NO. 4 TUNNELLING CO. C. E. F.

Tunnelling Co. or Artillery

Eng

ATTESTATION PAPER.

No. 5068155

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Raymond
1a. What are your Christian names? — Charles
1b. What is your present address? — Revelstoke, B.C.
2. In what Town, Township or Parish, and in what Country were you born? — Miramichi, Newcastle N.B. Canada
3. What is the name of your next-of kin? — Marvia Florence (Thanes) & Constance Raymond
4. What is the address of your next-of-kin? — Fruitvale, Alameda Co, California. U.S.A.
4a. What is the relationship of your next-of-kin? — Daughters
5. What is the date of your birth? — Oct 20th 1890
6. What is your Trade or Calling? — Miner
7. Are you married? — Widower
8. Are you willing to be vaccinated or re-vaccinated and inoculated? — Yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? If so, state particulars of former Service. — Spanish American war Boer uprising
11. Do you understand the nature and terms of your engagement? — Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? — Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

C. Raymond (Signature of Recruit)

Date July 25th 1916. A E Kincaid (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Chas Raymond, 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.

C. Raymond (Signature of Recruit)

Date July 25th 1916. A E Kincaid (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 Revelstoke this 25th day of July 1916.

A E Kincaid (Signature of Justice)

M. F. W. 23
750M—8-16
H. Q. 1778-39-841

Description of Raymond Charles on Enlistment:

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

Height ..... 5 ft. 9 ins.

Chest measurement. Girth when fully expanded ..... 42 1/2 ins.
Range of expansion ..... 4 1/2 ins.

Complexion Medium

Eyes Gray L 20/20 R 20/20

Hair brown.

Religious denominations.
Church of England 4 as.
Presbyterian .....
Methodist .....
Baptist or Congregationalist .....
Roman Catholic .....
Jewish .....
Other denominations .....
(Denomination to be stated.)

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date July 28th 1916. .....

Place Revelstoke B.C. W H Sutherland
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.

Charles Raymond 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.

S Rhead Rae Major (Signature of Officer)

O. C. No. 4 Tunnelling Co., C. E. F.

Date Aug. 3 1916.

REGIMENTAL DOCUMENTS

NAME Raymond Charles (Dpl) REGT. NO. 506815 UNIT 103 Can Inf Bn Co HQ. FILE NO.

	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
	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)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demobn
	MEDICAL EXAMINATION (M.F.W. 129)					
1	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)				C3469	DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					32 - 17
1	Mac					16 - 17
1	C.A.D.C 30096					3 - 18
1	Identity Card					
1	R149					

W 2589
100M-11-18
1772-39-1377

Fwd from Flare

Number 506815 Rank 2/Lt pl. ~~Lieut~~ Capt

Surname RAYMOND

Christian Name Charles

Units Lo. E. Theatre of War. France

Date of Service 7-12-16

Remarks

Latest Address ~~Glen Dell~~ Revelstoke B.C.

Roll No 13 Page 8455

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date

Character on discharge

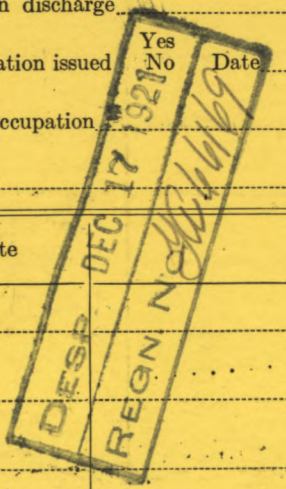
Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

Date	Remarks



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

SURNAME. Raymond (649-R-7072)

CHRISTIAN NAMES Charles

REGL. No. 506815 RANK Sapper

UNIT No 4 Tunnelling Co.

FORMER CORPS Spanish American War

OBE L.G. 31403 17-6-19

CARD NO. Disposals MD 2

SOS Demob 23-4-19 PO. 118 of 28-4-19. FOLL. DD #2.

NEXT OF KIN.

NAMES IN FULL Raymond. Marmia, Frances & Constance

RELATIONSHIP TO SOLDIER Daughters

ADDI Oakland, Cal, U.S.A..

S.o.a.S. 25-6-17.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Miramichi. N.B. DATE Oct. 21st 1870

PLACE OF ATTESTATION Revelstoke. B.C. DATE July 25th 1916.

R/C 21/4/19 369/262/p

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER Yes

TRADE OR CALLING Miner RELIGION Church of England

DESCRIPTION.

APPARENT AGE 45 YEARS MONTHS

HEIGHT 5 FEET 9 INCHES

CHEST MEASUREMENT 42 1/2 INCHES EXPANSION 4 1/2 INCHES

COMPLEXION Medium EYES Lt Grey HAIR

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Revelstoke. B.C. DATE July 25th 1916.

Present Address. Revelstoke. B.C.

FORM R. 149.
7106—250m—7/2/17.

Name RAYMOND Charles *Rank* Spr. *Reg. No.* 506815

Unit 3rd.Can.Tunn.Coy.

Next of Kin U.S.A.

Date 1917	Movement	Place	Casualty	List No.	Notified N/K	W.O. List
5-6	No.8.Stat.Hosp.Wimereux		GSW.Shldr. Rt.Slt.	A.285	11-6	5558 12-7
6	Wat Hosp. Warren Rd Guilford		"	B203		
22 6	Can Conv Hosp. Monks Horton			B212.		
29 6	Discharged		"	B217		

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

REGT'L. NO. 506815

NAME Raymond, Charles.

H. Q. FILE NO. 649

RANK AND CORPS Spr. No 3 Tunnelling Co. (Form No 4

FOLLOWS NO. 7 Tunnelling Co. FOLLOWS

CABLE NO.	DATE	NATURE OF CASUALTY
M5558	12-6-17	U.S.A. Adm. to 8 Stat Hosp. Wimereux June 5th (Wounded Slt Shldr.)

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a285	No. 8 Stat. Nineveh	5-6-17	G.S.W. Shldr. Rt. Sl.
B203	War, Warren Rd. Guilford	8.6.17	GSW Shldr R Slt 2 11.4.17
B212 to	Can. Const Works Aldershot	22-6-17	G.S.W. R. Shldr.
B217	" " " "	29-6-17	G.S.W. R. Shldr. disch 2-7-17

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname: Raymond | Christian Name or Names: C. | Reg. No.: 506815

Rank: Spr. | Unit: 3rd Can. Tunn Co | Co. | Troop | Batty.

Hospital | Date of Admission

Transferred 8. Stat. Wimereux Hosp. 5. 6.17.

Wan Hosp. Warren Rd. Guildford Hosp. 8.6.17.

Cana Hosp Manks Harton Hosp. 22.6.17

Hosp.

Diagnosis: G.S.W. R. Shldr Scr R.

(1) Later Diagnosis (if changed): Bronchitis

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION | Date

Dis: 29.6.17

CL 12.6.17 a285

L 13.6.17 B203.

27.6.17 B212

" 6.7.17 B217

REMARKS

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

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

THIS IS TO CERTIFY that No. 506815. (Rank) L/CORPORAL.

Name (in full) RAYMOND CHARLES enlisted in

the C.E.[3].

CANADIAN EXPEDITIONARY FORCE at REVELSTOKE B.C. on the 23[TH].

day of JULY. 1916.

HE served in No. 3 CANADIAN TUNNELLING CO. FRANCE

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

~~Medical~~ ~~Unfitness~~.

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

Age 44.

Height 5'9"

Complexion MEDIUM.

Eyes GREY.

Hair BROWN.

Marks or Scars .....

C Raymond
Signature of Soldier.

Date of Discharge No. 2 DISTRICT DEPOT APR 23 1919 TORONTO

W. A. Bank
Issuing Officer.
For
O.C. No. 2 District Depot.

Rank

Date APR 23 1919 19.....

NB.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL OTTAWA, CANADA.

M.F.B. 39A.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) RAYMOND, C.

REGIMENT 3rd T.C., C.E. RANK 4/Cpl No. 306813

Date of Examination in England 23 3 19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? NO

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

- (a) In Canada
- (b) In England YES,
- (c) In France YES

Signature of Dental Officer [signature]

Capt.

C. A. D. C.

C.E.F.Y.C.

Laboratory Report on Urine

No. [redacted] Rank Lt/pt Name Raymond C Unit 3rd Siege C.S.M.C.

Disease.....

To Officer i/c Laboratory.....

Please carry out an examination on the accompanying specimen of Urine with special regard to.....

Date. 5th April 1919 .....

Officer i/c Ward.

Laboratory Report.

Colour. Amber (cloudy)

Odour.

Reaction. acid

S.G. 1008

Sugar. nil

Albumen Trace

Microscopic. R.B.C. + W.B.C. ++ M. casts

Special.

Date of Examination. Apl 8/19

.....

Officer i/c Laboratory.

LABORATORY EASTBOURNE APR. 1919 CANADIAN GEN...

9

To

Ecoltoom Hrapeitar

Grom D.E.V.C.

ORIGINAL Original

MEDICAL HISTORY SHEET

Surname Raymond Christian Name Chas.

Examined { on 22nd day of July 1916
at Renforth N.B.

Approved by W Hartland

Birthplace { City or Town Merrimac
County N.B. can.

Rank M.O.

Apparent age 40

Trade or occupation Carpenter

Height 5 feet 9 Inches

Weight 174 lbs.

Chest measurement { Minimum 38 inches
Maximum expansion 42½ inches

Physical development Good

Small-pox Marks no

Vaccination Marks { Arm Right Left ✓
Number one

When Vaccinated last 18 years ago

(a) Marks indicating congential peculiarities or previous disease none

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

Date	Fit or Unfit	Examined for Re-Engagement
		12 JUN 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
28.8.16		E. R. Graham M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
28.8.16		E. R. Graham M.O.
11/7/17	T.A.B. 2	J.R. Fairbairn M.O.
		M.O.

Enlisted on 25 day of July 1916 at Renforth, N.B.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	NO. 4 TUNNELLING CO. C.E.	506815		
Transferred to	C.E. POOL			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Pool's Wharf Seaford	Sept 7/16 10-4-19	Infl. Bladder	Unfit for duty in present war would be B11 D P Byers Capt

CANADIAN

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 Reynolds Christian Name Ernest

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
War Hospital, Warren Rd. Guildford.	"	8	6	17	21	6	17	GSW. elbow.	13	Flesh wound - no bone or nerve injury	C Davis ..
Canadian Convalescent Hospital, Monks Horton, Kent.	21	6	17	28	6	17	— " —		7	Disch. to Hosp. Rep. Calgary Qtrs	J M Yates Regist Capt. C.A. Canadian Conv. Hospi Monks Horton, K

DUPLICATE

Duplicate

MEDICAL HISTORY SHEET

Surname Raymond Christian Name Chas

Examined { on 25th day of July 1916 / at Rivers Inlet B.C.

Approved by W H Sutherland

Birthplace { City or Town Merrimachea / County NB

Rank M.O.

Apparent age 45

Trade or occupation Carpenter

Height 5 feet 9 Inches

Weight 174 lbs.

Chest measurement { Minimum 38 inches / Maximum expansion 4 1/2 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left / Number one

When Vaccinated last 18 yrs ago

(a) Marks indicating congential peculiarities or previous disease None

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

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

Date	Result	Vaccinations
25/8/16		E.P.S. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
25/8/16		E.P.S. M.O.
		M.O.
		M.O.

Enlisted on 25 day of July 1916 at Revelstoke, B.C.

NO. 4 TUNNELLING CO. C. E. F.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		506815		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Ponds Hill.	Sept. 7/16	—	Fit for Duty W Carnoch Capt

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 Ryan Christian Name Edward

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

Forms
I. 1237
12

Army Form I. 1237.

C.E

MEDICAL CASE SHEET.*

228

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
3-294	5-06815	Spr	Raymond	Chas.

Year	Unit.	Age.	Service.
1917	C E 3rd Tunnelling Co Miner.	40	12/12 Frame 7/12

Station and Date.

CAN. CONV. HOSPITAL
MONKS HORTON, KENT

Disease G. S. W. L Rt. Elbow.

21/6/17

2 scar - small scar just below external condyle of Rt. humerus.
Wounded June 4th 1917 - Messines - Entd Australian Res Stn - Thence Steenwerck CCS - one night - Thence 8th Div. Hosp. Boulogne - 2 days. Thence Guilford War Hosp. - 2 weeks.
Arrived Monks Horton June 21/17.
Present Condition
Wound tender; arm somewhat weak
Light duty & slow march - one week.

27/6/17

A iii

W. H. Kreitz
Capt RAMC

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

(44502) Wt. W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239) P.T.O.

Station and Date.	

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 NO. 4 CONSTRUCTION CO. C.E.F.

(2) Regimental Number 506815

(3) Full Name of Soldier Raymond Charles

(4) Place of Birth Moncton, New Brunswick Canada

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

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

(b) Present Postal Address Revelstoke B. C.

(7) Are you a widower ? No

(8) Have you any children ? Yes.

If so, give number of boys and girls 2 girls

Also their names and ages Frances 15
Constance 11

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No.

If so, state name and address —

(10) Is your Mother alive? No.

If so, state name and address —

(11) If your Mother is a widow —

Are you her sole support, or not? —

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

—

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

Mrs. Siberian
Winnipeg
Alameda St. California

(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.

J. Richardson Rae Major
Officer Commanding.
C. C. No. 4 Tunnelling Co., C.E.F.

Date Aug 3. 1916

Army Form B. 103. Sheet 2

Casualty Form—Active Service.

Regiment or Corps 4th Tun Coy C E F Regimental Number 506815

Rank Spr. Surname Raymond Christian Name Charles

Religion [illegible] Age on Enlistment ____ years ✓ months.

Enlisted (a) 25/7/16 Terms of Service (a) D of W Service reckons from (a) 25/7/16

Date of promotion to present rank ____ Date of appointment to lance rank ____

Extended ____ Re-engaged ____ Qualification (b) Carpenter (Miner)

or Corps Trade and Rate ____

____ Signature of Officer i/c Records.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked ...			
		Disembarked...			
5-7-17	C.E.T.D.	T/O/S. of C.E.T.D. from			✓
		C.C.H. Monks Horton	Crowboro	30-6-17	Part II Orl. #158
17 JAN 1918	C.E.T.D.	Struck off Strength of C.E.T.D. to			
		3rd Tunn Coy France	Seaford		Part II Order No. 14
			E.R. Woodward Lieut. C.E.		
			for Adjutant, C.E.T.D.		
2.10.17	C.E.R.D.	S.O.S. to C.E.T.D.	Shoreham.	30.6.17.	P.T.O. # 207
5.10.17	C.E.T.D.	Taken on Strength	Crowboro.	do	do 158 [illegible]
					[illegible] LIEUT.
					FOR LT. COL. I/C RECORDS. C.O.M.E.

CERTIFIED CORRECT. 20 JAN. 1918

(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.

[P.T.O.

(B99130) W 15012—5156 J. P. & Co., Ltd. Forms/B103/3.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
18/4/18	C.M.R.D.	T.O.S. 2nd Can Inf	Ray.	16/4/18	N.R. 16/5. 23/5/18
26/4/18	O.C.	Invested	Fla.	18/4/18	B213
14/12/18	do	Appointed L/Cpl with pay		11/12/18	B213 P/1 13-1-19
	C.E.C.	Proceeded To England		3/3/19	N.R.
					C. A. Howett Lt. Col., A.A.G. Canadian Section
6-3-19.	C.S.M.C.	Att. on Av. from France.	Seaford.	4-3-19.	CETC 498.
14-4-19	C.M.E.	Cl. to Atten pending to Can.	Empire	14-4-19	P.C. II 87 R.L. Greene Lt.

APR 15 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 118

APR 23 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. O. 118

Lieut.
For O. C. No. 2 District Depot.

L/Cpl

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps NO. 4 TUNNELLING CO. C. E. F.

Regimental No. 506815 Rank Sapper Name Raymond, Charles

Enlisted (a) 25.7.16 Terms of Service (a) C. E. F. War Service reckons from (a) 25.7.16

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

Extended Re-engaged Qualification (b) Miner

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked	Canada	8-8-16	
		Disembarked	England	19-8-16	
24-8-16		Taken on strength of C.E.T.D. Branshott.	Shorncliffe 23-8-16 18		Part II Order No. 201
15-11-16	"	To be C/1 2nd Cpl	CROWBOROUGH	12-11-16	Part II Order No 270
8-12-16	C.E.T.D.	Reverts to rank of Sapper at own request	Crowboro	7-12-16	Part II Order No 290
7 DEC. 1916	C.E.T.D.	Struck off Strength of C.E.T.D. To Canadian Engineers Pool France	CROWBOROUGH	7 DEC. 1916	Part II Order No 289

CERTIFIED CORRECT
10 DEC 1916
CAN. RECORDS, LONDON.

F. J. Riley Lieut. C.E.
for Adjutant, C.E.T.D.

(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				
8/12/16	C.B.D.	T.O. Strength of Pool	C.B. Depot	8/12/16	N.R. P/2 15 d 21/12/16
8/12/16	"	Absent Entry Cancelled	"	8/12/16	NR P/3 d 13 1/17
8/12/16	CBD	To Eng 3rd Tunnelling Coy	CBD	8/12/16	WR Pt 2 O 81. 16 12/16
15/12/16	O Client	Appointed Unit	Field.	12/12/16	B213. Dec 203. 16 1/17
5/6/17	G Staff	GSW Shldr at	Adm	5/6/17	W3034
8/6/17	A.S.S.C. Patricia	GSW Shldr	adm A.S.S. Patricia	8/6/17	103083.
		Posted C.R.D. - Canadian			Pt 2 O 41 - 20/6/17

C. B. Johnston
Lieut. for Lt.-Col., A.A.G.
Canadian Section, G.H.Q. 3rd Echelon, B.E.F.

Lieut.
for Colonel i/c Records, C.O.

R—122

TLH. Rank Name RAYMOND, Charles, Reg'l No. 506815.

Unit No. 4 Tunnelling Coy If in perm. Corps, What Unit? Married or Single Widower.

Place and Date of Enlistment Revelstoke, July 25th.1916. Place of Birth Miramichi, N.B. Canada.

Name and Address, Next-of-Kin Marmia F. Frances & Constance Raymond,

Fruitvale, Alemeda Coy. California, U.S.A. Relationship Daughters

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

M/E. R.B. 22176
File R.L.
Category CAN.OR

H. W. & V., Ld.—7165-16.

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. S.S. Scotian		18.8.16	
24.8.16	CETD	TAKEN ON STRENGTH.	S, Cliffe	23.8.16.	Pte. DC. 201
15.11.16.	-do-	To be acting 2nd Cpl.	Crowboro'	12.11.16	-"- 240
8.12.16	-"-	Reverts to Ranks, Own Request	-"-	4.12.16	-"- 290
4.12.16	-"-	S.O.S. to b.b. Pool	-"-	4.12.16	-"- 289
21.12.16	Engrs Reinf Pool	Taken on strength.	Field	8.12.16	Pte II o No 15. Cancelled
13.1.17	"	pt 2 # 15 Cancelled	"		pt 2 # 3
16.12.16	3rd Tun Coy	Taken on Strength	"	8.12.16	pt 2 # 81
12.6.17	—.—	Adm to No 8 Stat Hosp.	Wimereux.	5.6.17	C.L. A285 GSW Shld & Back

A.F.B. 103 CHECKED 16 DEC 1916

506815 Raymond C.

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.
13.6.17	3 Tun Coy.	War Hosp. Warren Road.	Guildford.	8.6.17	GSW Shldr. RSM.
27.6.17	"	Ydl Can Con Hospital	Monks Horton	22.6.17	" B 212
20.6.17	"	S.O.S. Posted to CERD. Crowboro	Field	8.6.17	R II 41
6.7.17	"	Dis from Hospital	Monks Horton	29.6.17	CL B217 GSW R Shoulder
5.7.17	CETD	T.O.S. on Dis from M.H. Hosp	Crowboro	30.6.17	R II 158.
2.10.17	C.E.R.D	T.O.S.	Shorncliffe	8.6.17	— 207
— " —	— " —	S.O.S to C.E.T.D	" "	30.6.17	— 207
17.1.18	C.E.T.D.	S.O.S. to 3rd T.M. Co France	" "	16.1.18	" 14 T.O.S 3rd Tun Co R II No 5 a 23.1.18.
13.1.19	3rd Tun Co.	Appl'n L/Corpl with pay O/S.	Field	11.12.18	" 1.
8.3.19	"	Proc to England	L/C "	3.3.19	D.O. 9.
			49-9	12-4-19	
9-7-19	3 TUN	SOS TO CANADA	C, R, O.	14.4.19	D aft, O 2
29.7.19.	3rd Tun. Coy.	Awarded the Military Medal. (Auth. London Gazette 31405 d 17/6/19).	London		after order #3.

A.F.B. 103 CHECKED 21 JAN 1918

P. 559.
MARRIED OR SINGLE W.

PLACE OF BIRTH Miramichi N.B. Can.

NAME AND ADDRESS OF NEXT OF KIN Mrs. F. Frances & Constance Raymond

Fruitvale, Alameda Co. California U.S.A.

RELATIONSHIP OF NEXT OF KIN Daughters.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
A/L/6th.	12-11-16.	P.T. 270. 15-11-16.
Reverts to rank	7-12-16	Pa 288.

ADMISSIONS TO HOSPITAL, &c.

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

Dvr. appt.

REG'L. NO. 506815 RANK ~~Lance~~ Pioneer. NAME Raymond. Charles.

IF IN PERMT. CORPS / WHAT UNIT UNIT 6. E. D. D. TRANSFERRED TO 3rd Tunn Co DATE 16/1/17. AUTHORITY P.C. 81 16/12/16.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Revelstoke. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 25 July 1916. TRANSFERRED TO DATE AUTHORITY

Nil

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) Reprieved Pay 2 Months from 15/1/18 6. E. T. D. 30 15/1/18

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No	2 Date	3 No	3 Date	4 No	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
25/7/16																																		
30/9/16	68	1.00	68		68	10	6	80							74 80	1757	31/8	1643	15/7					24 33	9 73				34 06	40 74					
Oct.	31		31		31		3	10							34 10	2010	30/9/16	2135	15/10					9 74	9 73				19 47	58 37					
Nov.	1-11	1.00	11	..											33 95	2241	31.10.16							9 73					9 73	79 59		63	16 59		A/L/6th. 12-11-16 P.T. 270. 15/11/16
	12-30	1.05	19	95	30.		3	..								2457	24/11																	
Dec.	1-6	1.05	6	30											34 40	2338	15/11							9 73					9 73						
	7-31	1.05	25	..	31		3	10																					19 46	94 93					
1917							16	00																										
Jan. 15.	15	1.05	16	50											16 50														6 08.	104 95.					Trans. to 3rd Tunn. Co. 16/1/17. P.C. 81. 16/12/16.
16-31	16	"	17	60											17 60	1665	31/12	1742	8/1					1 74	1 74	4 86			7 84	114 71		93			
Feby	28	-	30	80											30 80	1858	4/2							1 74		1 74			5 23	140 28		105			
																1808	4/1							1 74										
31/3	31	1.10	34	10												2012	1/3	2077	18/3					3 49	1 74									
															34 10	1959	22/2	2043	9/3					1 75	1 74									
																1903	19/2							1 74					10 46	163 97					
30/4	30		33												33				5/4						1 74				34 8	193 44					
																			4/4						1 74										
31/5	31		34	10											34 10	76	25/4	133	8/5					1 75	8 03				9 78	217 76					
June																																			
1-30	30		33	-											33 -	496	26/5							1 79					8 45	242 31.					
																276	17/5							1 79				14/6.							

506815. Spr. Raymond Charles.

DATE	PAY: No. of Days	PAY: Rate	PAY: Amount $	PAY: Amount c.	FIELD ALLOWANCE: No. of Days	FIELD ALLOWANCE: Rate	FIELD ALLOWANCE: Amount $	FIELD ALLOWANCE: Amount c.	WORKING OR SPECIAL PAY: No. of Days	WORKING OR SPECIAL PAY: Rate	WORKING OR SPECIAL PAY: Amount $	WORKING OR SPECIAL PAY: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	ACQUITTANCE ROLLS 1: No.	1: Date	2: No.	2: Date	3: No.	3: Date	4: No.	4: Date	CASH PAYMENTS 1	2	3	4	Assigned Pay	Other Charges	Total Debits	BALANCE: Credit	BALANCE: Debit	Pay Withheld or Deferred	Pay Available for Issue	REMARKS
July.																																	
1-31	31	110	34	10											34 10															276 41			
Aug	31		34	10											34 10															310 51			
Sep	30		33												33															343 51			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
		34 51							343 51		
Oct				Sa 380 27/6 ECH. M. Nato	243				341 08		
				Sa 393 27/6	48 67				292 41		
	Sep. pay	34 10							326 51		
				Sa 5887 CETA 2/8	487				321 64		
				Sa 984 15/9 CETA.	43 80				277 84		
Nov	Sep pay	34 10									
		33		Sa. 1067 9/10 CETA	973						
				Sa. 461 7/7 CETA.	487						
				Sa. 907 31/8. Do	487						
				Sa. 531 31/7. Do.	973						
				Sa 1443 13/11 Do	973						
				Sa. 1755 14/10 Do	973						
	Sep pay	34 10									
				Sa 1353 30/10 CETA	973						
				Sa 1544 30/11 CETA	973				274 82		
1918		67 10			681 72						
Jan	Dec pay	34 10		AR 15906 C.E.T.D. 6/12/17	973						
				AR 1701 " 20/12/17	973						
				AR 8086 London 5/1/18	1460						
				AR 324 C.E.T. 5/1/18	973						
				Aust. 3 days - Refitting 1/1/18			11 00		256 13	273	
		34 10		days Reg. Medical days - 180.10	43 79		11 00				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
1918	Brt. Frd.								256 13		
Feb	P. Pay	30 80		AR 1854 C.E.T.D. 15/1/18	243					288"	
		30 80		Restricted Pay. 15/1 to 31/1 16 days	2 43				284 50	18 02	
Mch	P. Pay	34 10		Anakistan 3 Y. Reg 30/1/18	4 46						
				" " 1321 " 8/2/18	3 57						
				" " 1400 " 18/2/18	4 46						
				" " 1467 " 10/3/18	3 57					303 20	
				" " 1570 " 23/3/18	4 46						
		34 10		Restricted 1/286 15/4/18 56 days.	20 67				298 08	23 63	

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

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

NAME, 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.

NAME:– RAYMOND, Charles. K

NUMBER:– 506815

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Sapper
Bo. 131.19 2 Co	11.12.18	4 C.

UNIT AND TRANSFERS

ORIGINAL UNIT:– C.E.T.D.

DATE ACCOUNT FIRST OPENED:– 25.7.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1.1.18		C.E.T.D.
NR. 4/1.6.18	1.6.18	19.6.18	3 Tun 6°.

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 05	– 10		
	Rate		444.29	

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
10/3.	212	CME.	~~46 67~~				
17/3.		Ldn.	~~9 73~~				
19/3.	424	CME.	~~44 60~~				
			73 00				

PARTICULARS OF RENDERING NON-EFFECTIVE:– Trans to Canada 31/3/19 NR 4855 Seaford 20/3/19 Seaford NR 52 Ledbal £ 517.29

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31	Bal Forwd.								298 08	303	
April	P. Pay.	33		Dmar 2 3 T.C°. 4.4.18	3 57					23 60	
				" " 55 " 21.4.18	4 46				323 05	318	
		33			8 03						
May	Spec Pay.	34 10		Dn. AR. 76 - 3 T. 6° 3.5.18	3 57						
				" " 139 " 18.5.18	2 68				350 00	333	
		34 10			6 25					23 60	
June	S. S.	33 -		A.R 158. 3rd C.T.D. 4.6.18	2 68						
				A.R. 192 " 20.6.18.	2 68				378 54	348	
		33 -			5 36						
July.	S. S.	34 10		A.R 228. 3rd J. Coy C.E. 3.6.18.	3 57						
				A.R. 277. " " 17-6-18.	4 46				404 61		
		34 10			8 03						
Aug	✓	34 10		426 7.8.18. 2 T Co.	3 57						
				518 17.8.18 ✓	8 92						
				590. 26.7.18. ✓	8 92				4,730. 378		
		34 10			21 41				37		
Sept.	✓	33		670 5.9.18 ✓	3 57				4476 93	393	agree
		33			3 54						
Oct	✓	34 10		865 9.10.18. ✓	8 39						
				955 27.10.18. ✓	4 66				467 78	408	
		34 10			13 05						
Nov				995 4.11.18 ✓	3 73				568 98	473	
Dec		67 10		1..vv. 29.11.18 ✓	13 99						
				1111 10.12.18 ✓	13 06						
				7666 1.12.18 Ranks	46 64						
				681 13.12.18 Pares	23 32						Trans
Jan		34 10		736. 07.1.19 & ✓(2332)	29 32				4402 6	437	Trans
		101 70		1184 10.1.19 ✓	4 66						
					128 72						

COMPILED BY A.H. Morgan

CHECKED BY R. Bonnett

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Jan	Bal Forward								440 26	437	
Feb		3220		1497 7.1.19 3/Co	273.					452	
	4/c from 11.11.18.	760		1366. 20.1.19 ✓	466						
Mar	~~1/c Pay~~ My	~~3565~~		1453 7.2.19. ✓	466					467	
				7448 17.2.19 Clubbed	466						
				3286 26/2/19 Le Havre	746				449 89		
	1 Cpls Pay.	3565		212 10/3/19 C.S.M.C.	4867				542 46		
		21 75		50580 17/3/19 London	973				517 29		
		10220		424 22/3/19 C.S.M.C.	8357 1460				458 89		
				818 8/4/19 ✓	973		and	on	L.F.C. 434 56		
					2433						

S.O.S. to Can 14/4/19 MD#2 S.L. 49.

"OLYMPIC" 21-4-19

DISPERSAL "I" ~~1917~~ 1947

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 506815 | RANK L/C | NAME (IN FULL) RAYMOND C.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
✓		

ORIGINAL UNIT C.E.F. Tun. Co. — IF IN P.F. WHAT UNIT Bank of Commerce, Revelstoke, B.C.

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 25-7-16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY Nil. — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Toronto. — DATE 23-4-19 — REASON Demob. — AUTHORITY D.O. 118 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					T.O.S. 15-4-19. D.O. 118 SUBS. TO. D.O.
31-3-19									44429	44429																									44429		Lt. Bal. Imp. L.R.
29-4-19	29	1.15	3335																		973															14-4-19 to 29-4-19 P.R.O.
					3500																																Clothing allce
					7000																																1st Pymt W.L.G.
																	487	500																			Boot + Spats.
																	56304																			
									13835																								58264					
																							7000				660										Due Soldier
153 Dys	10 Dys.		350						250								Apl 23																				W.L.G. Paid as above. Leap P.P.O. Overseas.
																	May 15	770	736				6340										7660	27340			1st W.S.G. Paid by #2 D.D.
																	June 18	721	616				7000										14000	10000			
																	July 11	734	725				7000										21000	14000			
																	Aug 20	1430	1477				7000										28000	17000			
									350														34340				660						35000				

W.W.S.G. PAID IN FULL

FOR PAYMASTER WAR SERVICE GRATUITY — LIEUT.

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

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

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

W

1. No. 506815

2. Rank LANC. CORPORAL

3. Name RAYMOND CHARLES

4. Unit No. 3 CANADIAN TUNNELLING CO.

5. Date of Discharge APR 23 1919 | Place TORONTO, ONT.

6. Reason for Discharge DEMOBILIZATION

WAR SERVICE

BADGE CLASS A. No. 284652 S.G.O.G. D.A.

25 '18 I

7. Authority A.G.3. — 8817 No. 2 District Depot, Part II. D.O.No. 118.

8. Proposed Residence after Discharge REVELSTOKE B.C.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W. ?

x Richard Raymond

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place .....

Date No. 2 DISTRICT DEPOT APR 23 1919 TORONTO

Signature ..... For O.C. No. 2 District Depot.

(O. C. Discharging Unit.)

M.F.B. 218a—50M.-12-18—1772-39-113.

JCP 6/2/20

M-M 9/8 29/9/19

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. [illegible]).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group [illegible]

Checked by No. 3 [illegible]

Date 12 APR 1919

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 Seaford DATE 10/4/19

1. 1 (a) Unit C. S. M. E. (b) Regimental No. 506815 (c) Rank L/cpl.

(d) Surname RAYMOND (e) Christian name CHARLES

(f) Home address REVELSTOKE B.C.

(g) Next of Kin MRS. M. TRACEY (h) Relationship DAUGHTER

(i) Address of Next of Kin OAKLAND, FRUITVALE P.O. CALIFORNIA U.S.A.

2. Age last birthday 49 Date of birth Oct 21st 1870

3. Enlistment, or Appointment (if an Officer) (a) Place Revelstoke B.C. (b) Date 25/7/16

4. Personal description:

(a) Height 5-9 (b) Weight Est 176 (stripped) (c) Complexion Sandy

(d) Colour of hair Grey (e) Colour of eyes Blue (f) Identification marks, Scars, etc. scar R elbow. Scar throat

5. Former trade or occupation Miner.

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
	2	247.

	Periods	
	From	To
Canada	25-7-16.	11-8-16
England	11-8-16.	8-12-16
France or other theatres of War	8-12-16	4-3-19
	4-3-19.	10-4-19

7. Original disease, or injury eye Inflammation of bladder.

(a) Date of origin 18-2-17. (b) Place of origin France.

(c) Cause Exposure.

M. F. B. 227.

300M.—8-18.
1772-39-117.

526/41

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.)

Inflammation of Bladder:
& Frequency

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.)

Normal physical abdomen clear 8-4-17
S.P.G. 1008
R.B.C + W.B.C ++ - No casts
signed W.C. Allison
Capt.

Frequency: Urgency:
Has to get up three times at night.

(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 (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).)

Began 18-2-17 while working in a wet rap: first noticed that he was passing a little blood in urine: this re-occurred several times: Frequency developed later and urgency: Condition is worse in cold weather

10.—(a) 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).)

GSW Elbow 4-6-17. Nw disabbly

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

amputt.

11.—(a) Did the disabling condition have its origin before enlistment? Nw

(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.)

NA.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) Nw (b) Nw.

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? Probably permanent.

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

None:

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

No.

16. Can the former trade or occupation be resumed? yes.
(If not, briefly state why)

17. Recommendations

H Hanley Kirkland
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 C Raymond. 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

C Raymond Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(*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~~ man be ~~discharged~~. (When not for discharge add special recommendation.)

Boarded for return to Canada
Auth. A. G. Tel. 9083 - 11/11/18

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.

D. S. Byers, Capt. ..... *President.*
C. Douglas Newell Capt. .....
..... } Members

PLACE Seaford

DATE 10 - 4 - 1919

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.....
..... } Members

DATE.....

APPROVED BY

W. Wreeeaeee