Duplicate

D

ATTESTATION PAPER

No. #4 15849

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? Ray Luttie
2. In what Town, Township, or Parish, and in what Country were you born? Wolfville N.S.
3. What is the name of your next-of-kin? Laura Luttie Mother
4. What is the address of your next-of-kin? Vancouver St Yarmouth N.S. Canada
5. What is the date of your birth? Jan 15 1897
6. What is your trade or calling? Plummer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

Ray Luttie (Signature of Man.)

H. Parkinson Corpl (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Ray Luttie (Signature of Recruit.)

Date Aug 12th 1915 H. Parkinson Corpl (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ray Luttie, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth,** His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Ray Luttie (Signature of Recruit.)

Date Aug 12th 1915. H. Parkinson Corpl (Signature of Witness.)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Aldershot N.S. this 12th day of Aug 1915.

G. Dwyer Capt. J.P. (Signature of Justice.)
In and for County of Kings

I certify that the above is a true copy of the Attestation of the above-named Recruit.

J. C. W. Dilman Major Fr. LIEUT. COL. (Approving Officer.)

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

COM. 40th. BATT'N. C. E. F.

DESCRIPTION OF Suttle Roy ON ENLISTMENT.

Apparent Age 19 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 3 3/4 ins.

Chest measurement: Girth when fully expanded 34 ins.
Range of expansion 1 1/2 ins.

Complexion Fresh

Eyes Brown

Hair Brown

Religious Denominations:
- Church of England
- Presbyterian
- Wesleyan Yes
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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

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

Mr. V. M. L. Cormor

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Aug 11th 1915 V. L. Cormor

Place Seaver Shot E.S. Capt A.M.C.

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT

Ray D. Suttee having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[signature] LIEUT. COL. (Signature of Officer.)

COM. 40th. BATT'N. C. E. F.

Date Aug 15 1915.

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A.F.B122 – 1

1 cased

1 – R-122 Misc

1R149

28-3-22

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

DISCHARGE DOCUMENTS

Name Suttie Roy D

Regt. No. 415849 Rank Pte

Corps 40 Bn C E F

Med Unfit

R. O. No.....

H. Q. No.....

50179

2
21-14
16-14
3-15
2

No. 415849. RANK Pte NAME Luttie P. D.

T. O. S. UNIT Discharge Depot Tunbr

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 May	1916 no date	[illegible]	40th Bn	

No. 15849 RANK Pte. NAME Suttie Ray D.

T.O.S. 7-8-15 UNIT 40th Battalion C.E.F.
(50132 of 16-8-15)

M.D. 6 Val

PAID FROM	PAID TO	SIG. OR REC'T
1915	1915	
Aug 7	Aug 31	✓
Sept.		✓
Oct.		✓
Nov		N.
Dec.		N.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
OCT 18 1915

Name Suttie R.D. Rank Pte. Reg. No. 415849

Unit ~~North Batt~~. 26th Res

Next of Kin Canada

Date 1916		Movement	Place	Casualty	List No.	Notified N/KO	W.O. List
18	2	Moore Barrack Hosp	Shorncliffe	Bronchitis	47		
26.3.16		Can Conv. Hosp.	Monks Horton	Phthisis	60		

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

H. Q. FILE No. 649-

NAME Suttie R. H. REGT'L No. 415849

RANK AND CORPS Pte 40th Battalion

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
0227		Returned to Canada Per S. S. "Scandinavian" May 6th 1916 Tuberculosis

NO. 3068 X FOLL.

L. L. Job 87318—M. & D. 6106.

M. F. W. 42—25m.-10-15.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
47-1	Moore Bks Shorn.	18-2-16	Bronchitis
60	C.C. Monks Horton	26-3-16	Phthisis

E Mass.

Number 415849 Rank Pte

Surname SUTTIE

Christian Name Roy D

Units 40th Bn Can Inf Theatre of War England

Date of Service 28/10/15

Remarks

Latest Address Lynfield Mass

W.S.S.C.

Roll No A Page 2242 Mrs. L.M. Suttie (m),
P.O. Box 5,
Yarmouth North,
N.S.

200m.-2-21.M.

BEBP. NOV 29 1924
REGN. NO. 8052

~~(H.S. 2.56)~~
649-3-2132

CARD NO.

SURNAME. Suttie

CHRISTIAN NAMES Roy

REGL. No. 415849 RANK Pte. auth D4

UNIT 40th Bn.

FORMER CORPS Inf

D 25-9-21

S.O.S. Dis. 6-12-16 4
FOLL.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Suttie, Laura

RELATIONSHIP TO SOLDIER

ADDRESS Vancouver St, Yarmouth, N.S.
also notify Mrs Alfred Suttie (Mother)
Lynnfield Mass. Box 100 (auth letter 23/12/16)

COUNTRY OF BIRTH Canada, Wolfville, N.S. DATE

PLACE OF ATTESTATION Aldershot. DATE Aug. 12th 1915

Sailed from Quebec per S.S. Saponia 15-10-15 238/22.

MARRIED SINGLE yes 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

S.O.S. 6-12-16. MD 4 Med Unfit.

Ag Sailor

40th Bn.

SUTTIE, R. (Pte) #415849, C.E.F. 649-S-2132.

MEDALS & DECORATIONS. (Mother) Mrs. L. M. Suttie,
P.O.Box 5,
Yarmouth North,
N.S.

PLAQUES & SCROLLS. (Father) Alfred B. Suttie,
Address as above

Died 26-9-21.
{Death due to Service
auth B.P.C.}

MEMORIAL CROSS. ~~N I L.~~ ~~Died 26-9-21.~~

(mother) Mrs. L. M. Suttie
P.O. Box 5-
Yarmouth
N.S.

5859¼

Not Eligible for 14-15 Star,
England only.

JAS

C 52883 29/6/22

D.M.S. 1500.

Surname	Christian Name or Names	Reg. No.
Suttie	R. D.	415849

Rank	Unit	Co.	Troop	Batty.
Pte	40 Bn			

Hospital — Date of Admission

Transferred Moore Bks Shorncliffe Hosp. 18-2-16

to Monks Horton Canad Hosp. 26-3-16.

Hosp.

Hosp.

Diagnosis Bronchitis

(1) Later Diagnosis (if changed) Phthisis.

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION — Date — REMARKS

#47

C.L. 26.2.16

" 31. 3. 16 60.

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

BR

EPITOME OF HOSPITAL TREATMENT.

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

Forms
I. 1237
10

10973

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
10973	415849	Ste	Outtie	Ray

Year	Unit.	Age.	Service.
1916	40th Battn	19	6/12

Station and Date. M.B.H.

Disease ~~Bronchitis~~ Phthisis

17/2/16 Patient sent in here just for examination of sputum, was sent back from board to wait for positive sputum. Board papers all made out. Only complaint patient had was cough.
Treatment, Mist expect.

P. J. Walker Capt.

Sputum
18/2/16 Examined & T.B. found.
18/2/16 Mrum negative.

11-3-16. Transferred to Hastings W.H. Lovell Capt. Camp.

TRANSFERRED
Hastings 11-3-16

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

Forms
I. 1237
10

118574

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
11227	415849	Pte.	Suttie	R.

Year	Unit.	Age.	Service.
1915	40th C.E.F (D).	19	7/12.

Cambridge Hospital

Station and Date.	Disease Influenzal Cold Cause Unknown
Aldershot 4/11/15	Soreness of Chest Cough
	Family Hist: – good.
	Past Hist: – Had Pleurisy 1 year ago.
	Dullness L. apex & some Crepitations breathing is puerile – heart sounds normal. – Sputum. Not Expectorating
	Treat Mist. Expect Stim
	I Allaun Lt R Alle
6/11/15	Better
9/11/15	Discharged to duty I A

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 415849 40th Battalion.

Regimental No. 415849 Rank Private Name Suttie R.D.

Enlisted (a) 12-8-15 Terms of Service (a) Duration of War Service reckons from (a) 12-8-15.

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

Extended ____ Re-engaged ____ Qualification (b) ____

Report		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				
		Discharged in Canada No Longer Physically Fit for War Service K. R. &. O. 392 XVI.			

Jas Lewer
Lieut; for O.C.
Canadian Csaualty Assembly Centre.

(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				

MEDICAL HISTORY SHEET.

Surname Suttie Christian Name Roy.

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

Approved by .....

Birthplace { City or Town .....
County .....

Rank ..... M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Apparent age .....

Trade or occupation .....

Height ..... Feet ..... Inches.

Weight ..... Lbs.

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

Physical development .....

Small-Pox Marks .....

Vaccination Marks { Arm ..... Right. ..... Left.
Number .....

When Vaccinated last .....

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease .....

.....

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

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

.....

.....

.....

Enlisted on ..... day of ..... 191 ..... at .....

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment	40th Batt.	415849.		
Transferred to..				

DISCHARGED IN CANADA:-
NO LONGER PHYSICALLY FIT FOR WAR SERVICE,
PARA. 392: XVI: K.R. & O.
O.C.
CANADIAN CASUALTY ASSEMBLY CENTRE, FOLKESTONE.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
Hastings	Apr. 15-16	Phthisis	Discharge

17 APR 1916 approved
A L Wacker Capt. for A.D.M.S.
Canadian Training Division, Shorncliffe.

W. Bethune
Pres. Gen. Med. Board.
PRESIDENT, STANDING MEDICAL BOARD.

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

M. F. B. 313.
100M.—5-15.
H. Q. 1772-39-439

Surname..... Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

R—122.

Rank Pte Name SUTTIE, Roy D. Reg'l No. 415849

Unit 40th Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Aldershot, 12th August 1915. Place of Birth Wolfville, N.S.

Name and Address, Next-of-Kin Laurie Suttie,
Vancouver, Lt Yarmouth, N.S. Relationship Mother C.C.A.C.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 2700
File R.L.
Category M.U.Ban

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
		Arrived in England.	S.S. Saxonia	28 OCT. 1915	M.U. Can. 24
22/2/16	O.C. 40th	Adm. to Moore Ban. Hosp	Shorncliffe	17/2/16	Tuberculosis Pt. II O. 46
12.3.16.	"	Zfd to Hermitage Hosp.	~~Cambridge~~ Hastings	11.3.16.	Part II O. 68.
31.3.16.	C.L. 40th	" Can. Conv Hosp.	Monks Horton	26.3.16.	C.L. 60
11.5.16.	Ole. 40th Bn.	Proceeded to Canada for Discharge	L. Dibgate	6.5.16.	P.X II O. 178.

CHECKED. 5th Dec, 1916. CCAC R III O 160 dt 13-5-16

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				

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

17678-R-1

Name Suttie, Roy D.
Surname Christian Name

Regimental Number 415849 Rank Pte. Address (in full) Lynfield, Mass.

Unit 40th Bn.

Original Unit

District where paid M.D. 4.

Date of Discharge 6-12-16.

P. D. P. Filing Number 4-4-4.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

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		
100 10	65	25-7-17	33 00	65	9-8-17	33 00	68	27-9-17	34 10		100 10

Remarks:

M. F. W. 127.
50M—6 17.
1772 39-1140.

File No. 17678 R4

WAR SERVICE GRATUITY.

Register No. 82123

2d Inv. 25/10/19 WU

Reg. No. 45849 Pte

Name Suttie Roy D.

Address P.O. Box 5

Yarmouth North

Yar. Co.

Dependent

Address

Dec'n No ..... W. S. G. File No .....

Award ..... days ..... 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

0	Ng.			ount			
1							
2							
3							
4							
5							

Pay Soldier $ 179 90

Awarded 30/10/19

Clinch & Sylvain

Clerk W. M. Phillips 3-11-19

Pay Dependent $

Days 122 Rate 70 Due 280.00

Less P.D.P. credited 100 10

Less further Dr. Bal. or overpayment. –

Net 179 90

Reg W. 103. 10/11/19

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
3-11-19	C. O 42364	4-11-19 537783	179 90		1			
2					2			
3					3			
4					4			
5					5			
6					6			

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

GEN'L AUDITOR
Posting checked by
M. B.
Date 3-11-19

M. F. W. 41.
10m.—11-15.
1772-39-889.

Name Pte Ray Suttie

Regimental No. 415849

Unit 40th Bn

Date of enlistment 4-8-15

Place of " Yarmouth N.S.

Married (yes or no) no

Amount of pay assigned monthly $ 15 to 30 4/16

To whom payable Mrs L. Suttie, Yarmouth N.S.

Scandinavian 15 5/16

Name and address of next-of-kin Vancouver St. Yarmouth N.S.

M. B 19 5/16 = 6 Mos. C.H.

Date and place discharged

Reason for discharge Pul. Tub.

Character on discharge

Class II.

649-S-2132

E. Smith

L... ob 87694. M. & D. 6128.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
																M.D. No. 4
28 4/16									35 28							L. P. C.
														50 =		D. D. Que.
29 4/16	30 6/16	63	1.00	63 =	63	.10	6 30		69 30					9 73		Pd on Boat.
									104 58			Bal Cr		44 85	104 58	

Rendered
P. D. P. 21 6/17

Pensioned
Dec 12/16

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

L. L. Job 85095—M. & D. 5953.

Em RD. 2nd Contingent

268

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom ~~Miss~~ Mrs. Laura Suttie Mother

Address Yarmouth North N.S.

Rate $15.00

OCT 1 - 1915

By Whom Assigned Suttie, Roy. D

Regtl. No. 415849

Rank Pte

Corps "D" Coy 40th Battn C.E.F.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		44169	30	
Dec.		Z 6036	15	
Jan.	1916	Z ~~[illegible]~~	15	rec'd Scandinavian 16 5/16 FX SJW
Feb.		K 14081	15	
March		O 16228	15	Stop 1 5/16, Dis, 3m, 29 4/16 J.M.L.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

269

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. Mrs Laura, Suttie

L. L. Job 89002.—Req. 6213.

Name of Soldier Suttie, Roy

#415849 D. Co 40th Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
				$1500
April McC	1916	Q2435	15	Stop 1 5/16, Dis, 3m, 29 4/16 Imt
May				
June				rt'd Scandinavian 16 5/16 FX SJW
July				
Aug.				
Sept.				Pension granted 12/12/16 SHS
Oct.				
Nov.				P.D.P. 7/6/17. A.W.C.
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Rank Pte Name SUTTIE, Roy D. If in perm. Corps, What Unit? Reg'l No. 415849

Unit ~~40th Bn.~~ CCaC Married or Single Single

Place and Date of Enlistment Aldershot, 12th August 1915. Place of Birth Wolfville, N.S.

Name and Address, Next-of-Kin Laurie Suttie,
Vancouver, Lt Yarmouth, N.S. Relationship Mother

Assigned Pay Monthly $ 15.00 Payable to Miss Laura Suttie. Yarmouth NS

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place 28-4-16 Canada. Reason Character

PAY OFFICE, N.E. BRANCH JUN 6 1916 CANADIAN CONTINGENTS

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
																	1.00
11/1/15	11/30/15	30	1.00	30 00	30	.10	3 00	10 00	43 00			14 60	15 00		29 60	13 40	Clothing credit
12/1/15	12/31/15	31		31 00	31		3 10	13 40	47 50			21 89	15 00		36 89	10 61	
1/1/16	1/31/16	31		31 00	31		3 10	10 61	44 71			17 04	15 00		32 04	12 67	
Feb 1	29	29		29 00	29		2 90	12 67	44 57			4 87	15 00		19 87	24 70	✓
Mar 1	31	31		31 00	31		3 10	24 70	58 80				15 00		15	43 80	2.2 mail 1.76 CCH Hemlock
Apr 1	20	20		20 00	20		2 00	43 80	65 80			9 93	15 00		24 93	41 07	CCaC 20.76 CCD 21.76

Balance
Wards to P/M
Ledger.

Carried forward to Large Ledger sheet

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

Married or Single S

Place of Birth Wolfville N.S.

Name and Address of Next of Kin Laurie. Suttie
Vancouver. St. Yarmouth N.S.

Relationship of Next of Kin Mother

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 415849 Rank 16 Pte. Name Suttie. Roy W.

If in Permt. Corps What Unit Unit 40th Battn Transferred to CCAC Date Authority

Permanent Force Allowances Transferred to Date Authority

Place of Attestation Aldershot Transferred to Date Authority

Date of Attestation 12 Aug 1915 Transferred to Date Authority

Assigned Pay Monthly $ 15.00 Date Effective

Payable to Miss Laura Suttie. Vancouver St. Yarmouth. N.S. Relationship

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) 28:4:16 Effective 1:5:16 Reason Discharge.

Discharge Date and Place L.T.C. to Bath 28.4.16. Reason and Authority CCl. 21.4.16.

Account transferred to Non-Effective Branch (Date) Canada D

Account transferred to Officers' Pay Branch (Date)

PAY OFFICE N.E. BRANCH JUN 6 1916 CANADIAN CONTINGENTS

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
																															43 80 ✓				
1 4/16 to 20 4/16	20	1.00	20	00	20	10	2	00							22 00							2. mail 11 4/16.					9 73 ✓	15 00		24 73	41 07				J.W.F. Jans CCAC 20 4/16 CCl 21 4/16
																						CAm 25/4/16					9 73. ✓				31. 34 ✓				
																					- 13 4/16					2 43									Pay Book verified & attd to L.P.C.
21-28	8	1.00	8		8 ~~20~~	10		80						31 34	40 14					2023	17 4/16					2 43				4 86.	35 28				
			Bal on Tsfr to N.E. Bch.																												35 28				
June 1916															35 28														35 28	35 28					

Trans'd to "Canada Disc'ge a/c"

P

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.																	CREDIT	DEBIT			
													1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4								

#41584
Suttie, R.

This space to be for numbers.

M

no Class

Proceedings on Discharge.

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

No. 415849

Rank Pte.

Name Suttie, Roy D.

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

Corps (Squadron, Battery or Company) 40th Bn.

Date of Discharge December 6th. 1916.

Place of Discharge Montreal, P.Q.

Released 25-9-21 Auth O 4

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 20 years 11 months.

Height 5 feet 3¾ inches.

Complexion Fresh

Eyes Brown

Hair Black

Trade Plumber

Intended place of residence (To be given as fully as practicable.) Lynfield Mass. U.S.A.

Descriptive Marks

Nil

2. The above-named man is discharged in consequence of Medical Unfitness due to Pulmonary Tuberculosis. H.Q. Authority Dated/November 17th 1916.

Under prov: H.Q. 60-4-8 of Sept. 1915 4.D. 22-S-188

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.

Documents not available

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

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

Claims unable to work.

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

K.C.D. 15-1-20

(OVER)

J.B.

carded 27-12-16 J.B.

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) Montreal, Que. R. Guthrie *(Signature of Soldier.)*

(Date) December 6th. 1916. S. R. Wedding *(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 1 ...years 120 days.

11. **Confirmation of Discharge.**

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

(Place) Montreal, P.Q.

(Date) DEC 6 1916

(Signature) G. L. Hall *Captain.*

O.C. "A" Unit

Military Hospitals Commissions Command.

MILITARY HOSPITALS COMMISSION COMMAND "A" UNIT

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.)

NO RESERVATIONS.

R. Guthrie

(OVER)

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.

415849

H 4

MEDICAL HISTORY SHEET.

Surname Suttie *Christian Name* Roy

Examined { on 11th day of Aug. 1915 at Aldershot U.S.

Birthplace { City or Town Wolfville County N.S.

Apparent age 19

Trade or occupation Plumber.

Height 5 Feet 3 3/4 Inches.

Weight Lbs.

Chest measurement { Minimum 34 inches. Maximum expansion 1 1/2 inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left. on Number 1

When Vaccinated last 1910

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

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

Approved by V. Thomas

Rank Capt M.O

Date	Fit or Unfit	Examined for Re-engagement,
		M.O
		M.O
		M.O
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
2/9/15		E Douglas. M.O.
11/9/15		E Douglas. M.O.
		M.O.

Enlisted on 7 *day of* June 1915 *at* Yarmouth U.S

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	40th Batt C.E.F.	415849		7/8/15
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	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.
Cambridge Hl										Cause unknown Pain R Side	
Aldershot		4	11	15	9	11	15	Influenza & Cold	6.	chest Cough no expectoration Cured	J Allaun Lt RSC
Mrs Barracks		17	2	16	11	3	16	Phthisis	24	Transferred to Hastings	R.W. Pavere Capt

Moore Barracks Laboratory.

REQUISITION.

Date Feb. 27. 2-1916

Name Pte Sultie R.

Reg. No. 415840

Unit 40th R. Batt.

Ward 32 down

Diagnosis Bronchitis

Examination required.

Urine

W H Lawrie
L. O.

REPORT.

Urinalysis

Color straw

S.G. 1020

Reaction acid

Sugar neg

Albumin Neg

Microscopic

L. Fannt Jones
Capt. C.A.M.C.
for O.i/c Laboratory.

Army Form W. 3212.
(In books of 100.)

8

Regtl. No., Rank and Name Pte. Suttie, R. 415840 Corps 40th R. Batt.

Disease Bronchitis Hospital M. B. H.

To Officer i/c Laboratory. Ward 32 down

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T. B.

Date 28-2-1916 M. McBride Muir

O. i/c N.S. Ward.

LABORATORY REPORT.

streptococci
staphlococci
micrococci catarhalis
no T.B. found

Date of Examination 28-2-16 L. Faunt Jones
Capt RAMC
for

O. i/c Laboratory.

W 12965 - 6740 200,000 11/15 H W V(M) G. 14/1053 24/London/366

8

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 40th Battn Military Hospital M. B. H.

No. 415849 Rank and Name Pte Duthie Age 19 Service 6/12

Disease Bronchitis Date of admission 17. 2. 16 Date of discharge 11 - 3 - 16 Result

Dates of Observation	Days of Disease	Pulse per Minute	Respirations per Minute	Motions per 24 hours
17	1	100	22	
18	2	88	24	11
19	3	104, 88	22, 22	1
20	4	84, 84	20, 20	1
21	5	84, 84	20	
22	6	88	20	
23	7	88	20	
24				
25		84	20	
26		88, 88	20, 22	
27		86, 110	22, 24	
28		88, 88	24, 20	
29		84, 98	20, 20	
March 1		90, 100	20, 24	
9				
10		84	20	

Temperature Fahrenheit

Signature W H Lavell Capt CAMC In charge of case.

Bewley, Folkestone.
10,000—1/10/15—3512.

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station Moore Barracks Hospital

Date 1 March 1916

1. Unit 40th Battalion
2. Regimental No. 415849
3. Rank Private
4. Name Suttie Roy
5. Age last birthday 19
6. Enlisted { on 4 Aug 1915 / at Yarmouth N.S.
7. Former Trade or Occupation { Plumber

8. Disability.

Phthisis

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. December 1915

10. Place of origin of disability. Bramshott Camp

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Began with cough pain in chest. Free expectoration. Had no previous illness. appetite good.

12. (*a*) Give your opinion as to the causation of the disability.

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*).

Tubercle bacilli

1 – No

2 – Yes Climatic conditions

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Looks in fairly good condition appetite good.
Circulation - normal
Examination of chest shows dull area on right side.
moist rales over both sides
Lab. Report T. B. Positive

14. If the disability is an injury, was caused

(*a*) In action?

(*b*) On field service?

(*c*) On duty?

(*d*) Off duty?

not applicable

15. Was a Court of Inquiry held on the injury?

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

not applicable

16. Was as operation performed? If so, what? No

17. If not, was an operation advised and declined? No

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? No

19. Do you recommend

(*a*) Fit for duty?

(*b*) Fit for light duty?

(*c*) Invalided to Canada?

(*d*) Discharge as permanently unfit? — Yes

W H Larsen
Officer in medical charge of case. Capt Cadell

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station MOORE BARRACKS CANADIAN HOSPITAL SHORNCLIFFE

Officer in charge of Hospital.

Date 6 MAR 1916

LT. COL. O. I/C MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. (1) No (2) Yes

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? General service conditions

21. Has the disability been aggravated by

(*a*) Intemperance? No

(*b*) Misconduct? No

22. Is the disability permanent? Yes

23. If not permanent, what is its probable minimum duration? Not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? Total for 6 months

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? Not applicable

26. Do the Board recommend

(*a*) Fit for duty? —

(*b*) Fit for light duty? —

(*c*) Invalided to Canada? —

(*d*) Discharge as permanently unfit? Yes

APPROVED

Signatures:— W. Bethune Capt President.

D. A. Morrison Capt } Members.

Station Hastings

Date April 15/16

Approved.

Station Shorncliffe

Date 17 APR 1916

S. L. Walker

Administrative Medical Officer.

Capt. for A.D.M.S.

Canadian Training Division, Shorncliffe.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the day of 191 .

Members of Board.

LIEUT. COL. SIR. H. MONTAGU ALLAN, C.V.O., *President.*
LIEUT. COL. W. GRANT MORDEN.
MAJOR JOHN L. TODD, C.A.M.C.
MAJOR MAURICE ALEXANDER, *Legal Adviser.*

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

President.

Lt. Col.

Major.

Lt. Col.

Major.