Original

12 M. D. First Depot Battalion Sask Regiment

Regtl. No. 25-7616

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname: Rowe
2. Christian name: Percy Howard
3. Present address: Gull Lake, Saskatchewan Canada D.W.
4. Military Service Act letter and number: L.C. 453871
5. Date of birth: June 26th 1895
6. Place of birth (town, township or county and country): Garden Hill Ontario Canada D.W.
7. Married, widower or single: Single
8. Religion: Methodist
9. Trade or calling: Farm Laborer
10. Name of next-of-kin: Robert Rowe
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Gull Lake Saskatchewan Canada
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act:—
    (a) Place Swift Current (b) Date Oct 22nd/17 (c) Category A 2

DECLARATION OF RECRUIT

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

Percy Howard Rowe (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	22 yrs.	2	mths.
Height	5 ft.	7	ins.
Chest measurement	fully expanded	36	ins.
	range of expansion	3	ins.
Complexion	Muddy		
Eyes	Grey		
Hair	Dark		

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

E. M. Williams Capt. & Adjt. 1st Depot Batt. Sask. Regt.

In O. C. First Depot Btln. Sask Regt.

Place Regina Sask Date 18/1/18

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

28-7-19
RE

REGIMENTAL DOCUMENTS

NAME ROWE PERCY HOWARD REGT. NO. 257616 UNIT 1st D.B. SASK H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3 2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	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)		25799			
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
3	C.D.3.					2.
1	CADS 0091.					
1	M.S.					25-13
	Medical Board					22.13
	R.T.W.					5-13
						2

W. 2589
100M-11-18
1732-39-1377

H. Q.

M. D. No. 12 Disp. Area. 9.

Surname Rowe

Christian names Percy Howard

Regtl. No. 257616 Rank Pte

Unit Sask. Regt. 1st Dpo. Bn.

T. O. S. Jan. 18th 1918

D. O. Pt. II 17 of 17-1-18

S. O. S. Dis. 12.7.19 19

Reason Demob

Auth. O.O. 1970 of 16.7.19. #2D2

Next of kin Rowe, Robert Relationship Father

Address Gull Lake, Sask.

Also notify:

BORN—Place Canada, Gordon Hill, Ont. Date June 26th 1895

ATTESTED—Place Regina Sask. Date Jan. 18th 1918

O/S 20/7/18. 1992 6

R/C 11.7.19 368 Pte

W. 22—100M-7-18. 1772-39-839.

NAME Rowe P. H. REGT. No. 257616.

RANK AND UNIT Spr. (I.C.E. R.B.) Can. Eng.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
C536-1	Can. Etchinghill	29-4-19	42
C536-1	Discharged	14-5-19	42

A 10018

REG. NO. 25-7616 NAME (SURNAME FIRST) Rowe. P. H.

RANK Pte CORPS C. E.

AGE 22 SERVICE 1/12

NAME OF HOSPITAL Manitoba Mil PLACE Winnipeg

DATE OF ADMISSION 17-6-18

DISEASE Measles

DISCHARGE 2-7-18

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

Form R. 149.

Name ROWE Rank Rfn. Reg. No. 257616

Percy Howard

Unit 1st C.E.R.B.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
29-4-19	Can. L.	Etchinghill	42	C.33.C.		10296.
14-5-19	Disch.		do	C.33.C.		3821

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

Number 257616 Rank Spr.

Surname ROWE

Christian Name Percy Stannard

Units C. E. Theatre of War England

Date of Service 8-8-18

Remarks

Latest Address P.O. Yull Lake
Sask.

Roll No A Page 2454

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. MAY 31 1923 REC'D NO. 34996

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

A.M.D.2 Dept Branch of D.G.M.S. O.M.F.C., London.

Surname	Christian Name or Names	Reg. No.
ROWE.	P H	257616

Rank 1.Spr Unit 1. 1.CERB
2. 2.
3. 3.
4. 4.

Cas. List.	Hospital and Diagnosis.	Date
12-6-19.C.536.	C.H.Etchinghill	29-4-19
	V.D.S	
-do-	Dis.	14-5-19

Cas. List.	Hospital and Diagnosis.	Date

A.D.C. 3009A

I. GROUP. P. WING.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

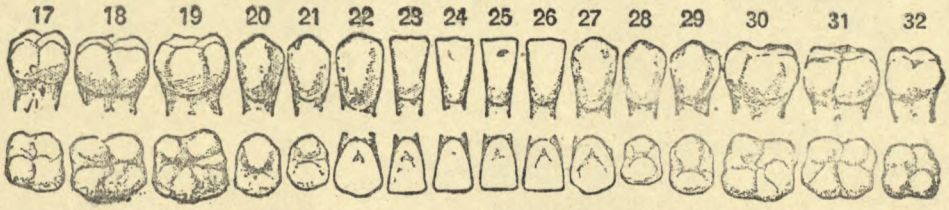
DIRECTIONS TO DENTAL OFFICERS

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. P. H.

REGIMENT C. E. RANK PTE No. 257616

Date of Examination in England 25-6-19 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? No

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

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

Signature of Dental Officer J. A. Ross Capt

CASE HISTORY SHEET.

R-88.

Manitoba Military Hospital. Tuxedo Park, Winnipeg Station.

No. 257616 Rank Pte Name Rowe, Percy Howard Age 22

Unit CE Completed years of service (Where and how long) C 1 12

Date of admission 17-618 Date of discharge July 2 '18

Diagnosis Measles Place of origin 15-6-18. Winnipeg, Man.

CONDITION ON ADMISSION AND PROGRESS OF CASE

usual Signs of measles

nothing abnormal

Lymphs = none

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form)

Cough Mixture

CONDITION ON DISCHARGE,

(and disposal made of case.)

Recovery - Returned to Unit -

Date July 2 '18

F. H. Underhill Capt CAMC

Medical Officer i/c case.

C/A 10.018

M. F. B. 313a.
50M.—3-18.
1772—39-439.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps ..... Hospital Station .....

No. ..... Rank and Name Pte Rowe. Age ..... Service .....

Disease ..... Date of Admission June 15' Date of Discharge 1st Result ..... Case Book ..... Folio .....

Dates of Observation	15'	16	17	18	19	20	21	22	23	24	25'	26	27	28
Days of Disease	1	2	3	4	5'	6	7	8	9	10	11	12	13	14
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°	8 6 4 2													
106°	8 6 4 2													
105°	8 6 4 2													
104°	8 6 4 2													
103°	8 6 4 2													
102°	8 6 4 2													
101°	8 6 4 2													
100°	8 6 4 2													
99°	8 6 4 2													
98°	8 6 4 2													
97°	8 6 4 2													
	8 6													
Pulse per Minute														
Respirations per Minute														
		T	T	T	T		T	T						

Rash. Rash. out of bed.

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature ..... In charge of case.

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

M. F. W. 54. (A. F. B. 103.)
350m.—5-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot—Batt'n Sask. Regt.

Regimental No. 25-7616 Rank Pte Name Rowe Percy Howard

Enlisted (a) 18/1/18 Terms of Service (a) C.E.F. C.E.F. 7 Dom'n Service reckons from (a) 18/1/18.

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

Extended ..... Re-engaged ..... Qualification (b) civil military. Farm Labourer Nil.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
30/5/18	1 D.B.S.	Transferred to C.E. & R. C. Corps.	Winnipeg	30/5/18	B.O. 149, Pt. 2, Para. 1309.
					Officer i/c Records
		TRANSOVERSEAS DRAFT 86 D O 84 19 7 18			
		Embarked	Montreal	19/7/18	H. M. T. "Corsican".
		Arrived	London	8/8/18	
19-8-18	3rd CERB	T.O.S. of 3rd CERB from Canada	Seaford	8-8-18	Part II Order No. 12.
19-8-18	3rd CERB	On Command Fromsham Pond	Seaford	8-8-18	Part II Order No. 12.
4-9-18	3rd CERB	Off Command Fromsham Pond.	Seaford	4-9-18	Part II Order No. 16.
24 OCT 18	3rd. C. E. R. B.	S.O.S. of 3rd. C.E. Res. Bn, to 1st C.E.R.D.	SEAFORD.	24 OCT 18	Part II Order No. 19.
					LIEUT. C.E. A/ADJT. 3 C.E.R.D.
24.10.18	ptCERB	SOS from 3rdCERB	Seaford	24.10.18	pt II O# 136

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
8/12/18	Pte E R B	On Comm London	Seaford	5/12/18	P/12 D.O. 172
10.12.18	1st C.R.D.	Off Com London	Seaford	7.12.18	P/12 D.O. 174
12.12.18	do	On Comm Borden	Seaford	10.12.18	Pat 2 D.O 176
20.12.18	do	On Comm. Borden	Seaford	17.12.18	Pat 2 D.O 184
13. 6 19		S O S to C E R D		13.6.19	" 136

Lieut. C.E.
for Lieut. Colonel, C.E.
Commanding Canadian Engineers Reserve Bn.

JUL 3 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. 197

JUL 12 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II 197

W. C. Roberts
Lt.
For O. C. No 2 District Depot.

Form R 122.
2353—100M—9-12-16.

C. E. R. D.

Rank — Name: Rowe Percy Howard — Reg'l No. 257616

Unit: 96th Dft CAN ENG — If in perm. Corps, What Unit? — Married or Single: Single

Place and Date of Enlistment: Regina Sask 1st 1918 — Place of Birth: Garden Hill, Ont.

Name and Address, Next-of-Kin: Rowe Robert, Gull Lake, Sask. — Relationship: Father

Assigned Pay Monthly $ — Payable to — Relationship

Separation Allowance $ — Payable to — Relationship

Discharge, Date and Place — Reason — Character

N/E. R.B. 21908
File R.L.
Category CAN.OR.

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England.		8 8 18	S.S. CORSICAN
19.8.18	3 CERD	TOS from Canada for Seaford		8.8.18	D.O. 12
25.10.18	1 CERD	T.O.S from 3 CERD	"	24.10.18	136.9 3 CERD 1369 9/24/10/18
13.6.19	"	S. of L. to CERD.	-	13.6.19	D.O. 136. 6 CERD D.O. 168 9/17/6/19.
24.6.19	CERD	S. of S. to P Wing	Witley	18.6.19	D.O. 175.
4.7.19	P Wing	S. of L. to London.	-	3.7.19	D.O. 62.
		96-I-60.		3.7.19	

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.					

Temporr.

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—I.
Part I.

(1)*Substantive rank *Acting rank *(To be entered in pencil to facilitate alteration.)	(2) Regiment or Corps	(3) Regtl. No.
	Can. Eng.	259616

(4) Surname — Rowe
(5) Christian Names — Percy Howard
(6) Army Form, number of, Attestation Form or Record of Service paper
(7) Whether of British or of Alien origin (*vide* A.C.I. 578 of 1918)
(8) Date of birth as stated on enlistment — June 26th 1895
(9) (*a*)

(10) Enlistment (*b*) — (11) Engagement (*c*)
(12) Service reckons from (*date*) — (13) Special conditions (if any) of enlistment (*d*)
(14) Any subsequent variations (if any) of conditions of service

Initials and Rank of an Officer.

(Authority) (*date*)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.
Trade or Calling — Farm Laborer
Married or Single — Single
Particulars of Trade Test

Occupation Cards despatched on (*date*)
Second Occupation Card despatched on (*date*)

(17) Next of Kin — Robert Rowe Father
(18) Demobilizer (*f*) (Place)
(19) Pivotal-man (*f*) (Date) — Signature of Posting Officer
(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended
(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 400 of 191·). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent." &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

(6 28 19) W10416—P2161 100,000 3/19 HWV(R1460) Forms/B. 103/3

Rowe F. H. 257616

(A) Report: Date	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
			arrived in England	Lt/L Dorician	8-8-18	
19-8-18	26 E.R.D.	H.Q. 12	T.O.S. from Canada	Seaford	8-8-18	
25-10-18	16 E.R.D.	" 136	T.O.S. " 36 E.R.B.	"	24-10-18	
24-10-18	36 E.R.B.	" 309	A.O.S. to 16 E.R.D.	"	"	

Certified true copy.

FOR LT. COL. I/C RECORDS, C.O.M.B.

S.O.S. O.M.F.C. TO C.E.F. 62 3.7.19
PT. II ORDER No. DATED

OFFICER I/c RECORDS,
1st WING O.C.C. WITLEY.

Nothing to be written in this margin.

257616

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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 Percy Howard

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 1453871

3. Consecutive number on schedule of men reporting for service (if he appears on it) Sask 67 142.

4. Address (including street and number, if any) Garden Head, Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22nd day of Oct. 1917, by the undersigned medical board sitting at Swift Current.

5. Age as stated 22 Years 2 Months. 6. Apparent age 23 Years Months

7. Height 5 Feet 7 Inches. 8. Weight 145 Pounds.

9. Chest measurement { Minimum 33 Ins. / Maximum 36 Ins. } 10. Complexion Ruddy { Eyes grey / Hair dark.

11. Physical development. Fair { Good / Fair / Poor } 12. Smallpox marks no.

13. Number of vaccination marks { Right arm none / Left arm 0 } 14. When vaccinated last no.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Circular scar on sternum

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.

D.W. Graham President. Certified a true copy. S Rawlyk

D.E. Ross Member. Member.

Signature of Man P. H. Rowe

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
8/6/18		S Rawlyk	M.O.	5/6/18	+		M.O.
			M.O.	8/6/18	+	S Rawlyk	M.O.
			M.O.	17/7/18		R McCann	M.O.

Joined 18 day of Jan. 191 8 at Regina 2 Coy

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Batt. Seaf. Regt.	257616		18/1/18
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Brockville	10-7-18	nil	A II Invalided Spanish Influenza Edmund Kirkpatrick Capt

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.

Surname Powe Christian Name Percy Regimental No.

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.
CANADIAN HOSPITAL ETCHINGHILL, LYMINGE.		28	4	19	13	5	19	Primary Syphilis	16	Vivo indxx sores on scrotum Wassn Posxx 29-4-19 Y Posxxx 3-5-19 Full course Hg & Iob received Two injections each given & discharged as out patient.	

Left

TEMPORARY

Army Form B. 178

To be used *(a)* for recruits enlisting direct into the Regular Army, and *(b)* for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178[A] to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Rowe *Christian Name* H.

TABLE I.—General Table.

Birthplace { Parish ..... / County .....

Examined { on ..... day of ..... 191 , / at .....

Declared Age ..... years ..... days.

Trade or Occupation .....

Height ..... feet ..... inches.

Weight ..... lbs.

Chest Measurement { Girth when fully Expanded ..... inches. / Range of Expansion ..... inches.

Physical Development .....

Vaccination Marks { Arm ..... RIGHT | LEFT / Number ..... | .....

When Vaccinated .....

Vision { R.E.—V = ... / L.E.—V = ...

(*a*) Marks indicating congenital peculiarities or previous disease—

.....

.....

(*b*) Slight defects but not sufficient to cause rejection—

.....

.....

Approved by .....

Rank .....

Medical Officer.

Enlisted { at ..... / on ..... day of ..... 191 .....

	Corps	Regtl. No.
Joined on enlistment	12th E R B.	
Transferred to		27561b

Became non-effective by .....

.....

on ..... day of ..... 191 .....

(*Signature*) .....

(*Rank*) .....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and Signature

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[1273] W15368/M1384 500m 2/17R 45 59

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
CANADIAN HOSPITAL ETCHINGHILL, LYMINGT	28	4	19	13	5	19	Primary Syphilis	16	Indurated ++ sore on scrotum. Was neg P.D. ++ 29.4.19 & P.D. +++ 3.5.19. Full course 606 & Hg. ordered. Two injections of each given. Discharged as out Patient. no open lesion.	W.B. Henry. Capt. R.A.M.C.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 10.

NAME OF SOLDIER Rouse

RANK Pte

REGIMENT Engrs

No 2526116

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	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	June 10/18.									1 10.	3 1.17. 32.							2 8.9.		D. Young Lieut.	10.	Cav. 3.14.19.

M.F.B. 200M-1-17 1772-39 950

THE STORY OF THE PLATE

UNDECIDED

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Service Badge
Class "A" No.

THIS IS TO CERTIFY that No. 254616 (Rank) Ptr

Name (in full) ROWE PERCY Howard enlisted in

the 1st Depot Battalion Sask.

CANADIAN EXPEDITIONARY FORCE at Regina Sask. on the 1st

day of January 1918

HE served in England

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 24

Height 5'7"

Complexion Muddy

Eyes Grey

Hair Dark

Marks or Scars

Nil

P V Rowe
Signature of Soldier.

F. Thom
Issuing Officer.
Capt

Date of Discharge

No. 2 DISTRICT DEPOT
JUL 12 1919
TORONTO

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

Date JUL 12 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.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

AUTHOR
A.P. NOM

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-8-18	EFFECTIVE DATE:-
AMOUNT:- 2000	AMOUNT:-

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

Mrs Minnie Rowe, Mother
Gull Lake, Sask

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

SOS

NAME:- ROWE Percy Howard

NUMBER:- 257616

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
	1-8-18	Spr

UNIT AND TRANSFERS

ORIGINAL UNIT:- 8th Can Eng.

DATE ACCOUNT FIRST OPENED:- 1-8-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			6622

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
May.	2632.	1 CERB.	~~9.75~~				
27-6	3023.	P Wing.	~~38.93~~				

DAILY RATES OF PAY AND ALLOWANCES

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

~~£ 12.85~~ Debit Bal. $ 27.45

PARTICULARS OF RENDERING NON-EFFECTIVE: To Canada 7/9 NR 1128 Brantford Witley Md 2. Wing 29/9/9

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31-7-18									37 20		
Aug.	Spvs. Pay	34 10		C&P				20 -			
				3601 17-8-18 Frenshaw	4 87				46 43		
		34 10			4 87			20 -			
Sept	✓	33 -		a/R 5047 "Frenshaw" 3/9	4 87						
				C&P				20			
				a/R 433 3rd CERB 27/9	9 73				4 83		
		33			14 60			20			
Oct.	✓	34 10		C&P				20			
				a/R 758 3 CE RB 11/10	4 87						
				Q 4005 3/764 Canada Slies. 6/9	1 72						
				A&Qrs. 3 CE. RB. - 25/10	9 73				47 61		
		34 10			16 32			20			
Nov.	✓	33.		C&P				20			
				✓ 2378 - 1 CE. RB. - 13/11	14 60						
Dec.	✓	34 10		✓ 3715 ✓ 26/11	14 60						
				C&P.				20			
Jan/19.	✓	34 10		✓ 3035 ✓ 17/12	29 20						
				C&P.				20	25 41		
		101 20			58 40			60	64 90		
Feb & Mar	✓	64 90		✓ 3444 - 1 C&RB - 25/1	4 87				90 31		
				✓ 3701 - ✓ - 9/1.	9 73				75 26		
				✓ 3907 - ✓ - 13/2	4 87						
				A. Voucher 7/12/18. - Reg. 1 C&RB	1 19						
				AP 4194 - 25/2 - 1 C&RB	4 87						
				C&P Feb & Mar				40			
				AR 4643 1 C&RB 14/3/19	9 73				15 05		
		64 90			35 26			40			

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919									1505		
Apl 7	Pay	67 10		5111 2/13. ① 1 C&RB.	487						
				542 " 14/4 ③ "	487						
				HSV. 28/4/19-13/5/19. 16 days DO 113. 1/5 1 C&RB		960					
				Cap				40	2281		
		67 10			974	960		40			
June 5		33		2960 1 C&RB 1/6/19	1460						
				C&O				20			
				3007 1 C&RB. 29/5/19	9 73						
				8033 Pay 27/6/19	38 93				2745		
		33			63 26			20			

Sold Can 3/7 Sh. 96

War Service Badge

SHORT FORM M

PROCEEDINGS ON DISCHARGE.

(**Demobilization.**)

DA I
041

1. No. 257616
2. Rank. Pte
3. Name. Rowe Percy Howard
4. Unit. C E
5. Date of Discharge JUL 12 1919 Place Toronto
6. Reason for Discharge Demob
7. Authority. No. 2 District Depot, Part II, D.O. No. 197
8. Proposed Residence after Discharge Gull Lake Sask.

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.?

P. P. Rowe
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

No. 2 DISTRICT DEPOT
JUL 12 1919
TORONTO

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

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 Hmt Empress of Britain DATE 4.7.19.

1. 1 (a) Unit C E (b) Regimental No. 257616 (c) Rank Pte

(d) Surname ROWE (e) Christian name Percy

(f) Home address Gull Lake Sask

(g) Next of Kin Mrs R Rowe (h) Relationship Mother

(i) Address of Next of Kin Gull Lake Sask

2. Age last birthday 23 Date of birth

3. Enlistment, or Appointment (if an Officer) (a) Place Regina (b) Date 18.1.18.

4. Personal description:

(a) Height 5ft 7" (b) Weight (stripped) (c) Complexion Ruddy

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Nil

5. Former trade or occupation Farm 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
	1	170

	Periods	
	From	To
Canada	18.1.18.	19.7.18.
England	29.7.18.	~~4.7.19.~~
France or other theatres of War		

7. Original disease, or injury V.D.S.

(a) Date of origin Feb 27. 1919. (b) Place of origin England

(c) Cause Inspection

M. F. B. 227.

400M.—11-18.
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.)

(V.D.S.) No Symptoms. No Disability.

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.)

Obj. Well nourished. Good Physique

Wassermon Negative

July 2. 1919.

Sgd. J. E. Coad Major

O/C. Charge

Can. Gen. Labs

Military Camp

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

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

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

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

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

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

Contracted July 1919.

In Hospital 16 days

Treated Once 606. & Hg.

(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).)

Nil

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

Nil

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

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

not appl.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) Yes (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? not appl

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

No Injection 606.
6 " #9.

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)

Request that patient be dealt with on arrival in Canada in accordance with P.C.I. 44 Dated 25/1/18.

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

17. Recommendations

D W Baker Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned P H 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

P H Rowe 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

This man has negative Wassermann attached.

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.~~)	Yes
(*c*) Home service (Canada only),	(" C)	(Yes or ~~No.~~)	Yes
(*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.)

(*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.)

to be returned to Canada
Cert A.G. 1918 3 11 18

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

C. E. Morgan Capt. C.A.M.C. President.

PLACE Express Britain — Members

DATE 9.7.19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President

PLACE..... Members

DATE.....

APPROVED BY

Assistant Director of Medical Services.

DATE 9-7-19

APPROVED BY

Director-General of Medical Services.

DATE.....

Regional No..... **MEDICAL HISTORY OF—** A.F. B.178.

Regimental No. 257616 Region.....

Surname Rowe Christian Names Percy Howard

TABLE I.—General Table.

Birthplace { Parish Gaverw Hill / County Ontario

Examined { on 22 day of Oct 191 7, / at Levis Quebec

Declared Age 22 years 60 days.

Trade or Occupation Farm Laborer

Height 5 feet 7 inches. Weight ..... lbs.

Colour of Hair Dark Complexion Muddy

,, Eyes Grey

Chest Measurement { Girth when fully expanded 36 inches. / Range of expansion 3 inches.

Physical development good.

Vaccination Marks { Arm, | RIGHT. — | LEFT. one / Number

When Vaccinated 15th Feb 18.

Vision { R.E.—V= 6/9 / L.E.—V= 6/9 } With Glasses { R. ..... / L. .....

Identification Marks, such as Tattoo, Moles, Scars, etc.:—

.....

.....

Defects or Ailments: nil.

.....

.....

Examined and found—

Fit for Grade { I. / II. Cat A. / III. / IV.

(Strike out those which do not apply.)

Signature .....

Chairman of Medical Board.

Re-examined for posting at .....

On.....day of .....191...

Enlisted { at Regina Sask / on 18 day of Jan 1918

	Corps.	Regtl. No.
Joined on enlistment	1st Sask Depot	25-7616
Transferred to		

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue or Surgical Appliances, Particulars of Dental Treatment, etc.

Date.	Brief details and Signature.
20-6-19.	Fit Cat A.
Cooley.	H Mahaffy Capt.
Aug 7-19	Syphilis: B. Wassermann Capt

Special Remarks: state if a discharged Soldier

.....

.....

.....

.....

TABLE IV.—Service Table.

Station or Troopship.	Date of arrival or embarkation.	Date of Departure or disembarkation.

Became non-effective by .....

on.....day of.....191...

(Signature).....

(Rank).....

M532 Wt.12046/437 400,000 7/18 C&P 224

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital.			Discharged from Hospital.			Disease.	Number of days in Hospital.	Remarks bearing on the cause, nature, or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				

"EMPRESS OF BRITAIN" 11.7.19

DISPERSAL "T"

AUDITOR | PAYMASTER

A 2531. 12

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

M. OR S. | REGT. No. 257616 | RANK Pte | NAME (IN FULL) ROWE, P.H. (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. Can. Engrs | IF IN P.F. WHAT UNIT? Merchant Bank, Gull Lake, Sask.

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 18/1/15 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE 31/7/19. Closed by Ottawa

PAYABLE TO Mrs. Minnie Rowe | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Gull Lake, Sask.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Toronto | DATE 12.7.19 | REASON Demob | AUTHORITY D.O.197 | IF ENTITLED TO POST DISCHARGE PASS

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	ACQUITTANCE ROLLS COL. NO. 2	ACQUITTANCE ROLLS COL. NO. 3	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 30/6/19					35 00																	27 45						27 45		27 45			T.O. S.S. 3.7.19. D.O. 197
18/7/19	18	1.10	19	80	70 00				124	80	289551			70 00		48 7		5 00		20 00								99 87						SUBS. TO D.O.
																																			Can. Engrs 1st Ld. Dr. Depot Bk. Boat K Boats from July 11 P.

Date of Enlistment 21. 5. -18

10 & 4 R 17
pmd.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch R 8950

OVERSEAS CONTINGENTS

Date of Assignment 1st Aug - 18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion Canadian Engineers Draft 86.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS.MINNIE ROWE,
2 GULL LAKE,
SASK. 20 20.00
3 (259616) % 259616 SPR P.H.ROWE
TWENTY DOLLARS
4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
August	S 41595		20	20	✓	15718-P-9
September	X 43922		20	20	✓	
Oct	H. 56608		20	20		
Nov	W 61984		20	20		
Dec	1 66281		20	20		
Jan 19	G. 69589		20	20		
Feb	N. 78561.		20	20		
Mar	6. 85728.		20	20		
Apr	S 2662		20	20		
May	M 8404		20	20	✓	
June	N 10686		20	20	✓	
July	J 12253		20	20	✓	
			240	240		

A/c Closed 31-7-19

Ret'd per Empress of Britain

Date 11-7-19 M.F.W.187 24-7-19

M.D.2. ...ose. P.E. Young LP. M190 114488 Jud

AUTHORITY FOR NEW ACC'T. N.R.M.D.3. B.9 G. Short 29.7.-18 M. Guski

ENTERED IN AUDIT LEDGER JUL 31 1918 BY VOUCHER SECTION

M. F. W. 128
400M.—6-17—177239-141
L. L. 22230—M. & D. 7993.

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—1772-39-1141
L. L. 22320—M. & D. 7993.