#10 M. D. 1st Depot Battalion Manitoba. Regiment

Regtl. No. D 2380770

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.) ORIGINAL

1. Surname: Sutherland.
2. Christian name: Frank
3. Present address: Hayfield. P..O. Manitoba Canada.
4. Military Service Act letter and number: 521278 JC.
5. Date of birth: 9th September 1888 (18/16/3)
6. Place of birth (town, township or county and country): Lyvester, Caithness, Scotland.
7. Married, widower or single: Single
8. Religion: ~~Christian Science~~ Presbyterian WWH
9. Trade or calling: Farmer
10. Name of next-of-kin: Mr. George Sutherland
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Hayfield. P. O. Manitoba, Canada WS
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 Brandon. Canada (b) Date 15th December 1917 (c) Category A2

DECLARATION OF RECRUIT

I, Sutherland Frank, do solemnly declare that the above particulars refer to me, and are true. Frank Sutherland 9/2/18.

Conscientious Objector (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	29	yrs.	6	mths.
Height	5	ft.	5½	ins.
Chest measurement — fully expanded	37			ins.
Chest measurement — range of expansion	4			ins.
Complexion	Medium			
Eyes	Blue			
Hair	Black.			

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

W B Wood Major for
Commanding, 1st Depot Battalion Manitoba Regiment
O. C. Depot Btln.
Regt.

Place Winnipeg. Canada, Date ~~28th February.~~ 2nd April. 1918. WWH

APR -2 1918

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

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

One.

Sutherland.

Frank

Heyfield, P.O. Manitoba Canada.

5812?8 1C.

9th September 1896

Lyvester, Caithness, Scotland.

Single

Christian Science

Farmer

Mr. George Sutherland

Father

Heyfield, P. O. Manitoba, Canada

No

None

Place Brandon. Canada. Date 15th December (C) Category A3

1917

DECLARATION OF RECRUIT

Sutherland Frank

above particulars refer to me and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent Age 25 years 6 months

Height 5 ft 9 ins

Chest measurement 37 inches at expansion

Complexion Medium

Eyes Blue

Hair Black.

Distinctive marks and marks indicating congenital peculiarities or previous disease

Place Winnipeg. Canada. Date 8th January. 1918.

Commanding 1st Depot Battalion Manitoba Regiment

O.C.

Depot Battn.

Regt.

6-2-19.

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet .....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate..... 1

Medical Report for Invalids.....

Medical History Sheet..... 3

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate 1

Inventory of Kit.....

Last Pay Certificate.....

M.F.W. 178 1
M.F.W. 133 - 1
M.F.W. 129 - 1
A.F.B. 179 - 1
D.M.S. 1375 1
D.H.S. —
M.F.W. 192 1

M. F. W. 62.
50M.—9-16.
H Q. 1772—39 935.

14

DISCHARGE DOCUMENTS

Name SUTHERLAND. FRANK.

Regt. No. 238477 Rank Spr.

Corps 1 C.p Bn. M.R.

Dismiss.

R. O. No.....

H. O. No.....

49706

1 3-14
13-14
1 14
3

Number 238770 Rank Spr.

Surname SUTHERLAND

Christian Name Frank.

Units Can. Ry Tps Theatre of War Eng.

Date of Service 7-7-18

Remarks

Latest Address Bayfield (R.R. #2)
Brandon
Man.

Roll No. a Page 2111

200m.—2—21.M.

DESP. FEB 9 1926
REGN. No. 20421

Form R. 149.

Name SUTHERLAND Rank Spr. Reg. No. 238070

Unit C.R.T.D

Next of Kin Geo. Sutherland, Hayfield P.O. Man. Can.

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
29-9	M. Hosp. Pinfleet		Scabies	6322		27371
5-10	Discharged		-do-	6337		8556
3-11	M. Hosp. Pinfleet		Scabies	2353		280
9.11.18	Discharged		Do	2359		9349

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

NAME Sutherland F. REGT. No. 2380740

RANK AND UNIT Spr 2 Dpo.

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
C 322-1	Mil Purfleet	24-9-18	Scabies Can Rail Fr.
C 331	Discharged	5-10-18	"

Trans. 10-15 2 2575-18
Pl-II-147 CARD No. 27-5-18.
P.E. Dep. M.D. 2
S.O.S. Demob. 7-1-19-10
FOLL.
Auth. A.O. 14-14-19-Gen

SURNAME. Sutherland

CHRISTIAN NAMES Frank

REGL. No. 2380770 RANK Pte

UNIT ~~Man. Regt. et. Depot Bn~~ T. O. S. Feb 27th 19 18

FORMER CORPS Nil #10.D.D. D.O. Part II No 56

NEXT OF KIN.

NAMES IN FULL Sutherland, George.

RELATIONSHIP TO SOLDIER Father

ADDRESS Hayfield, P.O. Man

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland, Lyvester DATE OF BIRTH Caithness, Sept 9th 1888

PLACE OF ATTESTATION Winnipeg, Man DATE Feb. 28th 1918

O/S. 20-6-18 1288/8. R/E. 14-12-18. 232/125 10

L. L. 26989 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

Reg. No. 2360770 Name Sutherland Frank.

Rank Pte Corps 10 Forestry Co Age 29 Service 6 2/12.

Ledger No. 7645 2/13698 Serial No. 442720: 14008.

46

HOSPITALS	DATE	DIAGNOSIS
St Boniface Winnipeg	4.5.18	V.D.A.
Fit for Duty	14.5.18	
2 Military Hamilton	28.5.18	Influenza
Fit for Dr.	4.6.18	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

NAME Sutherland L REGT. No. 2380770

RANK AND UNIT Spr. Depot

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

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

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 353-1	Mil Hosp. Fur. Fleet	3-11-18	Scabies
C 359	Discharged	9-11-18	"

Surname	Christian Name or Names	Reg. No.
Sutherland	F.	2380770.

Rank	Unit
Sp'.	C.R.F. Depot.

Cas. List.	
1.10.18 63rr.	Mil H. Purfleet. 29.9.18 Scabies a.t.
11.10.18 6331.	Whisc. 5.10.18
6-11-18 Q/353-1.	Mil H., Purfleet. 3-11-18 Scabies. a.t.
13.11.18 6359.	Whisc - 9.11.18.

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

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

Cas. List.

—Name will be given in full;

Rank ..Spr.... Regtl. No. 2380770

*Name SutherlandFrank Fyle Depot 10 D.D.S. No 6

Original unit C.R.T.D. Present unit ..... M. or S. Age 29 Religion C.S. Ref. H.Q. .....

Port, ship, and date of arrival Halifax 14-1218 Olympic.

Next of kin .....

Address on leave .....

Address on discharge .....

Transportation issued Yes No Date..... Character on discharge .....

Previous occupation Farmer Date and place of enlistment Feb. 28th 1918. Wpg.

Diagnosis ..... Date of Medical Boards .....

Pt. 2 Order No.

Date.	Remarks.
7-12-18	T.O.S.#10 D. Posted Cas.Coy C.O. 301 P. 4780 D.D. 250-1856
	14 landing leave with Sub.
	Winnipeg, Man.
	Discharge 17/1/19 C.O. 12 Para. 1A2 D.O. 14 (over)

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

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192.
60M.—3-18 (D.P. 353).
1772-39-1243.

M.S.A. 15.

ORIGINAL.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

3

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 Sutherland Christian name Hiram

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 521278 S

3. Consecutive number on schedule of men reporting for service (if he appears on it) 466

4. Address (including street and number, if any) Hayfield Manitoba Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 8th day of December 1917, by the undersigned medical board sitting at Brandon, Manitoba, Canada.

5. Age as stated 29 Years 3 Months. 6. Apparent age 27 Years — Months

7. Height 5 Feet 5½ Inches. 8. Weight 142 Pounds.

9. Chest measurement { Minimum 33 Ins. / Maximum 37 Ins. } 10. Complexion Fair { Eyes Blue / Hair Brown }

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

13. Number of vaccination marks { Right arm 0 / Left arm 2 } 14. When vaccinated last 1904

15. Distinctive marks and marks indicating congenital peculiarities or previous disease "Tattoo" mark left wrist, "Anchor".

16. Slight defects but not sufficient to cause rejection Nil.

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

(Strike out disease admitted or suspected.)

Vision R. Eye 20/60

" L. Eye 20/60

Hearing R. Ear Normal

L. Ear Normal

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

A.M. Hosp. Hay Affl. President.

W. J. Elliott Lt. A.M.C. Member. S. Melton Horne Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
22-5-18		100 Murray Cope M.O.	22-5-18		100 Murray Cope M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 28 day of Feb. 1917 at Wpg.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Battn M.R.	D2380770		28-2-18
Transferred to	#10 M.R. Depot Reg Con			7/5/18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Penfield.	26-11-18	—	A Thomas Campbell Capt A.M.C.

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.

Surname Sutherland Christian Name Frank

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.
St Kecks		1	5	18	14	5	18	Nothing.	5	Recovery	G Dyck
Hamilton Military Hospital.		28	5	18	4	6	18	Influenza	8	Recovery All Sq Cervix Normal.	J.E.K.
Military Hospital Purfleet Essex.		29	9	18	1	10	18	Scabies	9	Baths & Dumpatin Discharged Sir	
Military Hospital Purfleet Essex.		3	11	18	9	11	18	"	7	Baths & Dumpatin Discharged to Duty	

Form R 122.
2353—100M—9-12-16.

LTR

Rank | Name SUTHERLAND, Frank | Reg'l No. 2380770

Unit 54th Dft Rly Coy | If in perm. Corps What Unit? | Married or Single Single.

Place and Date of Enlistment Winnipeg, 28th Feb, 1918. | Place of Birth Lyvester Caithness Scotland.

Name and Address, Next-of-Kin Mr George Sutherland.

Hayfield P.O. Manitoba Canada | Relationship Father.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

N.O.P.
N.F. R.B. No. 4132
File R.L.
Category O R CAN

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
c		Arrived in England		7-7-18	S/S WAIMANA
8-7-18	Dep. 62 T.	T.O. Granted from Can. Gen. Pay Office		7-7-18	O.R. 187
7-12-18	do	S.O.S. ONF to CEF	"	" 7-12-18	Do 339.
		in Canada.			

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.					

CASE HISTORY SHEET.

St Boniface Hospital. Winnipeg Station.

No. 738070 Rank Pte Name Sutherland Frank Age 29

Unit 10 Forestry Completed years of service Where and how long

Date of admission 9/5/18 Date of discharge 14/5/18

Diagnosis G.A.D. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complains of nothing. No temperature. Pulse & respiration normal. Sent in diagnosed measles; nothing developed.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Baths, purgation.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Recovering

(and disposal made of case.)

Date 14/5/18 George Dyck capt.

Medical Officer i/c case.

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

C.A.M.C. 42720.

CASE HISTORY SHEET.

No. 2380770 Rank Pte Name Sutherland Frank Age 29

Unit Rly Coy Completed years of service Where and how long } Can 2/12

Date of admission 28/5/18 Date of discharge From 4/6/18. Hamilton

Diagnosis Influenza Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE Patient complains of pain in body. Headache & Pain in Extremities. Cough & scant Expectoration Temp 100 Pulse 82 R 18.

May 31 6/18 Patient much improved T.P.R. Normal.

FAMILY HISTORY Neg.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Rest in bed diet. Calomel & Saline Expectorant

(Especially any specific or special form.)

CONDITION ON DISCHARGE Recovered

(and disposal made of case.) Cured Discharged Normal

Date June 2nd/18.

J. F. Drain Capt.
Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

14008

CLINICAL CHART.

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

Corps Rly Cons. Hospital Station Hamilton

No 238770 Rank and Name Sutherland Frank Pte. Age Service Canada 2/12

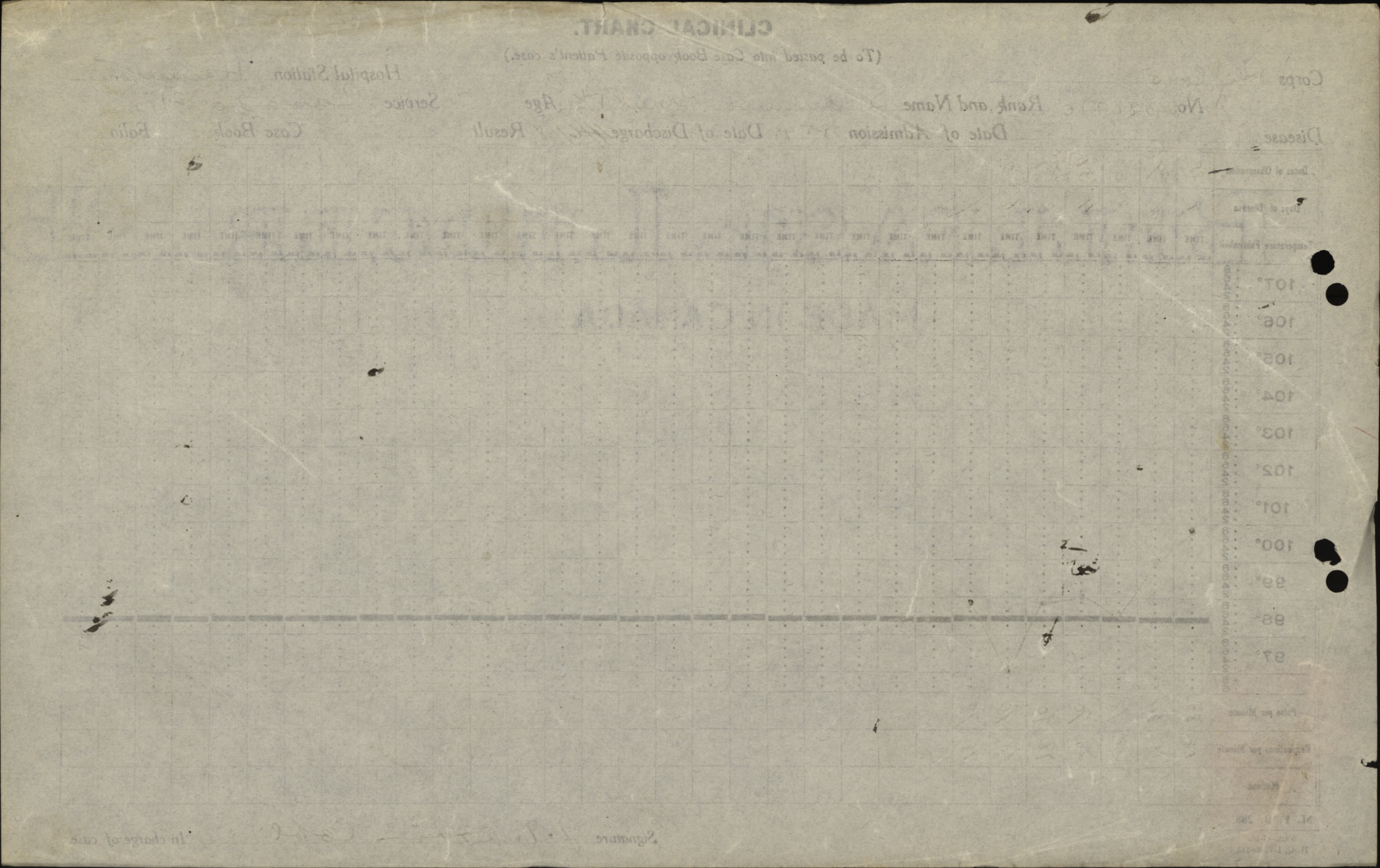
Disease Date of Admission 28-5-18 Date of Discharge 4/6/18 Result Case Book Folio

Dates of Observation	28	29	30	31	June 1.	2	3																								
Days of Disease	1	2.	3	4	5	6	7																								
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.	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.	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	82	84	78	90	90	70	78																								
Respirations per Minute	18	18	18	20	18	18	18																								
Motions																														

M. F. B. 288.

50m.—7-16.
H. Q. 1772-39-513.

Signature J. R. Drain Capt. In charge of case.



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

11811

No. 10 District Depot DISCHARGE SECTION

This is to Certify that No. 2380770 (Rank) Spr.

Name (in full) Frank Sutherland enlisted in the 1st Depot Bn. M.R.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 28th day of February 1918.

DISTRICT CASUALTY OFFICE, JAN 17 1919 MILITIA

HE served in England – C.R.T. – 5 mos.

and is now discharged from the service by reason of Demobilization

R.O. 1420/c. C.O. 12-145 D.O. 14

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

Age	30 yrs. 4 mos.
Height	5-ft. 5-1/2 in.
Complexion	Fair.
Eyes	Blue.
Hair	D.K. brown.
Marks or Scars	Tattoo mark left forearm.

F. Sutherland
Signature of Soldier

R.S. Gillespie
Issuing Officer

Lt. Col.
Rank

Officer Commanding No. 10 District Depot
Appointment

Date of Discharge 17. 1. 19.

Signed at Winnipeg this 17th day of January 1919

in Military District No. 10

File Reference No. 44. S. 1575

N. Goldstone Capt.
District Casualty Officer,
Military District No. 10

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
200m.—2-18
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

On demobilization the particulars called for on the back of this certificate will not be completed.

S.S. Olympic

Hayfield. Brandon. Man

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 238077 Rank Spr. Surname Sutherland (Given name in full) Frank

Unit or Corps R.E. 10 W. Birthplace Lybster Scotland

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique good Weight 147 lbs. Height 5 ft. 5½ in. Colour of Eyes Blue

Nutrition good

Pulse 72 sitting

Condition of arteries normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Tattoo mark dorsum left hand. 14 years standing.

DISTRICT DEPOT NO. 10

Opinion as to general health and physical condition good good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary Sytem no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

RECEIVED HEADQUARTERS 9 191

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Winnipeg, Man. (Canada)

Date Jan 8th 1918 Signed H. Sutherland M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature H. Sutherland

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

E L Murchison

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 10

Name of Soldier A. Sutherland H

Regiment Engineers Rank Pte. No. 238077

INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918 May 21										7 1/3 15 16 17 19 32									Capt Johnson. 10		Cav. B. 14.

M.F.B. 465
2/18M 1-17
1772-39 950

BELLFAST

MADE IN CANADA

DENTAL HISTORY SHEET

D.M.S. 1375.

Medical Examination upon leaving the Service

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

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

Rank SPR. Name FRANK Surname SUTHERLAND

Unit or Corps C.R.T.D (If a soldier) Regtl. No. 2350770

Born at LYBSTER, CAITHNESS, SCOTLAND on, date SEPT. 9. 1888.

Signature (for identification) Frank Sutherland

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

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

Weight 142 lbs.

Height 5 ft. 5½ ins.

2. **NUTRITION AND DIATHESIS?** Nutrition Good No marked diathesis.

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

3. **NERVOUS SYSTEM?** Nil.

4. **RESPIRATORY SYSTEM.** Nil.

5. **HEART?**

Abnormal Sounds? None

Abnormal Size? No

Pulse Rate? 80 Intermittence or irregularity? No

6. **ARTERIES.**—Any hardening? No

7. **DIGESTIVE SYSTEM?** Nil.

8. **GENITO-URINARY SYSTEM?** Nil.

Urinalysis—s.g.? 1010 Reaction? Acid Albumen? No Sugar? No

9. **SKIN, MIDDLE EAR, EYE or any other part?** Nil.

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

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

Examined at Purfleet Essex Signed F. J. Donovan Major M.O.

Date 26. 11. 18 Signed Thomas Campbell Capt. Can. A.M.C. M.O.

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Sutherland, F.
Surname Christian Name

Regimental Number 2380770 Rank Spr. Address (in full)

Unit 1st Dep. Bn.

Original Unit

District where paid M.D. 10.

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 40038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks: Account opened 17-1-19.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Dependent.....

Address.....

.....

.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Clerk .....

Dec'n No ..... W. S. G. File No .....
Award ... days at $ ... per day $
S. A. ..... months at $ ... per mo. $ .... $
Less P, D. P. Credited $ ....
$
Less further debit balance
Net due paid as below
TO SOLDIER TO DEPENDENT
Ch No | Amount | Ch No | Amount
1
2
3
4
5
6

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1. 10. 18		EFFECTIVE DATE:-	
AMOUNT:- 15-00		AMOUNT:-	

NAME:- SUTHERLAND Frank

NUMBER:- D. 2380770

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.

Geo. Sutherland Father
Hayfield RR #2
Brandon, Man Canada

Stopped
Eff 1.12.18

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.R.O. Can		Pte

UNIT AND TRANSFERS

Can. Rly. Troops Depot.

ORIGINAL UNIT:- Dpt. #54 Ry. Const.

DATE ACCOUNT FIRST OPENED:- 1. 7. 18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			6 R T D.

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
13/11/18	3489	C.R.T.D.	97 73			Ledger Bal	91 00
						L.P.C. "	81 27

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Deschs Canada 30/11/18 Auth C.R.T.D. W.R. 14.

MONTH	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
30-6-18	Bal from Can								32 40		
July	PP	34 10		4 days Pay R.W. am't £ 20/7/18 - 21/7/18 £0 2 0 3 29/7/18 C.R.T.		2 20			64 30	11 4 00	
		34 10				2 20			98 40		
Aug	PP	34 10		Q 4005 D 182 11/7/18 C.R.T.D. 5	4 84						
				1401 22/8 C.R.T.D. 13	9 73				83 83	29	
				1541 29/8 " 17	14 57 4 87				78 96		
		34 10			19 44						
Sept	PP	33		2101 13/9 C.R.T.D. 4	14 60				11 1 96		
				orig. L.P.C. Bal. from Can. 32.40 Dr 2735 Amend. to 24.70 per L.P.C. 19/7/18 4	7 70				89 66		
				2344 26/9 C.R.T.D. 10	22 30 9 73				79 93	44	
		33			32 03						
Oct	PP	34 10		car				15	99 03		
				2816 14/10/18 C.R.T.D. 18	14 60				84 43		
				3156 26/10/18 " 28	9 73				74 70		
				24005 P.U. 29/9/18 " 46	24 33 1 70				73		
					26 03						
Nov	PP	33		car				15	91 -		
		67 10			26 03			30			
Nov				O/N. A.R. 3489. 14/11/18 C.R.T.D.	9 73				81 27		
					9 73						

CANADIAN
ASSIGNED PAY AUDITED
OK
Aw Harris
AUDIT CLERK.
DATE 26. 5. 19

S.O.S. Canada 6/12/18
B.O. 239. 7/12/18. C.R.T.

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

PART 1. A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 2380770 Rank SPR. Surname SUTHERLAND Christian Name FRANK.

Unit or Corps—(*a*) Overseas from United Kingdom NONE (*b*) in United Kingdom C.R.T.D.

Born at—Town LYVESTER County or Province CAITHNESS Country SCOTLAND.

Date of Birth—Day 9th Month SEPT. Year 1888 Age 30 yrs. 2 months.

Joined at WINNIPEG, MAN. Date 15. 12. 17.

Former trade or occupation FARMER.

Permanent Marks or any peculiarity that will serve for future identification :—

3 TATTOO MKS L. HAND 3 VAC. L.

Height—feet 5' inches 5½ Colour of eyes BLUE.

Signature of Soldier (*for identification purposes*) F. Sutherland

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*)

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.			
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? If yes, has Active Service aggravated it ?

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ?

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

5. MEDICAL HISTORY.

6. PRESENT CONDITION.

7. OPERATION. (*i.*) Was one performed ? (*ii.*) If so, state what.

(*iii.*) Was one advised and declined ?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (*i.*) Is there loss or decay of teeth attributable to Active Service ?

(*ii.*) If so, describe.

9. DO YOU RECOMMEND :—

(*a*) Fit for duty ? (*state category*)

(*b*) Invalid to Canada ?

(*c*) Discharge from the Service as permanently unfit ?

Date of Report 18 NOV 1918 191..

Signed.....
Officer in medical charge of case.

Station.....

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

.....

{Officer i/c Hospital / S.M.O. / Brigade} Strike out one (of these

Dated at .....Station, on 18 NOV 1918 191.....

*Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the diasbility fully described in Part I. (1) ?
If not, describe it.

11. Is the cause of the disability fully described in Part I. (2) ?
If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by :— (*a*) Negligence of the Soldier { Caused ? / Aggravated ? } (*b*) Misconduct of the Soldier { Caused ? / Aggravated ? }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour ?
(*Estimate at none, 5%, 10%, 15%, 20%, etc.*)

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service ?
(*Estimate at none, 1|10, 2|10, 3|10, etc., or all.*)

15. Permanency of the Disability due to Service estimated next above in (14).
(*i.*) Is it permanent ?
(*ii.*) If not permanent, what is its probable minimum duration (*in months*) ?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable ?

17. Can the former trade or occupation be resumed ?

18. REMARKS :—

19. RECOMMENDATION :—
(*a*) Fit for duty ? (*state category*)
(*b*) Invalid to Canada ?
(*c*) Discharge from Service as permanently unfit ?

Date of Board ..... *President.*

Signatures of the Board .....

Station .....

Approved ..... A.D.M.S.

Dated at ..... Station ..... 18 NOV 1918 191

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

Form R & O 6045
1238-150M-29/11/18.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Purfleet Essex Aug 13/18 1916.

No. 238770 Rank Spr Name SUTHERLAND F.

Local Unit C.R.A.S.C. Overseas Unit. Age 24

Examination held at Purfleet Essex

DISABILITY.
Overseas—Local.
(scratch one out)

DEFECTIVE VISION

PRESENT CONDITION.

General Cond Satisfactory
Eye Report.
O.D. 6/18 Not improvable.
O.S. 6/18 glasses.

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 ..... Base
5. Discharge .....

Signatures:—

Members { F. J. Osman Capt RAMC ..... President.
E. J. French Capt RAMC .....
.....

APPROVED

16 AUG 1918

Dated at.....1916.

.....
for A.D.M.S. Canadian Area.
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1916.

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

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

Examination held at .....

DISABILITY.
Overseas—Local.
(Strike out one).

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 ..... 1916.

For A.D.M.S.

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 1st. DEPOT BATTALION, MANITOBA REGIMENT.

Regimental No. D 2380770 Rank PRIVATE Name Sutherland Frank

C. E. F. M.S.A.

Enlisted (a) 28/2/18 Terms of Service (a) ~~C.E.F.~~ Service reckons from (a) 28/2/18

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

Extended ..... Re-engaged ..... Qualification (b) Farmer CIVIL. MILITARY.

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
3/5/18	A.A.G.	Transferred #10 T.R.C. Depot Winnipeg		7/5/18	C.O. 104 of 3/5/18
		Embarked Canada		20/6/18	H.M.T. Vaterland
		Disembarked England			H.M.S. 7 - JUL 1918
8/7/18	C.R.T. Depot	Taken on strength on arrival from Canada	Purfleet	7/7/18	Part II D.O. 187.
21.8.18	C.R.T.D.	On transfer to 18th Can. Res. Bn. Seaford	Purfleet	21.8.18	Pte 231 Lieut. for A.C. DEPOT CAN. RLY. TROOPS.
		S.O.S. C R T D 3-12-1918 ON EMBARKATION TO CANADA			
7.12.18	Sailed for Canada				Lieut. for O.C. Canadian Railway Troops Depot.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		T. O. S. No. 10 DISTRICT DEPOT 7-12-18 D. O. 250 PARA 185			
		W. E. Sutton Maj for Lt. Col. Officer Commanding No. 10 District Depot.			
		Winnipeg, Man. Discharge 17/12/18 C.O. 12 Para 145 D.O. 14			
		E B Ryley Capt for Officer Commanding No. 10 District Depot Lt. Col.			

This space to be for numbers

Proceedings on Discharge.

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

No.	2380770
Rank	Spr.
Surname	Sutherland
Christian Name	Frank

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

Corps (Squadron, Battery or Company)	1st Depot Bn. M.R.
Date of Discharge	17-1-19
Place of Discharge	Winnipeg.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	30 years 4 months.
Height	5 feet 5½ inches.
Complexion	Fair
Eyes	Blue
Hair	DK. Brown
Trade	Farmer
Intended place of residence (To be given as fully as practicable.)	Hayfield R.R.2 Brandon Man

Descriptive Marks

Tattoo mark left forearm

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

Demobilization R.O. 1420/C D.O. 14

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

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

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

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

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

M. F. B. 218.
100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

.....

Commanding .....

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

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

(Place) WINNIPEG. MAN. F. Southerland .....*(Signature of Soldier.)*

(Date) JAN 17 1919 Thomsleech .....*(Signature of Witness.)*

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

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

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

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

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) WINNIPEG. MAN.

(Date) JAN 17 1919

(Signature) R. L. Greenshields Lt. Col.

Officer Commanding No. 10 District Depot

Reservations referred to at Para. 8.

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

None

J. Sutherland

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.
Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia Form B. 313
Medical Report for Invalid*	" B. 227.
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235.
Proceedings on Discharge	" B. 218.

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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

1Plc

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 2380770 RANK Spr. NAME (IN FULL) Sutherland. J
(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 1-D. Bty — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15 x x/100. — DATE EFFECTIVE

PAYABLE TO George Sutherland — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS R.R.#2. Mayfield. Man

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE M.D.#10 — DATE 17/1/19 — REASON Demobilization — AUTHORITY M.O. 1 — IF ENTITLED TO POST DISCHARGE PAY Yes

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			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
1/1/19	17	1.10.	18	70	35	-			53	70			1025		1026		45	70					8	00									53	70					Trans. Batmie for pay on 1-1-19. B/Bty Adv 35=00 00 00 00 14 L.T.C. for.
			18	70	35	-			53	70							45	70					8	00									53	70					

30M-11-18.—L.L. 50877-M. & D. 9553.

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.	

S.477

414

AUDITOR | PAYMASTER

6.

M. OR S.

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

REGT. No. 2380770 RANK Spr NAME (IN FULL) Sutherland Frank.
(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 1st Depot Bn. W.R. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Hayfield R.R.2. Brandon Man.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Winnipeg — DATE 17/4/19 — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

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 $	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.	previous paid $	previous paid C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						
Feb 17	92	1.10							210	00	✓																		93	00	✓					33	00	1st payment W.S.S.
															63	78	70	00																	107	00	70.00 2nd " " "
Mar 11															123	049	70	00	✓																37	00	3rd " "
April 9															132	678	37	-	✓																		4th & final "
			210	✓													177	00	✓										93	Voided.					210	✓		

AUDITED MAR 20 1919 Asst. Clerk M.D.10

100M-1-19.—L. L. 83963-6 & O. 9723.
M. F. W. 2596.
1773-39-158.

Date of Enlistment 28.2.-18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch S.17583

OVERSEAS CONTINGENTS

Date of Assignment 1st Oct -18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion Canadian Railway Troops. Dft 5 t.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 GEORGE SUTHERLAND, — —
2 R.R.#2,HAYFIELD,
BRANDON,MAN. 15 15.00
3 % 2380770 SPR F.SUTHERLAND
FIFTEEN DOLLARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1918 Oct	D 47295		15	15
Nov	F 55443		15	15
Dec	U 62962		15	15
			45	45

Fyle 017664. F. 26. REMARKS N.R.2. B.t.

A/c Closed 31-12-18
Ret'd per Olympic
14.12.18 M.F.W.167 M&H 10
Closed Forcepy
NRO LP45539

CANADIAN
ASSIGNED PAY AUDITED
A/c ck'd 30-11-18
AUDIT CLERK
DATE 26-5-19

AUTHORITY FOR NEW ACCT. A.2.76.22.8.-18
T. Short 6.10.-18

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7493.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

CANCELLED

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—177-2-39-1141
L. L. 22520—M. & D. 7493.

AUTHORITY FOR NEW ACC'T. .....