ORIGINAL

ATTESTATION PAPER.

No. 1 Comst. Batt'n

No. #1081325.

4

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	R I T C H I E
1a. What are your Christian names?	William Andrew
1b. What is your present address?	137 Markham St. Toronto. Ont. Canada
2. In what Town, Township or Parish, and in what Country were you born?	Galt. Ont.
3. What is the name of your next-of kin?	Rachel Ritchie
4. What is the address of your next-of-kin?	41 Hopton St. Galt. Ont. Canada
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	March 12th. 1892
6. What is your Trade or Calling?	Tinsmith
7. Are you married?	Single
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.	Yes 29th. Reg't. (1 yr)
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, William Andrew Ritchie, 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.

William A. Ritchie (Signature of Recruit)

Date June 19th. 1916. J.W. Moore (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Andrew Ritchie, 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.

William A. Ritchie (Signature of Recruit)

Date June 19th. 1916. J.W. Moore (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 Toronto. Ont. this 19th. day of June 1916. 191 .

[illegible] (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of William Andrew Ritchie on Enlistment.

Apparent Age 24 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 4½ ins.

Chest measurement.
- Girth when fully expanded 36 ins.
- Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Fair

Religious denominations.
- Church of England
- Presbyterian Pres.
- 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).

Lady tattoed on R forearm
3rd. finger L hand deformed

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 June 19th. 1916. 191 .

Place Toronto. Ont.

Capt
Medical Officer.
Toronto Recruiting Depot

*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.

William Andrew Ritchie 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.

(Signature of Officer)

Date June 19th 1916.

O.C. No. 1 Construction Battalion C.E.F.
Lt.-Colonel

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 1

Corps History Sheet..... 2

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate..... 1

Medical Report for Invalids..... 1

Medical History Sheet.....

Proceedings of Regt. Court Martial .....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

A.F.W. 3997 ——— 1
Chevron form ——— 1
A.F.B. 122 ——— 1
I.S.C. 132 ——— 1
M.F.W. 192 ——— 1

Misc – 1

Emp Med Bd – 1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name RITCHIE WM. ANDREW

Regt. No. 1081325 Rank Pte.

Corps No 1 Cons. Bn. (2.D.D.)

"Med. unfit"

Procds on Discn Despd to PC on M.F.W. 3505. Ref O.C. – 988 of 6-3-19 Bw

13717

40 – 31
21 – 31
8 – 31
1

1R122

4820 19

CARD NO. 2

SURNAME. Ritchie

CHRISTIAN NAMES William Andrew.

REGL. No. 1081325 RANK Pte

UNIT ~~no. 1. Construction~~ #2 Dist Dpo Bn.

FORMER CORPS 29th. Regt. (1yr.)

305 Dis. 22-1-19
Med. Exam.
D.D. 18 of 18-1-19

NEXT OF KIN.

NAMES IN FULL Ritchie Mrs. Rachel.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS 41 Hopton St. Galt. Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Galt: Ont. DATE Mar. 12th. 1892

PLACE OF ATTESTATION Toronto Ont DATE June 19th. 1916.

O/S. 12-9-16 528/25

RIb 14-12-18 232/72

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

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

V

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Tinsmith RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 24 YEARS 3 MONTHS

HEIGHT 5 FEET 4½ INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Blue HAIR Fair.

DISTINGUISHING MARKS Lady tattooed on right fore-arm. 3rd. finger left hand deformed

MEDICAL EXAMINATION. PLACE Toronto Ont. DATE June 19th. 1916.

Present Address: 137 Markham St. Toronto Ont.

Reg. No.	Rank.	Surname	Christian Names (1)	(2)	(3)	Category.	Dentally Unfit.
1081325	Spr.	~~Richie~~ Ritchie	William	Andrew		Date B II	

Place of Enlistment	Date of	Taken on strength	Religion	Inoculations	Company
Province: Toronto Ontario	Age on 24	Date 3-10-18.	Presb	28/7/16 4/8/16 29-9-17 11/8/16 Vaccination 19-8-16.	

On Command	Hospital	Permanent Cadre Date taken on	Employed as
1st CDP Buxton			
Date Proceeding 14-11-18.	Date Admitted		

Record of Overseas Service:	Profession or Trade (Civil)
13 months	Farmer.
Reason for Return:	Transferred or Posted to ..... Date .....

~~Married or Single~~ single

Address of Next of Kin Mrs Gaiks

41 Hespeler St.

Galt Ont

LEAVE. Will made.

No. of Pass Issued	From	To	Free Transportation
	16-11-17.	29-11-17.	From France

Country

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
274-11	3-10-18	C			
274-12	3-10-18	Duty ceased to be shown O Cmnd to 3rd C.C.D.			
316	14 NOV 1918	C.			

NAME Ritchie W. G.

RANK AND CORPS Pte Spr. 1 Bn.

REGT'L No. 1081325.

H. Q. FILE No. 649.

FOLLOWS No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
	adm. whilst on leave from France		
B.81[1]	2nd Scotish Gen. Edinburgh.	29-11-17	N.Y.D. " Q'
B.98	2nd Lo Can. Cons. Bromley	21-12-17	P.Pneumonia.
B106[2]	Ditto	4-1-18	"

FORM R. 149.
7106—250m—7/2/17.

William Andrew

Name RITCHIE Rank Spr. Reg. No. 1081325

Unit 1st Can. Rly. Troops.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
29-11	2nd Sect. f. Hosp. Edinburgh (N.Y.D.-R. B81. (Adm. whilst on leave from France) R-225-7556					
21-12	E.E. Hosp Bromley R-225-8566		Influenza	B98 B106.		
4-1-18	Discharged R-226-2229		do			

Yr

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

No. 1081325 RANK Pte NAME Ritchie, William A.

T.O.S. 19-6-16 UNIT 1st Construction Battalion
do 45-21-6-16

M.D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
~~1916~~	~~1916~~			
June 19	June 30	✓		
July		✓		
Aug		✓		
Sept		✓		

M6H

Number 108325 Rank Spr.

Surname RITCHIE

Christian Name William Andrew

Unit 1st Can. Mtr. Trans. Theatre of War France

Date of Service 25-10-16

Remarks

Latest Address 41 Hopton St. Galt, Ont

Roll No. B Page 10672

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

FEB 23 1922
Dept. of
REGN. NO. 11 21480

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

FORM D M.S. 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
RITCHIE	W.A.	I081325.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	CRE.I.			

HOSPITAL — DATE OF ADMISSION

1. 2.Scot.Gen.Edinburgh, — HOSP. 29.11.17.
2. Can. Conv. Bromley. — HOSP. 21-12-17.
3. — HOSP.
4. — HOSP.

DIAGNOSIS NYD.Q.

1. Influenza. /c/
2.
3.

DISPOSITION — DATE

CL.6.12.17.R81.Ad.whilst on leave from France.
28-12-17.B.98 (2)
7.1.18.B106(2)

REMARKS Duo 4.1.18.

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.		

L

*Name RITCHIE, William Andrew Rank Spr. Regtl. No. 1081325

Fyle Depot

Original unit Present unit M. or S. Age 26 Religion Pres. Ref. H.Q.

Port, ship and date of arrival Olympic, Halifax 14-12-18

Next of kin R. Ritchie, 41 Hopton St. Galt, Ont.

Address on leave same

Address on discharge same Galt, Ont.

Transportation issued Yes / No Date 22-1-19. Character on discharge

Previous occupation Tinsmith Date and place of enlistment Toronto 19-6-16

Diagnosis flat feet Date of Medical Boards 16-1-19.

T.O.S. Date.	Remarks.	Pt. 2 Order No.
7-12-18	Posted to Cas. Co. Ex. Camp 14-12-18	
	Leave 19-12-18 to 6-1-19	
	Subs. " " "	250
22-1-19	SOS NDISCHARGED "MED.UNFIT" 91 days PDP & C.A	18

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

(over)

Date.	Remarks	Order No.

M. F. W. 192
150m.—5-18
1772-39-1243

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1081326 (Rank) Pte.

Name (in full) RITCHIE, William Andrew enlisted in

the #1 Const. Bn.

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont., on the 19th.

day of June 16 19

HE served in ENGLAND AND FRANCE

and is now discharged from the service by reason of MEDICAL UNFITNESS

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

Age 26

Height 5' 4½"

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars Two scars left arm

W. A. Ritchie

Signature of Soldier

Issuing Officer

D.C. No. 2 District Depot

Rank

Appointment

Date of Discharge Jan. 22nd. 1919

Signed at Toronto, Ont., 22nd. this 22nd. day of Jan. 19 19

in Military District No. 2

File Reference No.

L.L.

NO. 2 JAN 22 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.

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

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

Particulars called for on the back of this certificate will not be completed.

6.

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.

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(1) Name of Overseas Unit which Soldier joins No. 1 Construction Batt

(2) Regimental Number 109325

(3) Full Name of Soldier Ritchie, William Andrew

(4) Place of Birth Galt, Ont.

(5) Are you married, or not ? Single

(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 ? No

If so, give number of boys and girls

Also their names and ages /

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes Andrew Ritchie

If so, state name and address 41 Stopton St. Galt. Ont.

(10) Is your Mother alive? yes Rachael Ritchie

If so, state name and address 41 Stopton St. Galt 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? yes

If so, in what Company? Canadian Order Oddfellows. Galt.

Have you made arrangements for payment of your Insurance premium Yes

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

Thos. B. Landon Major
for *Officer Commanding*

Date 4/9/16

No. 1 CONSTRUCTION BATT.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 2

Name of Soldier Richard William A...

Rank Pte.

Regiment ...

No. 1081325

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 District	REMARKS
Condition on first Examination																							
DISCHARGE EXAM. CASUALTY Co. # 2 D.D. Date JAN 16 1919 Certificate issued for DENTALLY FIT																					O W Lawrence Capt		

M.F.B. 165.
200m.-
1772-3

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 No. 1 CONSTRUCTION BATT.

Regimental No. 10 81325 Rank Pte. Name Ritchie William Andrew.

C. E. F.

Enlisted (a) 19/6/16 Terms of Service (a) D. O. W. Service reckons from (a) 19/6/16

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) (Tinsmith)

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked Canada	Halifax	13/9/16	
		Disembarked England.	Liverpool	23/9/16	
25-10-16	1st Const Batt	Proceeded overseas		25/10/16	for OC 1st Gross Capt. No 1 CONSTRUCTION BN. Pte D.O. 170
		Landed in France	Havre	26.10.16	L.R. 6775 Pt II D.O. 187- 2.12.16
		Designation of Unit changed to 1st Bn. Canadian Railway Troops. Pt 11		D.O. No. 22 d/- 10/2/17	
17.11.17	1st C.R.T.	Granted 14 days leave in	U.K.	16.11.17	B213 Pt II D.O. 104 d/- 27.11.17
		Rejd Unit	Field		B213 Pt II D.O.
3.12.17	Officer i/c Records	admtd to Hospital whilst on leave. Illness slight - will rejoin Unit	2nd Scottish Gen. Hpl.	29.11.17	R.L. 4-40-303 "F" 31217. A.A.G., Cdn. Sec. KH. 16/34004

CERTIFIED CORRECT. 14 NOV. 1916 CAN. RECORDS, LONDON.

(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				
17.12.17	Off. i/c R.	Row to be posted to Regtl	Depot.	29.11.17	R.L. 4-40-303 "J" 17121 A.A.G. Ch. Sec. K.H. 16/34004
17.12.17	do	Admitted to Hospital whilst on leave & posted to Ch. Rly. Troops Depot, Purfleet 29.11.17		29.11.17	ditto Pt II Do 111 11. 24.12.17
					Canadian Lieut. for Lt.-Col., A. A. G., Section, G. H. Q. 3rd Echelon, B. E. F.
W R 2 B 2 19.12.17.	Depot C.R.	To Composg from 1st C.R.	Purfleet	29.11.17.	Pt II 342. for Lt-Col i/c Records. Lieut.
24/1/18	3 Bde D	Taken on strength of Permanent Estab	Seaford	Pt II Do 22 27/1/18	For O.C. 3rd Canadian Command Depot
6-9-18	3rd C.C.D.	S.O.S. C.R. 2 D. on ceasing to fill vacancy on Perm Estab is taken as attached for employment	Seaford	6-9-18	D.O. Pt II 250 3rd Canadian Command Depot

C.A.D.C.5009.
20M-19[illegible]18.

2.

1081325
Spr Ritchie W a

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

C R T

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
CANADIAN DISCHARGE DEPOT NOV 18 1918	Sat	—	—	—

N Smith
Capt & A D D

ORIGINAL. ORIGINAL

MEDICAL HISTORY SHEET.

Surname Ritchie Christian Name William Andrew

Examined { on 19th day of June 1916 191
at Toronto Ont

Birthplace { City or Town Galt Ont.
County

Apparent age 24 yrs

Trade or occupation Tinsmith

Height 5 Feet 4½ Inches.

Weight 119 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks nil

Vaccination Marks { Arm Right. 1 Left.
Number 1

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease nil

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

Approved by [signature]

Rank Capt M.O.

Toronto Recruiting Depot

Date.	Fit or Unfit.	Examined for Re-engagement.
		5 DEC 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
19 8 16		[illegible] M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
28.7.16	1	[illegible] M.O.
4 8 16	2	[illegible] M.O.
11 8 16	2	[illegible] M.O.

Enlisted on 19th day of June 1916 191 at Toronto Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	#1 Const. Battn	1081325		19-6-16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
3rd C.C.D. Seaford	21-3-18	Weakness of Feet (Flat Feet)	B ii [signature] Capt. C.A.M.C. PRESIDENT, STANDING MEDICAL BOARD.
Seaford	3-4-18		B ii [signature] PRESIDENT, STANDING MEDICAL BOARD.
"	10-6-18	" "	B ii [signature] Capt PRESIDENT, STANDING MEDICAL BOARD.
"	3-8-18	Deliv	

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

X Camp Toronto 16.8.19. Seaford E. [illegible]

M. F. B. 313.
400M.—1-16.
H. Q. 1772-3-439.

Surname RITCHIE Christian Name WILLIAM ANDREW

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.
2nd Gen. Hosp Edmd.		29	11	17	19	12	17	Influenza	20	Sore Anaemia	Jn Frazer
CANADIAN CONVALESCENT HOSPITAL. BROMLEY. KENT.		20	12	17	4	1	18	Do	16	has a slight pain in ankles and back discharged D/	A R Perry Capt.

DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for HO file

Ottawa 4, Ont.
Date Aug 20, 1968

Attention of

NAME RITCHIE William A. SERVICE NUMBER 1081325 WW1 C.P.C. No. 60906 W.V.A. No. 26635 NAVY ARMY X R.C.A.F.

The DEPARTMENT has received information from

PME CPC Hamilton Dist. Office Date Aug 16, 1968

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Aug 14, 1968
Cause of Death
Place of Death St Joseph's Hospital Hamilton, Ont.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~FXXX~~ PAY
~~D.C.~~
H.O.

Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DVA 24

Army Form B. 103. Sheet II Regimental Number 1081325

Casualty Form—Active Service.

Regiment or Corps 6th Bn. Ry Troops

Rank Pte. Surname Ritchie Christian Name William Andrew

Religion C. Age on Enlistment years months.

Enlisted (a) 19.6.16 Terms of Service (a) D of War Service reckons from (a) 19.6.16

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

Extended { } Re-engaged { } Qualification (b) or Corps Trade and Rate

Signature of Officer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked ...			
		Disembarked...			
26-9-18 5-10-18		DISCHARGED FROM 3RD C. C. D. Seaford TO 6TH BN. PART II D. O. NO. 324 26.9.18			
		J B McNamara Capt for O.C. 3rd Canadian Command Depot			
3.10.18	C R T Depot	Taken on Strength r/s fr Command Penfleet	6.9.18		Pte II 244
		3rd Can Seaford			
3.10.18	do	Off Command Seaford	do	3.10.18	Pte II 244
24.5.18	do	P.O.S. on transfer to 3rd Can Seaford r/s fr Woms.	do	24.5.18	Pte II 143
13.11.18	do	Relinquished Ashford	do	13.11.18	Pte II 315

(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.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
~~11.18~~ 19	C.R.T. Depot	Attached C.D.D. Buxton	Perfleet	~~11.18~~	~~D.O. 316~~ 321
					J.M. Christie Lieut.
					DEPOT CAN. RLY. TROOPS
20 NOV 1918		Attached C.D.D. Buxton for return to Canada Part II Order No. 275.			
		~~Ceases to be attached~~ C.D.D. Buxton [illegible] for Canada.			
					J.D. Patterson Lt. for Lt. Col. Commanding ~~Canadian~~ Discharge Depot.
7-12-18	O.C.	Sailed for Canada			
DEC 7 1918		T.O.S. No.2 District Depot, Part II, D.O. No. 250			
					J.M. Runcan Lieut. For O.C. No. 2 District Depot
		Dis #2 D.D. Jan. 22nd. 1919 Pt.11#18			
		[illegible] Capt			
		For O.C. No. 2 District Depot			

R—122

TLH. Rank Pte. Name RITCHIE, William Andrew, Reg'l No. 1081325.

Unit No. 1. Constn.Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Toronto,Ont. June 19th.1916. Place of Birth Galt,Ont.

Name and Address, Next-of-Kin Rachel Ritchie, 41 Hopton Street, Galt, Ont. Canada. Relationship Mother.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 542 7
File R.L.
Category O.R. Can.

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. NORTHLAND 23-9-16.			
		25.10.16 1. Con Batt Proceeded Overseas Witley		25.10.16	Pt.II 170
		9.2.17. Now known as 1st. Battn. Can. Railway Troops.			Pt.II.O.22.
		5.12.17 1st CRT. Adm while on Leave from France			
		2nd Scottish Gen Hos Sp	Edinburgh	29.11.17	CL B 81
		19.12.17 Depot CRT T/D Son posg from 1st CRT.	Purfleet	29.11.17	Pt II 342. 1st Pt II 111 24/12/17.
		27.12.17 1st CRT. Trans C C Hos	Bromley	21.12.17	CL B 98
		4.1.18 Depot CRT Disch Do	Do		
		En com'd C C D Seaford	Purfleet	4.1.18	Pt II 4 3rd C C D Pt II 6 8/1/18.
		24.5.18. Do Ceases on com'd D of R. S&S on trans to 3rd C C D Seaford	Do	24.5.18	3rd C.C.D. Pt II 122 of 27.5.18

A.F.B. 103 CHECKED 7 NOV 1916

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.
6 9 18	366D	S.O.S to C.R.T.D. and Spr attch. from that Depot	Seaford	6 9 18	Pte 210
3 10 18	C.R.T.D	Y.O.S from 3rd C.C.D & on Cond to 3rd C.C.D	Purfleet	6 9 18	- 274
3. 10 18	Do	Ceases on Cond 3rd C.C.D	"	3. 10 18	- 274 3rd C.C.D Y/42223 23/10/18
19. 11. 18	do.	on Command to C.D. Buxton	"	19. 11. 18	- 321
24. 12. 18	"	Ceases on Cond C.D.D & S.O.S on transfer from O.M.F. of C. & C.E.F. in Canada	" Witley	7-12-18	- 355.

N.O.

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom Mrs. Rachel Ritchie

Address 41 Hopton St.
Galt, Ont.

Rate $15.00

SEP 1 - 1916

By Whom Assigned Ritchie, W. A.

Regtl. No. 1081325

Rank Pte

Corps No 1 Construction Batt.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 5 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Mrs. Rachel Ritchie

Sheet No. 2.

L. L. Job 4503.—Req. 6832.

PAYMENTS. #1081325 Name of Soldier. Ritchie W.A. Pte No 1 Concrete Batt.

SEP 1 - 1916

Month.	Year.	Cheque No.	Amt. $ 15-00	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		U 21042	15	
Oct.		J 23244	15	
Nov.		K 28347	15	
Dec.		S 31957	15	
Jan.	1917	U. 40578	15	
Feb.		V 42484	15	
March		G 52767	15	156.
April		Y 4467	15	
May		S 11333	15	
June		F 18269	15	
July		G 24800	15	
Aug.		V 31439	15	
Sept.		C 38807.	15	
Oct.		L 44757	15	
Nov.		M 51962	15	
Dec.		Q 59332	15	
Jan.	1918		240	
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

(21st A.) Name Sgt. Ritchie W. A.

M. F. W. 41
100M-1-18.
1772-39-889.

Regimental No. 1081325

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin F. F.
S.S. "Olympia"

Date of discharge

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
								1520								Jos. Poston & Co. Sues. 9/12-6/1/19 $0.250

TRANSFER

M. F. W. 41
100M-1-18.
1772-39-889.

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

A.P. - 15 419 - W - 17 -

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No. R476 -

Name Ritchie, Wm. Andrew -

Regt'l No. 108132 5 - Rank Spr - File Numbers { PM 25-90 - }

Former Units C.R.T.D - Original Unit C.R.T -

Date of arrival in Canada 14.12.18 - Boat Olympic - Port of Disembarkation Halifax -

Rates of Pay:—Regt'l. $1.00 - Field 1.04 - Date of arrival in M.D. 2 -

Separation Allowance. Date paid to Nil - Rate Nil - If continued by Chief Paymaster, England No -

Assigned Pay. Date paid to 31-12-18 - Rate $15.00 - If continued by Chief Paymaster, England No -

Name and address of Beneficiary { Mrs Rachel Ritchie, 41 Hopton St., Galt, Ontario - }

Pay claimed on English L.P.C. to 30-11-18 - to be paid by new Unit from 1-12-18 -

Name of new Unit #2 District Depot - Date L.P.C. forwarded to new Unit 1/1/19

A.P. charged on Eng L.P.C. to 30-11-18 -

L.L. 34682—M. & D. 8645.

Credit Balance shown on English L.P.C.	OTHER CREDITS DUE	TOTAL CREDITS	Charges to be made on account of advances since English L.P.C. made out: On Boat	At Cl. Depot &c.	OTHER CHARGES	TOTAL DEBITS	BALANCE TO NEW UNIT: Credit	Debit	REMARKS
$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	
6196 -		6196 -							V.C. 31.12.18. CKM. 31.12.18
					973 -				AR 3603, 3.12.18.
			500 -						On Board.
			500 -						On Board
			30 00						Halifax.
			1500 -						Dec '18 -
Debit Balance 277 -						6473 -			
		6473				6473		277	
		+				+		+	

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No. .....

Name .....

Regt'l No. ..... Rank ..... File Numbers { .....

.....

Former Units ..... Original Unit .....

Date of arrival in Canada ..... Boat ..... Port of Disembarkation .....

Rates of Pay:—Regt'l. ..... Field ..... Date of arrival in M.D. .....

Separation Allowance. Date paid to ..... Rate ..... If continued by Chief Paymaster, England

.....

Assigned Pay. Date paid to ..... Rate ..... If continued by Chief Paymaster, England

.....

Name and address of Beneficiary { .....

.....

Pay claimed on English L.P.C. to ..... to be paid by new Unit from .....

Name of new Unit ..... Date L.P.C. forwarded to new Unit .....

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	

P. 559.

MARRIED OR SINGLE S.

PLACE OF BIRTH Galt, Ont.

NAME AND ADDRESS OF NEXT OF KIN Rachel Ritchie
41 Hopton St, Galt, Ont.

RELATIONSHIP OF NEXT OF KIN Mother.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEFENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 1061325 RANK Pte NAME Ritchie, William Andrew

IF IN PERMT. CORPS WHAT UNIT — UNIT No 1 Construction TRANSFERRED TO CRTD DATE 1/3/18 AUTHORITY 342 29.11.17 19/2/17

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Toronto. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 19/6/16. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1/9/16.

PAYABLE TO Rachel Ritchie, 41 Hoptown St, Galt, Ont. RELATIONSHIP Mother.

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)

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
															30 10															30 10				C. Sept A.P. paid by A.P. Branch Recovered in Sept pay to Can. Balance from Canada
Oct 1-31	31	1.00	31	00	31	0.00	3	10							34 10	30	29/9	84	11/10					17 03	7	30		15 -		39 33	24 87			
Nov. 1-30	30	..	30	.	30	..	3	.							33 .			112	6/11						3	49		15 .		18 49	39 38			
Dec 1-31	31	.	31	.	31	..	3	10							34 10	183	25/11							5 23				15 .		20 23	53 25	-	-	
Jan 1-31	31	1.00 0.10	34	10											34 10	210	15/12							13 08				15 .		28 08	59 27	-	-	
Feb. 1-28	28	..	30	80											2080	408	3/11							2 61				15		20 22	69 85	-	-	
Mar 1-31	31	..	34	10											34 10	301	15/1							2 61				15 .		32 44	71 51			
Apr 1-30	30	..	33	.											33 .	1167	15/4	498	27/3					8 72	8 72			15 .		15	89 51			
May 1-31	31	..	34	10											34 10	34	24/4							8 72				15 .		23 72	99 87	..	..	
June 1-30	30	..	33	.											33 .	92	25/5							8 92				15 .		23 92	108 97			
July 1-31	31	..	34	10											34 10													15 .		15 .	128 07			
Aug 1-31	31	..	34	10											34 10	157	25/6							8 92				15 .		23 92	138 25			
Sept 1-30	30	..	33	.											33 -	211	25/7	282	25/8					8 92	8 92			15 .		32 84	138 41			

1081325 - Spr. Ritchie, W. A

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
LOCAL PARTICULARS					CR. 1				CR. 2				PARTICULARS			DR. 1		DR. 2		CR. 1	CR. 2	BALANCE	DEFER-RED PAY	SEP. ALLCE. ENG.											
													Bal.									138 41													
Oct	P.P.				34	10																15	157 51											
Nov	"				34	10																15												
					33	-							AR 343	25/9/17	ICRD	8 92						15												
													" 441	25-10-17	"	803																		
Dec	"				34	10										16 93						15	177 66											
1918					67	10										16 93						30												
Jan	"				34	10							AR 440	18-11-17	I.C.R.T.	178						15												
													" 2111	15-11-17	"	973																		
													" "	"	"	8760							99 65											
Feby	A Ray				34	10										99 11						15												
					30	80							1971 - 16/1/18 - 3rd CCS			973																		
													Can A Ray									15												
													2252 - 30/1/18 - 3rd CCS			487																		
													673 - 3/1/18 - CRS Bromley			487							93 98											
					30	80										1947						15												
Mch	D.P.				34	10							Can A Ray									15												
													2593 - 24/2/18 - 3rd CCS			3893																		
													2915 - 12/3/18 - 3rd CCS			973																		
													3157 - 30/3/18 -			2920																		
					34	10										7786						15	352 22											

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/9/16	EFFECTIVE DATE:-
AMOUNT:- 15 00	AMOUNT:-

NAME:- RITCHIE Wm ANDREW

NUMBER:- 1081325

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.

Rachael Ritchie Mother
41 Hoptown St. Galt. Ont.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Spr.

UNIT AND TRANSFERS

ORIGINAL UNIT:- No 1. Constr.

DATE ACCOUNT FIRST OPENED:- 1/10/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			CRTD
	1/12/18	26/11/18	NRL

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
~~13/4/18~~	~~3484~~	~~Purflet~~ 16/12/18 £2.0.0	9 73				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE

Trans to Canada 30/11/18 CRTD NR14 Pte Brien 11.69 Lth Bl 6 9d

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									35 22		
Apl	P R	33		AR 211 12/4/18 3 CCD (2)	9 73						
				" 349 17/4/18 " (9)	4 87						
				C A T				15	38 62		
		33			14 60			15			
May	P R	34 10		C A T				15			
				AR 1098 15/5 3 CCD (3)	9 73						
				" 1504 29/5 " (10)	4 87				43 12		
		34 10			14 60			15			
June	P P	33		AR 2167 16/6 " 3	9 73						
				C A T				15			
				2459 28/6/18 " 13	4 87						
		33			14 60			15	46 52		
July	P P	34 10		C A T				15			
				AR. 3754. 28.7.18 3 CCD (9)	4 87						
				AR. 3073. 16.7.18 " (2)	9 73						
		34 10			14 60			15	51 02		
Aug	P P	34 10		C A T	— —			15			
				4522 16/8/18 3 CCD 6	9 73						
				4966 31/8 " 20	4 87				55 52		
		34 10			14 60			15			
Sep	P P	33		C. A. T				15			
				AR. 5669. 13.9.18. 3 CCD (3)	9 73						
				6032 23/9 " 9	4 87				58 92		acc agmt 8/2
		33		1460	14 60			15			

Carr Ford

NUMBER 1081325 RANK NAME RITCHIE Wm A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Balance			Bro Fwd					58 92		
Oct	PP.	34 10		b ap.				15	48 02		
				2798 14/10/18 CRTD 18	14 60				63 42		
				3148 26.10.18 ✓ 26	9 73				53 69		
Do		33		Cal				15	71 69		
		67 10			24 33			30			
Nov.				Dn AR 3484, 14/11/18, CRTD.	9 73				61 96		
				AR. 3603. 3/12/18. CHQ. En.	9 73				52 23		
					19 46						
				S.O.S. Canada 7.12.18							
				NO. 355. 7.12.18. CRTD							

CANADIAN
ASSIGNED PAY AUDITED
30th
AUDIT CLERK
DATE 1.7.19

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(**Demobilization.**)

Feb. 4/2/19.

L.L.

1. No. 1081325

2 Rank. Pte.

3. Name. RITCHIE, William Andrew

4. Unit. #1 Construction Bn (#2 D.D.)

5 Date of Discharge | Jan.22nd.1919 | Place TORONTO, ONT.

6 Reason for Discharge ... HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE

7. Authority. D.O./D D #2Pt.11#18

8. Proposed Residence after Discharge

41 Hopton St. Galt, Ont.,

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.?

William andrew Ritchie

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date JAN 22 1919

Signature

(O.C. Discharging Unit.)

For

O.C. No. 2 District Depot.

M.F.B. 218a—300M.-11-18—1772-39-113.

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

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 Toronto Exhibition Camp DATE Jan. 16th, 1919.

1. 1 (a) Unit #2 Dist. Depot (b) Regimental No. 1081325 (c) Rank Pte.

(d) Surname Ritchie (e) Christian name William Andrew

(f) Home address 41 Hopton St, Galt, Ont.

(g) Next of Kin Rachel Ritchie (h) Relationship Mother

(i) Address of Next of Kin 41 Hopton St, Galt, Ont.

2. Age last birthday 26 Date of birth March 12th, 1892

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto, Ont. (b) Date June 19/16

4. Personal description:

(a) Height 5' 4½" (b) Weight 123 lbs. (stripped) (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks, Scars, etc. vacc. 1 left arm. Scar tip of fourth finger left hand, tattoo lt. forearm (Ballet Dancer)

5. Former trade or occupation Tinsmith.

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	210

	Periods	
	From	To
Canada	June 19/16	Sept. 24th, 1916
England	Sept. 24th, 1916	Oct. 26th, 1916
France or other theatres of War Canada & Eng.	Oct. 26th, 1916 Nov. 16th, 1917	Nov. 16th, 1917 to date

7. Original disease, or injury Flat Feet.

(a) Date of origin Jan. 1917 (b) Place of origin France

(c) Cause Service Conditions.

M. F. B. 227.

300M.—8-18. 1772-39-117.

LD .

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 both feet.

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- Both Feet- Slight Flatness- non rigid type- flatness longitudinally - inner side of each foot ½" from floor Inversion and eversion normal, no swelling.

SUBJECTIVE- Pain in each foot - steady dull character, localized to inner side of each foot and heel, does not radiate up leg, present when he arises in the morning, then wears off in the morning coming on again toward night, after being on feet all day. In a route march can only go for half an hour when pain commenses to come on. In England wore arch supports , no relief- used liniements with some relief.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..No.....Cardio-Vascular System..No.....Genito-Urinary System..Alb.-neg. sugar - neg
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses..No.....Respiratory System..No.....Integumentary System..No.

Disturbances of Mentality..No.....Digestive System..No.....Muscular System..No.

Osseous and Joint Systems..No.....Any other general condition..No.

No Hernia, Hoemorrhoids, No Varicose Veins , or Varicocele.

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

Enlisted June 19th, 1916- Reached France October 26th, 1916. In Jan 1917. feet began to pain him , bandages and linement at C.C.S. Carried on in France till Nov. 1917 . Feet painfull all this time. Went to England Nov. 1917 in hospital there with influenza - No treatment for feet. At C.C.S. liniment, boarded at Seaforth 23/12/18 Category "B"2. Light duty in England since then.

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*).)

Influenza - Nov. 1917 - Hospital in England - Nov.M.H.S. entry.

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

None

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.)

N.A.

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

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

France - Bandage, Liniment-

England - Bandage - Liniment-

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

For discharge from the service.

C D Cochrane Lieut A.M.C.

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 W. A. Ritchie 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

Spr. W A Ritchie 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

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*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 be discharged. (When not for discharge add special recommendation.)

Having been found medically unfit for service Category "E"

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.

W. H. Hattie Lt.-Col. President.

A. W. Kinnear, Capt. Can. Med.

PLACE Exhibition Camp, Toronto.

DATE Jan. 16th, 1919.

} 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

Rowley Cafe

Assistant Director of Medical Services.

DATE 17-1-19

APPROVED BY

.....

Director-General of Medical Services.

DATE.....

Forms
I. 1237
12

CAN CON HP
BROMLEY.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
91	108325	Sapr	Ritchie	Wm.
Year	Unit.		Age.	Service.
1917	1st Canadian Railway Troops		25	1 9/12

Station and Date.

29/11 Ow

Disease Influenza

8th Dec 1917.

On admission pains in the back below level of left shoulder blade, & swelling of feet.

He has had no temperature since admission & there is no swelling of the feet now. Complains of pain in ankles & heels. There are no signs of ~~chest~~ trouble in either lung. nor of any cardiac involvement.

He is somewhat anaemic. and the average pulse rate in the Evening is about 84

J. M. Fraser
Capt RAMC

2nd SCOTTISH GENERAL HOSPITAL R.A.M.C. (T.)

19. 12. 17 Transferred to Canadian Conv. Hospl Bromley, Kent.

CANADIAN CONVALESCENT HOSPITAL
BROMLEY, KENT.

4/1/18 Discharged to Hospital Representative Dy

C. W. Campbell
CAPTAIN C.A.M.C.
CANADIAN CONVALESCENT HOSPITAL

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

(44502) Wt. W 11263—M 1150. 1,450,000. 6/12 16. C.F. & S. Form /I. 1237/12. (E239)

P.T.O.

Station and Date.	

M. D.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

No. 56

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 1081325 Rank Spr. Name Ritchie W. A.

Corps H 2 D.D. who was* Disc

On 22 : 1 : 1919, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1 : 12 : 1918.

to 22 : 1 : 1919, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month	2	77	Balance Cr. from prev. month	15	20
Advances by Cheques No.			Regt'l. Pay 53 days at $ 1 : c.	53	00
Advances by Cheques No. 85266	50	00	Field Allow. 53 days at $: c. 10	5	30
Assigned Pay and Sep'n Allce. No.			Separation Allowance* (Monthly)		
Other charges			Other Allowances*	35	00
Payment on transfer or discharge No. 86841	55	73	Other Credits*		
Bal. Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	108	50	Total	108	50

*Give particulars.

A monthly stoppage of $ 15.00 (†) has (‡) been paid paid on account of Assigned Pay for the month of Dec. 1918 and Sep'n Allce. for month of 1919 (to) Assignee Mrs. Rachel Ritchie

(Address) 41 Hopton St Galt Ont

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge authority D.O. 18

(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 20 : 1 : 19

Place Toronto

CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster, triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

Form R. & O. 6045
1233-130M-29/11/16.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD MARCH 21st 1916.

No. 108325 Rank SPR Name RITCHIE. W.A.

Local Unit C.R.T.D. Overseas Unit C.R.T. Age 26

Examination held at 3rd C.C.D. SEAFORD.

DISABILITY.
Overseas—~~Local.~~
(scratch one out)

WEAKNESS OF FEET
(FLAT FEET)

PRESENT CONDITION.

1. In France - 13 months
2. Invalided to Hospital 29-11-17 Influenza
3. At 3rd. C.C.D. 9 weeks - no improvement.
4. Subj. Symps. - Complains of pain in feet & being unable to march.
5. Obj. Symps - ~~flat~~ flat feet - Skin callus over head of metatarsal bones.

BOARD RECOMMENDS:—B II - Not likely to be passed a higher category next 6 months

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

Signatures:—

Members { W Smith Capt ..... President.
Wm. H. Taylor Capt.
E O Banting

APPROVED ~~Permanent Base~~ Remedial Ty. is not recommended BMS

Dated at Seaford 23/3 1916. Marjorie Dowding Maj & QMAC

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 19[illegible]

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY

Overseas ..... (if any)

Local .....

PRESENT CONDITION

BOARD RECOMMENDS:

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

Signatures:

President .....

Members .....

.....

APPROVED

Dated at ..... 19[illegible]

Form A.D.M.S.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment Sep 1-16

3984

R

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15-			

PARTICULARS OF SEPARATION ALLOWANCE

No. 108325

Rank Pte Promoted Reverted Discharge

Soldier's Name W. A. Ritchie

Battalion M1 Const. Bn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Rachel Ritchie

Address 41 Lofton st. Galt Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.		Amount S/A	Amount A/P	Total		REMARKS
Dec. 31	—			240	240		
Jan 18	68597	K		15-	15-		
Feby	72080	V		15-	15-	Cq	
Mch	92780	R		15-	15-	C✓	
April	10551	R		15-	15-	2 S✓	
May	13071	V		15-	15-	✓	
June	23935	L		15-	15-		
July	25112	F		15-	15-		
Aug	38330	L		15-	15-		
Sept	47658	L		15-	15-		
Oct	53146	H		15-	15-		
Nov	61424	S		15-	15-		
Dec	63845	I		15-	15-		
Jan				15-	15-		

A/c Closed 31/12/18

Ret'd per Olympic

Date 14/12/18 M.F.W.187 20/12/18

Clerk J Stowe

FMR O.L.P 26483

CANADIAN ASSIGNED PAY AUDITED 30/11/18 W.P. Smith AUDIT CLERK DATE 17/2/19

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7668.

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
400M.—6-17—172-39-1141
L. L. 22330—M. & D. 7966.

AUDITOR | PAYMASTER

R 476

M. OR S. S.

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

REGT. No. 1081325 RANK Spr. NAME (IN FULL) RITCHIE, W. A.

NEXT OF KIN — RELATIONSHIP

ADDRESS same 30-1-19.

IS SEPARATION ALLOWANCE PAID? No. — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
F.M. 6-2-19		S.D. Rec.

ORIGINAL UNIT C.E.F. 6 R.Y. — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 19-6-16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ 15.00 — DATE EFFECTIVE 1/1/19

PAYABLE TO Mrs Rachel Ritchie. — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 41 Hopkins Street. Galt. Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Toronto — DATE 22/1/19 — REASON M.A. — AUTHORITY D.S. 18 — IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
Balance from previous account							15	20																			2	77							Due 01 15.20 LPC 2.77
Dec 1	31	1.10	34	10							85266						50	00																	
Jan	22		24	20			35	00	108	50					86847						55	73									108	50			
																							W.S.C.												
5 mos									350	00							Jan 21		D.1065				70	00							70	00			PW
																	Feb 20		D216756				70	00							140	00			
																	Mar 20		219834				70	00							210	00			
																	Apr 19		275104				70	00							280	00			W.S.C. PAID IN FULL
																	May 14		370367				70	-							350	-			
							350																350	-							350				FOR PAYMASTER WAR SERVICE GRATUITY LIEUT

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.	