ORIGINAL

M.S.A.

#2 M. D. 2nd Depot Battalion 2nd Central Ontario Regiment

Regtl. No. 3310643

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname: ROWE
2. Christian name: Lawrence
3. Present address: Orillia Ont Canada
4. Military Service Act letter and number: Orillia Ont January 25th (476020
5. Date of birth: Aug 26th 1896
6. Place of birth (town, township or county and country): Yorkshire England
7. Married, widower or single: Single
8. Religion: Salvationist
9. Trade or calling: Machinist
10. Name of next-of-kin: Elizabeth Rowe
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: Orillia Ont Canada
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: No
15. Medical Examination under Military Service Act:—

(a) Place: Orillia Ont (b) Date: 4th Oct 1917 (c) Category: A2

DECLARATION OF RECRUIT

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

L. Rowe. (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 21 yrs. ... mths.

Height: 5 ft. 6 ins.

Chest measurement: fully expanded 33½ ins.; range of expansion 2½ ins.

Complexion: Fair

Eyes: Brown

Hair: Brown

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

H. Wallis Major

O. C. 2nd Depot Btln.

2nd Central Ontario Reg. Regt.

Place: Brantford Ont Date: January 25th 1918

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

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname
2. Christian name
3. Present address
4. Military Service Act letter and number
5. Date of birth
6. Place of birth (town, township or county and country)
7. Married, widower or single
8. Religion
9. Trade or calling
10. Name of next-of-kin
11. Relationship of next-of-kin
12. Address of next-of-kin
13. Whether at present a member of the Active Militia
14. Particulars of previous military or naval service, if any
15. Medical Examination under Military Service Act—

(a) Place (b) Date (c) Category

DECLARATION OF RECRUIT

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

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age
Height
Chest measurement
Complexion
Eyes
Hair

Distinctive marks and marks indicating serious or partial peculiarities or previous disease

Place Date

M. M. W. 122.
20 M.—8/17.
1172—30—H&A

MG 1.
13-8-19

REGIMENTAL DOCUMENTS

NAME ROWE. Laurence REGT. NO. 33106 H 3 UNIT 116th Can Bn H. Q. 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
1	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
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)			25786		
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
	Wire					
1	RAB					1
1	Gas Mask					1-12
1	Rg 122					1-12

CHIEF ARCHIVES OFFICER
PUBLIC RECORDS

482227

Form DMS 1401.

J-31-11

No. 4 Canadian Gen. Hospital, HOSPITAL.

Basingstoke.

AT

A. & D. CARD

A. & D. No. M4 T6860 PL. OF ACTION France

RANK Pte REG. No. 3310643 UNIT 116th Bn Essex B SICK OR WOUNDED

NAME Rowe L. AGE 22 RELIGION C of E

PLACE IN HOSPITAL Au

DIAGNOSIS GSW face, Rarm & L foot.

ADMITTED 15.1.19 FROM 2nd A G H Bristol

DISCHARGED TO

TRANSFERRED 24 APR 1919 Miss Tyson

SERVICE AT HOME 7 mos IN FIELD 2 mos

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

RV. 20.3.19

Number 3310643 Rank Pte.

Surname ROWE

Christian Name Lawrence

Units 116th Bn Can Inf Theatre of War France

Date of Service 20-8-18

Remarks Box 919.

Latest Address ~~P.O. Box 1419~~ 297 Mary St.

Orillia Ont

Roll No B Page 10360

200m.-2-21.M.

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

DESP. FEB 20 1922 REGN. INC. VC 70042

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

No 3310643 RANK Pte NAME Rowe L.

T. O. S. 25-1-18 UNIT 2nd Depot Bn 2nd C.O.R.
D023-23-1-18.

M. D. 7.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan 25	1918 Jan 31.	N		
Feb		N	D.S. Draft.	D046. Tele pay list

C

2, Dist Area. 32

CARD NO.

SOS. 30-7-19

Demob. FOLL.

B.O.24. of 2-8-19

22/5

SURNAME. Rowe.

CHRISTIAN NAMES Lawrence.

REGL. No. 3310643. RANK Cte

UNIT 2nd Can. Ont. Regt. 2nd Ofs. Bn.

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Rowe, Mrs. Elizabeth.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Orillia, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England. Yorkshire DATE Aug 26th 1896.

PLACE OF ATTESTATION Brantford, Ont. DATE Jan. 25th 1916.

O/S. 25/3/18 1168/4.

P.B. 28719.379/4 Pte

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

REGT'L. No. 3310643

NAME Rowe Lawrence

H. Q. FILE No 649

RANK AND CORPS Pte 116th Bn (Form 2nd C.D.D. 2nd Dpo. Bn.

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
	10/11.	Mrs. Elizabeth Rowe (Mother) Arilia, Ont.
H376 40-2	9-10-18	Adm 16 Gen H. Le Treport Dat. 1st. 1918
H2.933	7-1	GSW mult.

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

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B356	2nd South Gen Bristol	19-10-18	GSW Mult Face L. Foot R. arm Shldr Sev.
B423	4/ Can. Gen Basingstoke	6-1-19	" " " " " " " "
B504	Mil. Conv. Hodcote	P.E. Epsom 25-4-19	G.S.W. Mult. Face L. Foot R. Arm Shldr
B549	" Duke	" 25-6-19	GSW mult.

Form R. 149.

Lawrence

Name ROWE Rank Pte Reg. No. 3310643.

Unit 116TH Bn

Next of Kin - CANADA.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
1-10-18	No 16 C.C.S. Lg	Treport	G.S.W. Multiple	B337	H376	4554/4
19-10-18	No 2 S.S.H. Bristol		do			
	Face Lt Foot: Rt Arm		Shell Sev	B350		2514
16-1-19	4 Can Gen Hosp Basingstoke		do	B 423		5163
25-4	Mil Con Tapscon		do	B504		10133
25-6-19	DISCHARGED		DO	B ~~542~~ 549	4484	
5-7	Reps N wing Witley. Epss K 27½ + d/f 25/6/19					

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

Surname	Christian Name or Names	Reg. No.
ROWE	L.	3310643
Rank	Unit	
Pte.	2CO 116	

Cas. List.	
	16 Gnl. ~~LeTreport~~ 1-10-18.
8-10-18 A337	GSW Mult. L/
23.10.18 B350	2nd S.G. Bristol 19-10-18
	G.S.W. mult. Face L. Foot R Arm. Shldr. Qr.
20.1.19 B423	4. C. G. Bristol 16.1.19.
29.4.19. B504	Mil. Con. Epsom 25.4.19
27.7.19 B549	Dis 25.6.19

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

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

Cas. List.

Form R 122.
2353—100M—9-12-16

LTR

Rank Name ROWE, Lawrence Reg'l No. 3310643

~~Unit.~~ Dft. 2nd Bn 2nd C, O. R If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Brantford, Jan. 25th, 1918. Place of Birth Yorkshire ENG.

Name and Address, Next-of-Kin Elizabeth Rowe.

Orillia 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.
File R.L.
Corps OKCan

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.		Date.	REMARKS Taken from Official Documents.
6		Arrived in England			3-4-18 S/S SCANDIA	
11.4.18	8 Res	T.O.S. Embt. from Lean	Witley	Pte	25.3.18 Dd 101	
19/8/18	do	SOS to 116 Bn O/seas	do	Pte	18/8/18 Do 314 116 Bn 67 9/24 8/18	
8.10.18	2 CORPS	Wounded.	Field	"	1.10.18 GHQ 337	
26.10.18	2 CORPS	TOS from 116 Bn	Witley	Pte	19.10.18 Do 153 (116 Bn Do 100 d/2-11-18	
9-7-19	2 CORPS	Cease o/c N. Wing + SOS to P Wing.	do	"	7.7.19 Do 142 (P Wing Do 63 d/7-7-19)	
		SL 98-[illegible]-46.			18-7-19.	
22.7.19	P Wing	SOS on post to Canadian Shgt.	do	"	18.7.19 Do 71	

Report.		Record of promotions, reductions, transfers casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				

M.S.A.

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

M. F. W. 54. (A. F. B. 10s.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Dft. 2nd. DEPOT BN. 2nd. C. O. R.

Regimental No. 3310643 Rank Pte Name Lawrence Rowe

Enlisted (a) JAN 2 5 1918 Terms of Service (a) C. E. F. Dg. War + 6 mo Service reckons from (a) JAN 2 5 18

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

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

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	25-3-18	
		Arrived England	Glasgow	3-4-18	
11-4-18	8th R.Bn	T.O.S. on embarkation from Canada	Witley	25-3-18	D.O.#101.
19-8-18	8 Res	Proceeded overseas for Service with 116 Bn.	Witley	18/8/18	D.O. 231
					B. J. Saylis Lieut. A/ASST ADJT FOR [illegible]
		O. C. C. B. D. — do. — O.C.	Landed in France. Left for CCR6 Arrived	Taken on strength 116 Cdn. Bn. 20/8/18	Nom. Roll d/ 20/8/18 Pt II D.O. 67 d/ 24/8/18 Nom. Roll d/ 23/8/18 d/
28.8.18	CCR6	Left for Unit			
7.9.18	OCR	Arrd		29.8.18	M R 1481
1.10.18	16 Genl	G.S.W. Multiple adm		31.8.18	R 2 a 3
18.10.18	O.C. A.D.T. Guilford Canada.	Invalided (wd) and posted to 2nd C. of R. D. Witley	16 Genl	1.10.18	K 6850
				17.10.18	W 3083/6332 Pt II 100 d/ 21/11/18

CERTIFIED CORRECT. 27 AUG 1918 CANADIAN 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.

Lieut. Col. A.A.G. (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 quo'ed in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
26.10.18	26 ORD	T.O.S from 116 Bn	Witley	19.10.18	D.O. 253

Certified true copy
Capt
for Lt-Col. i/c of records

S.O.S. O.M.F.C. TO C.E.F.
PT. II ORDER No. 71 DATED 22.7.19

OFFICER i/c RECORDS,
PDN WING C.C.C. WITLEY

H.M.T.S. WINIFREDIA
EMBARKED 18-7-19

JUL 18 1919 O.S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D.O. 214

JUL 30 1919 S.O.S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D.O. 214

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

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

M.S.A.

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..... A COMPANY 2nd. DEPOT BN. 2nd. C. O. R.

(2) Regimental Number ..... 3310643.

(3) Full Name of Soldier..... Rowe Lawrence Joseph.

(4) Place of Birth..... England.

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

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

(b) Present Postal Address.....

(7) Are you a widower ? ..... no.

(8) Have you any children ?.....

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address David Rowe. Orillia. Ont.

(10) Is your Mother alive? Yes.

If so, state name and address Mrs. Elizabeth Rowe.
Orillia 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.

about $ 20.00 per Month.

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

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

15) Are you insured? No.

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

W D Bleakley Capt
Officer Commanding.

Date FEB 6 1918

Certified Copy

M.S.A.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

DUPLICATE

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Rowe Christian name Lawrence

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 476020

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Orillia Ont Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 4th day of October 1917, by the undersigned medical board sitting at Orillia Omt Canada

5. Age as stated 21 Years Months. 6. Apparent age 21 Years Months

7. Height 5 Feet 6 Inches. 8. Weight 111 Pounds.

9. Chest measurement { Minimum 31 Ins. / Maximum 33½ Ins. } 10. Complexion Fair { Eyes Brown / Hair Brown }

11. Physical development. Fair { Good / Fair / Poor } 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm / Left arm 2 } 14. When vaccinated last Childhood

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

Nil

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

17.
(a) Vision R. L.
(b) Hearing. R. L.

A R Edwards Capt
Macklman *President.*

Cordah *Member.* Gildrist *Member.*

Signature of Man Lawrence Rowe

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
12/2/18		4 RRR	M.O.	25/1/18		6 RRR	M.O.
			M.O.	1/2/18		6 RRR	M.O.
			M.O.	7/2/18		6 RRR	M.O.

Joined 25th *day of* January 1918 *191* *at* Brantford Ont Canada

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	2nd. DEPOT BN. 2nd. C. O. R.	3310643		25-1-18
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N. B.—This sheet is 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.

M. F. B. 313.
300M.—10-17.
1772-39-439.

Christian Name Lawrence

Surname ROWE

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				

ORIGINAL

MEDICAL HISTORY SHEET

ORIGINAL.

Category A-2

476020

Surname Rowe Christian Name Lawrence

Home address Mary St? Orillia.

Examined { on 4th day of October 191 7.
at Orillia, Ont.

Approved by [signature] President

Rank M.O.

Birthplace { City or Town Hull.
County Yorkshire, England.

Age 21.

Trade or occupation Shellmaker.

Height 5 feet 6 Inches

Weight 111 lbs.

Chest measurement { Minimum 31 inches
Maximum expansion 33½ inches

Physical development fair

Small-pox Marks nil.

Vaccination Marks { Arm Right Left yes
Number two

When Vaccinated last childhood.

(a) Marks indicating congential peculiarities or previous disease nil.

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

Date	Fit or Unfit	Examined for Re-Engagement
		22 OCT 1918
		[signature] M.O.
		[signature] M.O.
		Members M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
12/2/18		[illegible] M.O.
		M.O.
19/6/19	T½B	[illegible] M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
25/1/18		[illegible] M.O.
1/4/18		[illegible] M.O.
7/2/18		[illegible] M.O.

Enlisted on 25th day of Jauary 1918 191 at Brantford Ont Cana

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	2nd Dep Bn 2nd C O R	3310643		25-1-18
Transferred to	8th Can Res Bn 116 Bn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Epsom	12 JUN 1919	Shrapnel Lac. Diaphragm.	[signature] Lt Col

Copy of this document which is delivered to the man examined will be attached by him to the "Report for Service" or "Claim for Exemption" made by him or on his behalf after the proclamation under the Military Service Act calling out class 1 has been issued.

CANADIAN

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.

Signature of Man Lawrence Rowe

M. F. B. 313.
300M.—1-17.
H. Q. 1772-39-439.

Surname ROWE Christian Name Lawrence

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
THE BRISTOL GENERAL		19	10	18	15	1	19	G.S.W., face, L. Jaw. R. Arm + Shldr.	89	Shoulder and jaw wound not healed. 2 pieces of sequestra removed 2 days ago.	W.H. Lien
Mont. Can Sen Hosp		15	1	19.	24	4	19	Do —	99	Sec wds healed. Can open jaw about 30%. Movement increasing. Trans. Can Hosp	H.W. Baker Capt CAMC
Mc H Gyson		24	4	19	25 JUN 1919			Lt. Sw Fracture Lower middle + left thirds	63	Rec Board on ear condition Jaw B + St shoulder. Boarded	J. Hutchinson

30
30
31
151
25
267

C.A.D.C. 5009A

"A" Groups "O" Wing

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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.

NAME OF SOLDIER (Block Letters) ROWE Lawerence

REGIMENT 48th Bn RANK Pte. No 3310643

Date of Examination in England 11-7-19 Date of Examination in France

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 ?

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

- (*a*) In Canada
- (*b*) In England
- (*c*) In France

Signature of Dental Officer J G Gavin Capt

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 388594

THIS IS TO CERTIFY that No. 3310643 (Rank) Private

Name (in full) Lawrence Rowe enlisted in

the 2nd Depot Battalion 2nd Cent. Ont. Regt

CANADIAN EXPEDITIONARY FORCE at Brantford on the 25th

day of January 1918

HE served in France with 116th Battn

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 22 years

Height 5' 6"

Complexion Fair

Eyes Brown

Hair Brown

Marks or Scars Scar right neck
right shoulder, right arm

L. Rowe
Signature of Soldier

Date of Discharge

No. 2 DISTRICT DEPOT
JUL 30 1919
TORONTO

Issuing Officer

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

Date JUL 30 1919 19

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

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No (Rank) enlisted in the CANADIAN EXPEDITIONARY FORCE at on the day of 19

He served in

and is now discharged from the service by reason of Demobilization Medical Inspection

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

Age

Height

Complexion

Eyes

Hair

Marks on Body

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date 19

N.B.—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.

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.

L P & R Rendered

NAME:- ROWE. Lawrence. B

NUMBER:- 3310643.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C.		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- Brantford Dpt 2/2 C.O.R.

DATE ACCOUNT FIRST OPENED:- 1.3.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			8th Res
67.	1.9.18	21.9.18	116 Bn

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
25/6/19			~~1 22~~				
8/7	9082.		~~9 75~~				
			~~10 95~~			Ledg Bal #	373 41
						LR6 Bal #	36 2 76

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
	1 -	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: ~~Discharged~~ Canada 1-8-19 NR 11553. 9.7.19 MD 2. P. Wing B'dell & Witley.

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
28 2 18	Balance from Canada								18 15		
Mch.	P Pay.	34 10		aRoll 429. 17-4-18. 8 Res	4 87						
April	P Pay	33 -		" 9. 1-3-18. Halifax. CRB	5 00						
				" 775. 28-4-18. 8 Res	4 87				70 51	30 -	
May	P Pay	67 10 34 10		aR 994. 8.5.18. "	14 14 38 93						
				" 1. 13.3.18 Halifax	10 -						
				" 1697 23.5.18 8 Res.	14 60				41 08	45.	
		34 10			63 53						
June.	P Pay.	33.		aR 2327. 13.6.18 "	9 73					60.	
				" 2663. 26.6.18 "	9 73				54 62		
		33			19 46						
July.	P Pay.	34 10		aRoll 2917. 10 7/18 "	9 73						
				" 3460. 26 7/18 "	9 73				69 26	75.	
		34 10			19 46						
Aug	P Pay.	34 10		aR 3734. 11.8.18 "	4 30						
				" 4002. 17.8.18 "	4 87				91 19		
		34 10			12 17					90.	
Sept.	P Pay.	33		aR 1186 - 14.9.18 116 Bn.	3 57						
				1312 - 21.9.18 " "	3 57				117 05	105	
		33			7 14						
Oct.	" "	34 10							151 15		
		34 10			" "					120	
Nov.	"	33 -									
Dec	"	34 10									
Jan	"	34 10							252 35	165 -	
		101 20									

Bal Forward

COMPILED BY W Mackellar

CHECKED BY

NUMBER 3310643. RANK Pte NAME ROWE. L.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1.	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal Forward.					252 35	165 -	
Feb.	Pte. P.	30 80		H Rem 63702. 28-12-18. Bristol	9 73					180 -	
Mar	✓	34 10		AR. 15456. 4/3/19. 46 Cy. R.	4 87				302 65	195	
		64 90			14 60				67 10		
Apl	" "	33		9/R 3436. 25/4. Epsom.	9 73				369 75		
May	"	34 10		" 1380. 17/5. "	14 60				24 33		
		67 10			24 33				345 42		
June	"	23									
July	"	34 10							412 52		
				AR. 1225. 25 6/19. Epsom.	48 67				363 85		
	Int. on bcf pay To 31-7-19	9 56.							373 41	255	
	8. Furlough. 25 6/19 to 5 7/19. 10 days. 00.137.	1 30							380 71		
				AR 1744. 25 6/19. ✓	1 22				379 49		
		83 96			49 89						
				AR 9082 8/7. P Wing	9 73				369 76		
					9 73						

Lot. 18/7/19. Lee 98. Cork No 2.

War Service Badge
Class "A" No. 388594

M.D.A. 9
O.G. 7

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. 3310643.
2. Rank Pte
3. Name ROWE. Lawrence.
4. Unit 16th Can. Batt.
5. Date of Discharge | JUL 30 1919 | Place Toronto Ont.
6. Reason for Discharge Demobilization
H.M.T.S. WINIFREDIA
EMBARKED 18-7-19
7. Authority T.O.S. No.2 District Depot, Part II, D.O. No. 214
8. Proposed Residence after Discharge
P.O. 1179 Orillia Ont Can.

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. ?

No. 2 DISTRICT DEPOT
JUL 30 1919
TORONTO

L. Rowe
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Signature For (O.C. Discharging Unit.)
O.C. No. 2 District Depot.

M.F.B. 218a—150M-3-19—1772-39-113.

Repsc 3/2/20

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

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. 129)
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). 4 Dup
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 18 GSP

Date 21-7-19

RT

IJ

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 EPSOM. DATE 10 JUN 1919

1. 1 (a) Unit 116TH BATT. (b) Regimental No. 3310643 (c) Rank PTE

(d) Surname ROWE (e) Christian name LAWRENCE

(f) Home address ORILLIA. ONT.

(g) Next of Kin MRS E. ROWE (h) Relationship MOTHER

(i) Address of Next of Kin AS ABOVE

2. Age last birthday 22 Date of birth 26-8-1896

3. Enlistment, or Appointment (if an Officer) (a) Place BRANTFORD (b) Date 25-1-18

4. Personal description:

(a) Height 5'-6" (b) Weight 125 EST (stripped) (c) Complexion DARK

(d) Colour of hair BLACK (e) Colour of eyes BROWN (f) Identification marks, Scars, etc. SCARS RT NECK RT SHOULDER RT ARM

5. Former trade or occupation LABOURER

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
NOTES	1	105

	Periods	
	From	To
STATES.		
Canada	25-1-18	25-3-18
England	3-4-18 19-10-18	18-8-18 TO DATE
France or other theatres of War	18-8-18	19-10-18

7. Original disease, or injury INTERNAL EAR DEAFNESS. LEFT EAR.

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

(c) Cause CONCUSSION.

M. F. B. 227.
300M.—8-18.
1772-39-117.

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.)

(INTERNAL EAR DEAFNESS)
Partial loss of the function of hearing of left ear.

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:- Fairly well nourished & developed, General condition fair; Special report on Ears Nose & Throat:- Nose, clear, Tonsils small, Larynx not seen, Ears clear & dry. R. Hearing 21 ft. Left hearing 6 ft. R. & L. + Rinnie + ↔ Weber. -5" Schwabach" Vestib. Ear Tests. Some internal ear involved in left ear, due to concussion. Will improve. Subjective:- ringing in left ear & hard to hear ordinary conversation.

(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 (If pulse rate is abnormal, B. P. will be taken.) No. Genito-Urinary System (Albumen and Sugar will be excluded.) No.

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

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

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

Two adherent scars & Loss of muscle tissue, right deltoid & over right scapula. Not sufficient to warrant a disability. Old Fracture of Lower Mandible, R. Vertical Ramus. Can open mouth about two fingers. Not a disability to him.

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

States:- Noticed deafness, immediately after being injured in Sept 1918. Treatment he has had to date, he states has not improved his condition.

NOTES: CASE SHEET Vide specialists Report above. M. H. S. R. C. M. Epsom 24/4/19. Recd. Board on ear Condition.

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*).)

The British General. 19/10/18 to 15/1/19 Sec. Shell C
Back. R. Arm + Shoulder. Wds not healed. No plas Sec.
Hosp. 15/1/19 to 24/4/19. Ditto all wds healed. Inv. C.H. Epsom 24/4/19
Sec. Shell Rt Lower Mandible + Mult. Flesh. Typhoid at age of 16.
(*c*) (Here give a description of wounds, scars and deformities.) food Recently.

Scars on right arm + shoulder + Rt Face.

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? Twelve month?

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

Hospital - can continue of treatment.
Can Report as Case Sheet.

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

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

17. Recommendations N/a.

A Edwards Capt RAMC
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 LAWRENCE ROWE 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 N/a.

L Rowe Rank. Pte.
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 and agree opinion of Medical Officer.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

N. A.

(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.)

Boarded for return to Canada.
Auth. A. G. 1 Telegram 9085-11 11.6.

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.

.....President.

PLACE Epsom Surrey. .....
.....Members

DATE 12 JUN 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
Assistant Director of Medical Services.
DATE Major C.A.M.C. for A.D.M.S., Canadians, London Area.

APPROVED BY
Director-General of Medical Services.
DATE

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIAN LONDON AREA
JUN 14 1919
13, BERNERS ST. LONDON, W.1

"WINNIFREDIAN" 28-7-19

R 3623

DISPERSAL "T"

AUDITOR | PAYMASTER

30

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

M. OR S. | REGT. No. 3310643 n | RANK Pte. | NAME (IN FULL) ROWE, L. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
		D

ORIGINAL UNIT C.E.F. 116 Bn | IF IN P.F. WHAT UNIT? P.O. Orillia, Ont.

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 25/1/18 n | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ Nil | DATE EFFECTIVE

PAYABLE TO Nil | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto | DATE 30-7-19 n | REASON Demob | AUTHORITY Do 214 | IF ENTITLED TO POST DISCHARGE PAY Nil

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS 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.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							362	46	362	46																												T. O. S/S. 18.7.19. D.O. 214 SUBS. 10 D.O.
21/7/19																																			362	46	Credit Balance
28/7/19	2	1 10	2	20	$5 — 70 —				10	720	29	607					459	79	487	5 —													469	66				Gloth. Allce 1st Wk's Lt Boat. Cheque Boat to Claim
									469	66																									469	66				
			W.S.G.																									W.S.G.										AMOUNT DUE SOLDIER DEPENDENT
																												70 —										70 Lt Paid as above
																												3 30										3 days PA Aug 1st 28
122 Rk			280	00			280	00					July 30																				73	30	206	70		
													Aug 28				1434326												66	70			140	—	140	—		
			7	30			287	30					Sept 22				1445198												77	30	7	30	217	30	70	—		
													Oct 27				1454702												70	—			287	30				
			287	30			287	30																					287	30			287	30				

5/F 25/6 — 5/7/19 2 BORD 90/37 30/6/19 not in LPC.

W. S. G. PAID IN FULL

LIEUT.

FOR PAYMASTER

WAR SERVICE GRATUITY

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