flexing at metacarpo phalangeal junction beyond 165°. The finger tip of index distal phalanx being 1½ inches from palm of hand in flexion of finger. The grip in hand is lessened about 10 to 15%. The man is right handed.

SUBJECTIVE:-Has not the same power in hand as previous to injury. The finger does not close on palm of hand hence difficulty in grasping objects. The finger feels numb on inside, worse in cold weather. The finger gets in the way when working owing to inability to close it.

(*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. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No sug.or alb. No. (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 hernia, varicocele, hemorrhoids, varicose veins or goitre.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Was wounded by bullet on index finger left hand, 5 pt. 29th, 1918. Usual channel to England, did not return to unit. The wound healed in one month. There was no operation performed.

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*).)

None.

(*c*) (Here give a description of wounds, scars and deformities.) As in 4(b).

Vaccs. left arm, last 1918. Scar right shin from scald, 10 years ago.

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

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

Not applicable.

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

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

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

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

C.C.S- one day.

Huddesfield War- one month.

Epsom- five weeks.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Yes, as
(If the answer is "yes" state nature of treatment required and probable duration)

OUT PATIENT under S.C.H. for observation as to advisability of operation for removal of callus at head of proximal phalanx of index finger, and allowing of further flexion at metacarpo phalangeal joint.

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

17. Recommendations.

S.C.H. in Saskatoon.

W. D. Healy 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 Howrad Pogg 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 Nil

Howard Pogg 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.

We concur, except Sections 15 and 17. It is considered that there is no immediate need for treatment in this case and the prospects of improvement are too problematical to justify interference at present. Fit for "B-2".

19. Is the invalid fit for

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

20. It is certified that the invalid

(*a*) Does require treatment. x (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. x
(*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.)

Placed in Category "B-2".

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Julian Boyd Major *President.*

PLACE Hamilton, Ontario.

DATE March 24th, 1919.

R A Dillane Capt } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

.....*President.*

PLACE.....

DATE..... } Members

APPROVED BY

Charles Carter Lieut.
Assistant Director of Medical Services.

DATE Mar 25th 1919

APPROVED BY

Director-General of Medical Services.

DATE.....

IV

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	256303	Pte	Pegg	H.

Unit.	Age.	Service.
1 C.M.R.	32	T.F. 29/9/18.

Station and Date.	Disease
EPSOM	
29 OCT 1918	G.S.W. Left Hand & Fract. Phalanx Healed considerable thickening Ch. + flex tendons fingers
Mass RG	Mass of R.G. NAD
5.11.18.	ICO Mass
7/11	Lo
12.11.18.	C.O. Mass.
19.11.18	Disc Mass
25/11	Disch RH PTO
13/12/18.	Fit for Category D 7 A.E. Kennedy. Lieut. Comg.
Farnes	
D	Soldiers Med. Hospital St 11-1-18
	Dublin TAB 16/1/18
	Inc

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

Forms I. 1237 12

Xlaid No. 26

Army Form I. 1237.

Bapt

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Can T 403. Year	256305	Pte	Pegg	H.

Unit.	Age.	Service.
1st Canadian M. Rifles. C Coy.	22	11/12 6/12

Station and Date.

3 SEP 1918 HUDSON

Disease G.S.W. Hand Left (Bullet)
Slight
Front phalanx index finger

FOR STRICT COMPLIANCE The diagnosis to be entered is that arrived at by the M.O.i/c case. Except in the case of Wounds, the Nomenclature Number is to be always added.

(Use Official Nomenclature in full)

A. T. SERUM

1. 1500 units 29-9-18
2. 500 units 7-10-18.
3. 500 units 13 10 18
4. 500 " 22 | 10 | 18

Wounded 29/9/18 at Cambrai by bullet.
No operation.

D.C. Two slight wounds of Left hand at base of index finger from dorsum to palm.
Front?

Inf. 1 Bde 1st Can Div

22. 10. 18. Massage. P.R. H. Jones

25. 10. 18. Wounds healed

~~Rec. from Borough & H.C. & P. Rattray~~

25/10/18 Rec'd from Canadian Conv. Hospital Epsom. Transferred to Mil. Con. H. Woodcote Park Epsom

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	