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32

CONFIDENTIAL.

Army Form A. 45

PROCEEDINGS OF A MEDICAL BOARD

assembled at Hastings on 19-11-17

by order of D.A.D.M.S. (Canadians)

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lieut. ACTON, C.J. (Corps) C.T.S.

Age 26 Service 2 1/2 yrs Disability Injured Shoulder (left)

Date of commencement of leave granted for present disability 12-11-17

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer reports after one week's leave and is entirely recovered from his disability.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service..... yes
2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category
3. Fit for Home Service.....
4. Fit for Light Duty at Home.....
5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital.....
 - (b.) In an Officers' Convalescent Hospital.....
6. (a.) Fit for light duty at a Command Depot.....
- (b.) Fit for treatment only at a Command Depot.....
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation
8. Was the disability contracted in the service?..... yes
9. Was it contracted under circumstances over which he had no control?..... yes
10. Was it caused by military service?..... yes
11. If caused by military service, to what specific military conditions is it attributed?..... Foot-ball training
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions?..... not applicable

Officer's Address

C.T.S.

Bexhill

Sussex

Signatures

Acute Capt. President.

M. J. Gillies Capt. Members.

J. J. Gillies Capt.

[P.T.O.]

I concur in the findings of the Board of Medical Officers here recorded
Captain, D.A.D.M.S. for Canadians

CONFIDENTIAL.

141360
a1/1/75
Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 7 on 22-2-17
by order of Adms Com.
for the purpose of examining and reporting upon the present state of health of
(Rank and Name) Lt. C.F. Ashon (Corps) C.F.A.
Age 27 Service 17/12 Disability Injury toe nail
Date of commencement of leave granted for present disability Home granted
Date on which placed on half-pay for present disability —

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer who was given light duty after operations for above disability on the 2nd day of Feb. 1917 is now fully recovered

The opinion of the Board upon the questions herein is as follows:—

(1.) a. Is the officer fit for "General Service"? yes

b. If not so fit, how long is he likely to be unfit? —

(c) Is the Officer fit to perform any duties not coming within the above categories? If so, specify the nature of the duties which he might perform.

service at home? —

unfit for service at home? —

fit for light duty at home? —

for light duty at home? —

yes

(4.) Was it contracted under circumstances over which he had no control? yes

(5.) Was it caused by military service? yes

(6.) If caused by military service, to what specific conditions is it attributed?

Shipped on 1st of June

(7.) If the disability was not caused by military service, was it aggravated by it?

non applicable

Signatures

W. H. Mackinnon

President.

Members.

CONFIDENTIAL.

141360
a 1/1/20
Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 7 on 22-2-17
by order of Adm Comd
for the purpose of examining and reporting upon the present state of health of
(Rank and Name) Lt. C.F. Ashon (Corps) C.F.A.
Age 27 Service 7/12 Disability Improving toe nail
Date of commencement of leave granted for present disability none granted
Date on which placed on half-pay for present disability —

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer who was given light duty after operations for above disability on the 2nd day of Feb. 1917 is now fully recovered

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? yes
b. If not so fit, how long is he likely to be unfit? —
(2.) a. If unfit for General Service, is he fit for service at home? —
b. If not so fit, how long is he likely to be unfit for service at home? —
c. If unfit for General Service at home, is he fit for light duty at home? —
d. If not so fit, how long is he likely to be unfit for light duty at home? —
(3.) Was the disability contracted in the service? yes
(4.) Was it contracted under circumstances over which he had no control? yes
(5.) Was it caused by military service? yes
(6.) If caused by military service, to what specific conditions is it attributed? slipped on a horse
(7.) If the disability was not caused by military service, was it aggravated by it? non applicable

Signatures

L. Elbakur
W. H. Macdonald

President.

Members.

PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCLIFFE—
 (15, Westbourne Gardens, Folkestone.) on Feb 2-17
 by order of A.D.M.B. Canadian
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) Lt. C. J. Acton (Corps) Res. Brig. C.F.C.
 Age 27 Service 16/12 Disability Inguinal hernia
 Date of commencement of leave granted for present disability none granted
 Date on which placed on half-pay for present disability —

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer has been suffering from Inguinal hernia which was removed under anaesthesia it has not entirely recovered but is still inflamed and for a short time will unfit him for General Service

The opinion of the Board upon the questions herein is as follows:—

(1.) a. Is the officer fit for "General Service"? No

(e) Is the Officer fit to perform any duties not coming within the above categories? If so, specify the nature of the duties which he might perform.

2

(4.) Was it contracted under circumstances over which he had no control? yes

(5.) Was it caused by military service? yes

(6.) If caused by military service, to what specific conditions is it attributed?

slipped on by horse

(7.) If the disability was not caused by military service, was it aggravated by it? ✓

Signatures

W. J. Merritt

J. A. D. M. S.

I consent in the findings of the Board of Medical Officers here recorded.
 President.
 Major, D.A.D.M.S.
 Members.
 Canadian Contingent.

PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCLIFFE—
 (12, Westbourne Gardens, Folkestone.) on Feb 2-17
 by order of A.D.M.B. Canadian
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) Lt. C. J. Acton (Corps) Res. Brig. C. 42
 Age 27 Service 16/12 Disability Inguinal Hernia
 Date of commencement of leave granted for present disability none granted
 Date on which placed on half-pay for present disability ✓

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer has been suffering from Inguinal hernia which was removed under anaesthesia it has not entirely recovered but is still improved and for a short time will unfit him for General Service

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? no
 b. If not so fit, how long is he likely to be unfit? 3 weeks
) a. If unfit for General Service, is he fit for service at home? no
 b. If not so fit, how long is he likely to be unfit for service at home? 3 weeks
 c. If unfit for General Service at home, is he fit for light duty at home? yes
 d. If not so fit, how long is he likely to be unfit for light duty at home? ✓
) Was the disability contracted in the service? yes
 (4.) Was it contracted under circumstances over which he had no control? yes
 (5.) Was it caused by military service? yes
 (6.) If caused by military service, to what specific conditions is it attributed? slipped on by horse
 (7.) If the disability was not caused by military service, was it aggravated by it? ✓

Signatures {

W. H. Mearns

C. A. Mearns

I concur in the findings of the Board of Medical Officers here recorded.
 President.
 Major, D. A. D. M. S.
 for M. S. Members.
 Canadian Contingents.

E.T.

Surname

ACTON

Christian Names

Charles Joseph.

Rank

Lieut

Name and Address of Next-of-Kin

Wife.

Promotion

Elizabeth Earnshaw Acton.

Gananoque, Ontario, Canada.

Unit No. 2. Petawawa Art., Draft

R. Res. C.F.A. 25.3.17

Place of birth Gananoque, Ontario.

Married (Yes or No) Yes.

Appointments

Date of leaving Canada 23.11.16 149 5.12.16 Date and Cause of Resignation

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	Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS
2-12-16	Res C7A.	Attached, having arrived from Canada		30-11-16	Pt. II ord. 310. D.O. 6533.
15.1.17	do	Shorncliffe Mil. Hosp.		14.1.17	Pt. II ord 15. Inj.
19.1.17	Adm. Mil. Hosp.	Discharged		3.2.17	C.L. 614
13-2-17	A.G.	Transferred to Res Bde C.F.A.		13.1.17	C.L. 577. Discharged
18.8.17	C.R.O.	Adm Westcliff & E Hosp Folkestone		31-1-17	Appl No 294089
5-9.17	CAR & M.	U.S. from 29.8.17 to 11.9.17. T.O.S. on posting from		29.8.17	C.L. 772
16.9.17	2 nd Bde CRA	S.O.S. on trans to East Ont Reg Scaford.		15.8.17	C.L. 755. Sonallitis
22.9.17	W.O.	From Can Art. To be Temp Lieut E.O.P. Sept		29.8.17	M. Bd 180.
9-11-17	C.R.O.	Adm. No. 13. Can. Gen. Hosp. Hastings		4.9.17	Pt. II ord 87.
21.1.18.	6 th R.Bn.	T.O.S. from E.O.R.D.		4.9.17	Low Pay 30249
		S.O.S. to 6 th R. Bn.		4-11-17	C.L. 827 Inj. 8th
		Discharged		12.11.17	C.L. 886.
				19.1.18	Pt. II ord. 24 E.O.R.D.
				19.1.18	Pt. II ord 17.

Qualified 2nd class at 10th for war service.

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place 77	Date	REMARKS Taken from Official Documents
Date	From whom received				
4-18	6 th Res	Sos on posting to E O R D with effect		30.4.18	Pt II 102 To S E O R D Pt II 118
18	E O R D	Sos on posting to 6 th Res BN.		10.5.18	Pt II ord 12.5 To S 6 th Res Pt II 113
6-18	6 th Res	Sos on proceeding to London & posted to E O R D		18.6.18	Pt II ord 143 E O R D Pt II 159
18	6 th Res	Retaken on strength on posting from E O R D		27.6.18	Pt II ord 152 S O S E O R D Pt 168
18	6 th Res	S. O. S. to E O R D having proceeded to No 1 school aeronautics		13.7.18	Pt II 165 E O R D Pt II 181
	10	seems to be attached Rat		9-12.18	2916 84165 R 94189
19	Acquired Sos out of file on transfer to the C. & F. in Canada upon Cessation of hostilities				10.12.18 No 5146.

DUPLICATE

Unit 75th. DEPOT BATTERY Rank LIEUT. Name ACTON, CHARLES JOSEPH.
C.E.F.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? ACTON, CHARLES JOSEPH.
(b) What are your Christian Names? CHARLES JOSEPH.
2. (a) Where were you born? (State place and country) GANANOQUE. ONTARIO.
(b) What is your present address? GANANOQUE, ONTARIO.
3. What is the date of your birth? January 16th. 1890.
4. What is (a) the name of your next-of-kin? Elizabeth Earnshaw Acton.
(b) the address of your next-of-kin? Gananoque, Ontario.
(c) the relationship of your next-of-kin? WIFE.
5. What is your profession or occupation? MANUFACTURER.
6. What is your religion? PRESBYTERIAN.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? YES.
8. To what Unit of the Active Militia do you belong? 8th. Field Battery, C.F.A.
9. State particulars of any former Military Service 6 years. with above.
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? YES.

The undersigned hereby declares that the above answers made by him to the above questions are true.

Charles Joseph Acton (Signature of Officer)

Taken on strength (place) PETAWAWA. ONTARIO.

(date) September 1st. 1916.

A. J. Latomell CAPTAIN
O. C. (Signature of Commanding Officer.)
75th Depot Battery, C.F.A., C.E.F.

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Oct. 23rd 1916

Place Petawawa Camp

Ch. Elliott Capt.
Medical Officer.

*Insert here "fit" or "unfit"

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your surname?
- (b) What are your Christian Names?
2. (a) Where were you born? (State place and country)
- (b) What is your present address?
3. What is the date of your birth?
4. What is (a) the name of your next-of-kin?
- (b) the address of your next-of-kin?
- (c) the relationship of your next-of-kin?
5. What is your profession or occupation?
6. What is your religion?
7. Are you willing to be vaccinated or re-vaccinated and inoculated?
8. To what Unit of the Active Militia do you belong?
9. State particulars of any former Military Service.
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

The undersigned hereby declares that the above answers made by him to the above questions are true.

(Signature of Officer)

Taken on strength (place)

(date)

(Signature of Commanding Officer)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

191

Date

Place

Medical Officer

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

- (1) Name of Overseas Unit which Soldier joins 75th. Depot Battery, C.E.F.
- (2) Regimental Number Lieutenant.
- (3) Full Name of Soldier ACTON, CHARLES JOSEPH.
- (4) Place of Birth Gananoque, Ontario.
- (5) Are you married, or not? Married.
- (6) If married, state,
 - (a) Full name of your wife Elizabeth Earnshaw.
 - (b) Present Postal Address Gananoque, Ontario.
- (7) Are you a widower? No.
- (8) Have you any children? No.

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

Also their names and ages. -----

(9) Is your Father alive?.....No.

If so, state name and address.....

(10) Is your Mother alive?.....No.

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

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

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

.....Yes, Applied for.

(15) Are you insured?.....Yes.

If so, in what Company?.....

Commercial Travellers Association, Kingston.

Canadian Order of Foresters, Gananoque.

Prudential Insurance Co. Gananoque.

Have you made arrangements for payment of your Insurance premiums by Wife.....

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

A. J. Laturnell

Officer Commanding.

C.O. 75th Depot Battery, S.E.A., C.E.F.

Date.....October 1916.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
3507 Year 1917		Lieut	Acton	Charles J.
		Unit.	Age.	Service.
	Canadian Training School.		27.	26/2.
Station and Date. 13 Oct. 1917	Disease Injured Shoulder Joint.			
	Shoulder injured one week previous to admission during foot ball game. Very tender over coracoid, unable to abduct arm more than 45°.			
	X ray Examination negative for fracture.			
	Treatment. Massage.			
6/11/17	Tenderness lessened			
9/11/17	movements more free.			
10/11/17	Further Hospital treatment not indicated			
	E. M. Reid Capt. R. C. M. C.			

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

Station
and Date.

8. A 165

Y FOR.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13 Berners St. on 12-9-17

by order of. Adm S. Landon Aron

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) H. C. J. Actor (Corps) CFA Res

(Rank and Name) 1st Lt. C. E. McArthur (Corps) Infantry
Age 27 Service 24 Disability Chronic Tonsillitis op^d
12 29 9-14

Date of commencement of leave granted for present disability..... 29-8-14

Date on which placed on half-pay for present disability.....

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer who had a severe hemorrhage at time of operation still has rapidly, great action (100 per min sitting). He has a slight exogenous condition in left leg also.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service 40 1/2 months

2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* } *Not applicable*

3. Fit for Home Service..... *Yes without march*

4. Fit for Light Duty at Home.....

5. Requiring indoor hospital treatment—

- (a.) In an Officers' Hospital.....

- (b.) In an Officers' Convalescent Hospital.....

6. (a.) Fit for light duty at a Command Dépôt.....

- (b.) Fit for treatment only at a Command Depot.....

7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation

8. Was the disability contracted in the service?..... *Yes*

8. Was the disability contracted in the service.....
9. Was it contracted under circumstances over }
which he had no control? }

10. Was it caused by military service?..... *No*

11. If caused by military service, to what specific military conditions is it attributed? } *Yes applies*

- 12: If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? } *Yes. Service Condition*

Officer's
Address

Signatures

President.

Members.

[P.T.O.]

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

Lieut. ORIGINAL Original

MEDICAL HISTORY SHEET.

Surname Acton Christian Name Charles Joseph

Examined { on 20 day of March 1916
at Kingston

Approved by

C. H. Elliott

Walsey

Birthplace { City or Town Guananagui
County Leeds

Rank Capt. M.O.

Apparent age 26

Trade or occupation Manufacturer

Height 6 Feet 1 1/2 Inches.

Weight 215 Lbs.

Chest measurement { Minimum 42 inches.
Maximum expansion 4 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right Left /
Number 1

When Vaccinated last 10 years ago

(a) Marks indicating congenital peculiarities or previous disease none

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.
<u>11/10/16</u>		<u>C. H. Elliott</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>11/10/16</u>		<u>C. H. Elliott</u> M.O.
<u>4/10/16</u>		<u>C. H. Elliott</u> M.O.
<u>11/10/16</u>		<u>C. H. Elliott</u> M.O.

(b) Slight defects but not sufficient to cause rejection
4/16 Found fit none. Camp Standing
Medical Board P.M.
Pelawana Out. C. H. Elliott M.O.

Enlisted on 18 day of September 1916 at Kingston

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>B-Batt</u>			
Transferred to	<u>C. H. A. C. F.</u> <u>6th Res Bn.</u>			<u>19-1-18.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Shorncliffe</u>	<u>Feb 2-17</u>	<u>Exposure to rain</u>	<u>Fit for light duty</u> <u>to return camp</u>
<u>Seaford</u>	<u>1.6.18</u>		<u>A. L. H. M. Capt. Ch...</u>

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.

Action

Christian Name

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Pelawana	8/9/16	13	X	1917				Ingerwing		Is med Brand	Do not call
Helena Hop Shorncliffe		13	1	1917				Ingerwing to Pains			
		5	4	18	10	5	18	Serbia		captured by crew of boat. on board runs Hego...	J. H. L. L. L.

MEDICAL

tal No. 1

~~Katharine
Lester Bawle~~

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
33		Lieut.	Belton	C. J.
Year		Unit.	Age.	Service.
1918		6th Res. Canadians	27	2 1/2
Station and Date.	Disease			
2nd East S. Hosp. 5/4/18	Patient admitted from Seaford: complaining of rash, which he states began about middle of March. No definite lesions to be seen but few tubercles on arms and back. Several boils on front of thigh & outer side of left lower leg (about ankle) suppurated + Brown. Iones.			
28/4/18	Boils on front of Rt thigh healed. Another on left heel - have appeared on left foot (near ball) & on Rt thumb. Left leg healing.			
8/5/18	Boils improved. Left leg still several sores on outer lower surface. (suppurated) 29/4 Recommended for discharge.			
Unit				
D. G. Hall May				
9 MAY 1918				
10.5.18 Seaford				

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

Station
and Date.

CLINICAL CHART.

Army Form B. 181

Corps C. I. S.

(To be attached to Case Sheet.)

Military Hospital No. 13 C. G. H.

No.

Rank and Name Lieut. Peterson, C. I.

Age 27

Service 26 Months

Disease Injured Shoulder Joint

Date of admission 3rd Nov. 1917

Date of discharge

Result

Dates of Observation	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Dec 1	2	
Days of Disease	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
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Pulse per Minute	80																															
Respirations per Minute	20																															
Motions per 24 hours																																

Injured Shoulder Joint

CONFIDENTIAL.

Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

BHORNOLIFFE

assembled at 118, Westbourne Gardens, Folkestone on 29-8-17

by order of ADM Canadian

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lieut C. J. Acton (Corps) C. F. A. Reserve

Age 27 Service 24 Disability Chronic Sinusitis & (op) Risor. Bk.

Date of commencement of leave granted for present disability 29-8-17

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

he has today been discharged from Westcliffe Hosp. convalescent from an operation for above disability. He has a hemorrhage following the operation that lasted twenty hours. He is much improved but still weak and requires leave in which to recuperate. The Board recommends as below

Any Board may deal with this Officer
Not B.E.H. not First Board

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service No. unfit two weeks
2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category No do do
3. Fit for Home Service No do do
4. Fit for Light Duty at Home No do do
5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital
 - (b.) In an Officers' Convalescent Hospital
6. (a.) Fit for light duty at a Command Depot
- (b.) Fit for treatment only at a Command Depot
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation
8. Was the disability contracted in the service? Yes
9. Was it contracted under circumstances over which he had no control? Yes
10. Was it caused by military service? No
11. If caused by military service, to what specific military conditions is it attributed?
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? Yes G.S. Conditions

Officer's Address

Westcliffe Hosp

Folkestone

Signatures

Herbert Davis Esq President

D. E. Jones Capt Surgeon Members

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

PROCEEDINGS OF A MEDICAL BOARD.
 assembled at...SEAFORD.....on 12.11.17.
 by order of.....D/A.D.M.S., Canadians, Seaford.....
 for the purpose of examining and reporting upon the present state
 of health of (Rank and Name) **Lieut. Acton C.J.**.....Corps **C.T.S.**
 Age **26**.....Service **25/12**.....Disability **Injured Shoulder-Left.**

Date of commencement of leave granted for present disability...
 Date on which placed on half-pay for present disability...
 The Board having assembled pursuant to order, and having read
 the instructions on the back of the form, proceed to examine the
 above-named officer and find that **this officer injured his left**
shoulder on foot ball field and has been in hospital for past 10
days... There is no swelling now but slight pain in joint when arm
is lifted over his head... General condition good.
Board recommends One weeks leave.

The Board will classify the officer under one of the follow-
 ing categories, the probable period of unfitness for the higher
 categories being stated.

1. Fit for General Service... **No-one weeks.**
2. Fit for service in a Garrison or Labour
 Battalion abroad. No officer likely to
 be fit for general service within six
 months should be classed in this category } **No-one week.**
3. Fit for Home Service... **no-one week.**
4. Fit for Light Duty at Home... **no- one weeks**
5. Requiring indoor hospital treatment...
 - (a) In an Officers' Hospital...
 - (b) In an Officers' Convalescent Hospital...
6. (a) Fit for light duty at a Command Depot...
 - (b) Fit for treatment only at a Command Depot...
7. In very special cases such as tuberculosis leave
 not exceeding six months may be recommended by
 Medical Boards for special treatment, the Board
 giving detailed reasons for any such recommendation
8. Was the disability contracted in the service? **yes.**
9. Was it contracted under circumstances ever } **yes.**
 which he had no control?
10. Was it caused by military service? **yes.**
11. If caused by military service, to what
 specific military conditions is it
 attributed? } **Foot Ball training.**
12. If the disability was not caused by military
 service, was it aggravated thereby, and if so,
 by what specific military conditions? } **not appl.**

Officers { **C.T.S.** (Sgd.) **T.F. Graham. Capt. CAMC.** President.
 Address { **Bexhill.** **J. McKee. Capt. CAMC.** Members.

11-11-11

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PROCEEDINGS OF A MEDICAL BOARD

assembled at Hasting on Nov. 17/1917
 by order of Col. J. S. Canadian
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) LT. C. J. ACTON (Corps) C.T.S.
 Age 26 Service 25/12 Disability INJURED SHOULDER-LEFT
 Date of commencement of leave granted for present disability
 Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

this officer injured his left shoulder on football field & has been in hospital for past 10 days.

There is no swelling now - but slight pain in joint when arm is lifted over his head.

General condition good.

Board recommends One Week leave

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service no - one week
2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category no - one week
3. Fit for Home Service no - one week
4. Fit for Light Duty at Home no - one week
5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital
 - (b.) In an Officers' Convalescent Hospital
6. (a.) Fit for light duty at a Command Depot
- (b.) Fit for treatment only at a Command Depot
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation
8. Was the disability contracted in the service?
9. Was it contracted under circumstances over which he had no control?
10. Was it caused by military service?
11. If caused by military service, to what specific military conditions is it attributed? Football training
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? not applicable

Officer's Address

C.T.S.
Res. Hill

Signatures

T. J. Graham Capt. President.
J. McNeil Members.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER C. J. ACTON

REGIMENT C. F. A. RANK LIEUT.

No.

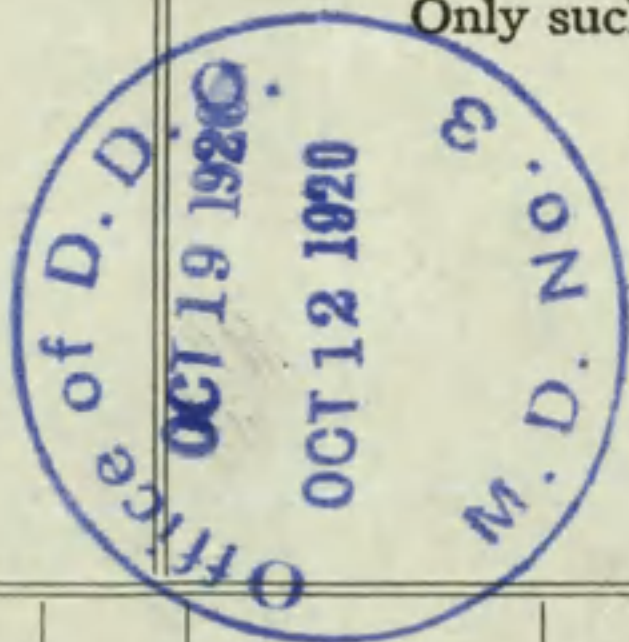


INSTRUCTIONS

- On examination the condition of patient's mouth to be marked on diagram in red ink.
- 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 :

- Condition on examination (in red).
- Condition on leaving Canada.
- 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			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
										U	L	P			Gold	Porcelain				
Condition on first Examination																				
	# 1 # 17							# 20						# 2 # 26 # 30				Le: J. Fraser		exam- 2.00 cleaning 1.50 1 am. ling 1.50 1.11 comp 2.00 1 sil. 2.00 3 ^{gold} crowns 3.00 <u>39.00</u>

I hereby acknowledge having received the above treatment.

(SIGNATURE)..... *C. J. Acton*

Completed Oct. 1920

H. Stewarts CAPTAIN
DISTRICT DENTAL OFFICER, M.D. NO. 3

ent.

678

Temporary

MEDICAL HISTORY SHEET.

Surname Acton Christian Name G. J. Lint

Examined { on _____ day of _____ 191____ { at _____	Approved by _____		
Birthplace { City or Town _____ { County _____	Rank _____ M.O. _____		
Apparent age <u>26</u>	Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
Trade or occupation <u>Manufacturer</u>			M.O. _____
Height _____ Feet _____ Inches _____			M.O. _____
Weight _____ Lbs. _____			M.O. _____
Chest measurement { Minimum _____ inches _____ { Maximum expansion _____ inches _____			M.O. _____ M.O. _____
Physical development _____			M.O. _____
Small-Pox Marks _____			M.O. _____
Vaccination Marks { Arm _____ Right _____ Left _____ { Number _____	Date.	Result.	VACCINATIONS.
When Vaccinated last _____			M.O. _____
(a) Marks indicating congenital peculiarities or previous disease _____			M.O. _____ M.O. _____
(b) Slight defects but not sufficient to cause rejection _____	Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
			M.O. _____ M.O. _____ M.O. _____

Enlisted on _____ day of _____ 191____ at _____

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>C. F. A.</u>			
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Hastings</u>	<u>12-11-17</u>	<u>Injured Shoulder</u>	<u>On work leave.</u>
<u>Hastings</u>	<u>19-11-17</u>	<u>Injured Shoulder Rft.</u>	<u>General Service</u> <u>PRESIDENT,</u> <u>STANDING MEDICAL BOARD.</u> <u>PRESIDENT,</u> <u>STANDING MEDICAL BOARD.</u>

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.

Surname:

[illegible]

Duplicate

MEDICAL HISTORY SHEET.

Surname Acton ACTON Christian Name Charles Joseph.

Examined { on 20 day of March 1916
at Kingston

Approved by

C. H. Elliott Capt

Birthplace { City or Town Ganauogui
County Leeds.

Rank _____ M.O.

Apparent age 26

Trade or occupation manufacturer

Height 6 Feet 1 1/2 Inches.

Weight 215- Lbs.

Chest measurement { Minimum 42 inches.
Maximum expansion 4 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right Left 1
Number 1

When Vaccinated last 10 years ago

(a) Marks indicating congenital peculiarities or
previous disease none

(b) Slight defects but not sufficient to cause rejection

12/10/16 Found fit by Camp Standing
Medical Board
Panama Canal, Panama, Panama.

Enlisted on 1 day of September 1916 at Kingston

	2nd Petawawa CORPS	ART Y DET	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>75th Batty</u>	<u>C.F.A C.F.F.</u>	<u>LIEUT.</u>		
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.

Adm-

Christian Name.

Charles French

[illegible]

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

M. F. W. 54. (A. F. B. 103.)

350M—5-16

H. Q. 1772-39-920

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. _____ Rank Lieutenant Name Charles Joseph Acton
C. E. F.

Enlisted (a) Sep 22/16 Terms of Service (a) War & Duration Service reckons from (a) Sept 22/16

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

Extended _____ Re-engaged _____ Qualification (b) 6 yrs 8th Field Battery Manufacturer

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				
		Embarked disembarked	Halifax Liverpool	23.11.16 30.11.16.	
2-12-16	OC Res Art C.F.D.	Having arrived as reinforcements from Canada 30-11-16 will be shown as attached R.B. C.F.D.	Shorncliffe	30-11-16	Pt. II 310 2-12-16
22.6.14	OC 2nd Bde C.R.A.	T.O.S. 2nd Bde C.R.A. from Res Bde C.F.D.	St Cliffe	22-6-14	2. II No 1 of 22. 6. 14
3.9.14	OC 2nd Bde C.R.A.	2nd Bde C.F.D. on being declared unfit for any service for 2 weeks	— " —	29-8-14	2. II 94
<u>James Delmonico</u> Lieut. for Colonel Comdg Can Reserve Art.					

(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.

Robert J. Beckon

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				
5-9-17	O. C. C.A.R.D.	SOS from 2nd Bde C.A.R.A. U.S. to 11-9-17	Shicliffe	29-8-17	Part # 180.
16-9-17	" "	SOS on transfer to C. O. R. D.	Witley	4-9-17	Part # 191 LIEUT. & ADJUT. FOR O.C. CAN. ART REGIMENTAL DEPOT.
13-10-17 26-9-17	C.O.R.D. C.O.R.D.	Taken on strength. Cast out Regt Depot. on transfer from Canadian Artillery Depot.	Seaford	14-9-17	P.O. 198. Lt Chamberlain Adjutant - Cast Out Regt Depot Seaford Sussex.
28-10-17	C.O.R.D.	On Command. Canadian Training School. Bexhill	Seaford	14-9-17	P.H.D. 215
25-12-17	C.O.R.D.	Off Command C.T. School - on Command. Gen. Trench Warfare School. Bexhill	Seaford	14-12-17	P.H.D. 288. Lieut. & Asst. Adjutant, for Officer Commanding, East. Ont. Regt'l Depot.
24-1-18	C.C.C.R.D.	S.C.C.R.D. on posting to 6th Res Bn	Seaford.	19-1-18	P.H.D. 624. Lt Chamberlain Adjutant, for Officer Commanding, East Ont. Regt'l Depot.

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

Casualty Form—Active Service.

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Unit, Regiment or Corps 6th Res. Bn. Canadians

Regimental No. _____ Rank Lieut Name Acton Charles, Joseph

Enlisted (a) 1-9-16 Terms of Service (a) C. E. F. W. H. Service reckons from (a) 1-9-16

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

Extended _____ Re-engaged _____ Qualification (b) Manufacturer

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				
21/1/18.	AC 6th Res.	T.O.S. 6th Res on posting from C.O.R.D.	Seaford	19/1/18.	Pt II B.O. 17
30.4.18.	AC 6th Res	S.O.S. on posting to C.O.R.D.	Seaford	30.4.18	Pt II B.O. 102. <i>R. Wadfield</i> Officer i/o Records, 6th Can. Res. Battalion.
11-5-18.	C.C.C.O.R.D.	S.O.S. on posting to 6th Res. Bn.	Seaford.	10-5-18.	Pt II B.O. 125. <i>E. D. Stone</i> for Officer Commanding, East Ont. Regt'l Depot.
13.5.18.	AC 6th Res	T.O.S. 6th Res on posting from	C.O.R.D.	10.5.18	Pt II B.O. 113

(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				
18.6.18	O.C. 6th Res.	In proceeding to report at H.2. O.M. G.C. pending return to Canada is S.O.S. 6th Res on posting to E.O.R.D.	Seaford	18.6.18	Pt II B.O. 143. <i>W. Mitchell Lt.</i> Officer i/c Records, 6th Can. Res. Battalion.
21-6-18	C.C. E.O.R.D.	Re-70 S.O.S. on posting from 6th Res. Bn. to E.O.R.D. pending return to Canada.	Seaford.	18-6-18	Pt II B.O. 159.
2-7-18	C.C. E.O.R.D.	S.O.S. on posting to 6th Res. Bn.	Seaford.	27-6-18	Pt II B.O. 168. <i>W. Mitchell</i> for Officer Commanding, East Ont. Regt'l Depot.
28/6/18	O.C. 6th Res.	Re-20 S. 6th Res. Bn. on posting to E.O.R.D.	Seaford.	27/6/18	Pt II B.O. 152.
15.7.18	O.C. 6th Res.	S.O.S. 6th Res. Bn. on posting to E.O.R.D. (152)	Seaford	13.7.18	Pt II B.O. 165. <i>W. Mitchell Lt.</i> OFFICER i/c RECORDS 6th CAN. RES. BN.
17-7-18	C.C. E.O.R.D.	10 S.O.S. on posting from 6th Res. Bn. to E.O.R.D. Reading.	Seaford.	13-7-18	Pt II B.O. 181. <i>W. Mitchell</i> for Officer Commanding, East Ont. Regt'l Depot.

W. H. 3. 21.

1. THIS IS TO CERTIFY that (Rank) Lieutenant
2. (Name in full) Charles Joseph Acton
3. Enlisted in 75 Depot Bty C.F.A.
4. CANADIAN EXPEDITIONARY FORCE, on the _____
5. day of _____ 191_____ AND WAS APPOINTED TO COMMISSIONED RANK
6. in 75 Depot Bty C.F.A.
7. CANADIAN EXPEDITIONARY FORCE on the first day
8. of September 1916
9. He SERVED in CANADA & England with the 75 Depot Bty C.F.A.
C.A.R.D., 2nd Bde C.P.A., E.O.R.D., 6 Res Bde,
Or Command D.R.A.F.
10. and was STRUCK OFF THE STRENGTH on the twelfth day
11. of January 1919 by reason of Gen. Demobilization
12. Dated at Ottawa, this _____ day
13. of _____ 191_____
- 14.

Reg. No.

Rank. *Lieut.*

Name *Acton, Charles Joseph*

Unit. *13th Depot Bty #3 DD*

This form, after completion, is to be attached to
the documents of the m/n and filed in envelope.

H.Q. File Reference

Date Struck off Strength. *12-1-19*

Reason. *Demobilization*

Military District. *#3*

Auth. D.O. 21 of 21. 1. 19 #3 DD

Clerk's Initials. *G.L.*

Date. *12-3-19*

Doc. S. F. 10.
500/11/18.

Ref. No.
Rank
Name
Unit

This form, after completion, is to be attached to
the statement of the unit and filed in envelope.

U.S. Civil Reference
Date struck off strength
Reason
Military District

Operator's initials
Date

Doc. 8-10-1
5007-1-10-1

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Regtl. No., Rank and Name 1st Lt. Nelson Corps Reserve 1st Bn

Disease Hospital 6th

To Officer i/c Laboratory. Ward

Please carry out an examination of the accompanying specimen of Urine
with special regard to Complete Urinalysis

Date 3/3/17 R. B. Jenkins O. i/c Ward.

LABORATORY REPORT.

Color	Red	Not sufficient quantity of urine for this test G.C.
Sp. Grav.		
Reaction	Slightly Alkaline	
Sugar	Negative	
Albumen	Positive	
Microscopic	R. B. Jenkins for with	



Date of Examination 3.3.17 R. B. Jenkins Capt O. i/c Laboratory.

1123-420-300000

Article
No. 123456789
For the purpose
of the
study of the
history of the
country



Received
from the
National Library of Medicine
Washington, D.C.

For the
study of the
history of the
country

LIBRARY OF MEDICINE

O. No.

123456789

Date

When received by

Please send me an examination of the accompanying specimen of

Dr. O. No. 123456789

Dr. W.

Address

Hospital

City, State and Country

City

CANADIAN MILITARY HOSPITAL

Hastings.....1917.

To be returned to

ward...*D.I.*.....

Name...*Acton* Rank...*Sgt* Regt'l. No. Unit...*B.75 A.&D.*

Part X. Rayed...*Left Shoulder*.....

X-Ray Officer's Report...*X-Ray negative - No fracture*.....

.....*R. W. Maynard*.....C.A.M.C.
Officer X-Ray Department.

504

2011

W. J.

... ..

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Surname

Christian Name

Reg. No.

ACTON.

C.

J.

DMS. 4-A-14.

Rank

Unit

Lieut.

Res. Bgde. CFA.

MEDICAL BOARD held at

Date

Serial No.

(1) Shorncliffe. 2-2-17.

Other Medical Boards at

Date

Serial No.

(2) Shorncliffe. 22-2-17.

(3) do. 29-8-17.

(4) London Area 12-9-17.

(5) Seaford. 12-11-17.

do.

19-11-17.

Condition found by Board

Chr. Tonsillitis & Op.

Disposition Recommended

(1) Lt. duty. Gen. ser. 3 weeks.

(2) Fit for gen. service.

(3) Unfit any service 2 weeks.

(4) Fit Home ser. w'out. mchng. Unfit Gen. ser. 1 month

Unfit any service 1 week.

(5) Fit General service.

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Acton

C.J.

Lieut.

Res.Bde. C.F.A.
E.O.R.D.

Shorncliffe Military Hospital 13-1-17.
Westcliffe Eye & Ear Hospital 15-8-17.
13 Can.General Hospital, Hastings. 4-11-17.

Ingrowing Toe Nails.
Tonsillitis Chr. *R*
Inj. to Shoulder. *Re.*

Discharged:- 3-2-17.
do. 29-8-17.
do. 12-11-17.

C.L. 19-1-17 577-2

3-3-17. 614-3.

18-8-17 755-4.

7-9-17 772-2.

10-11-17 827-4.

21-1-18 886-10.

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London

W.F.

No.

RANK

Lieut.

NAME

Acton, C. J.

T. O. S.

UNIT

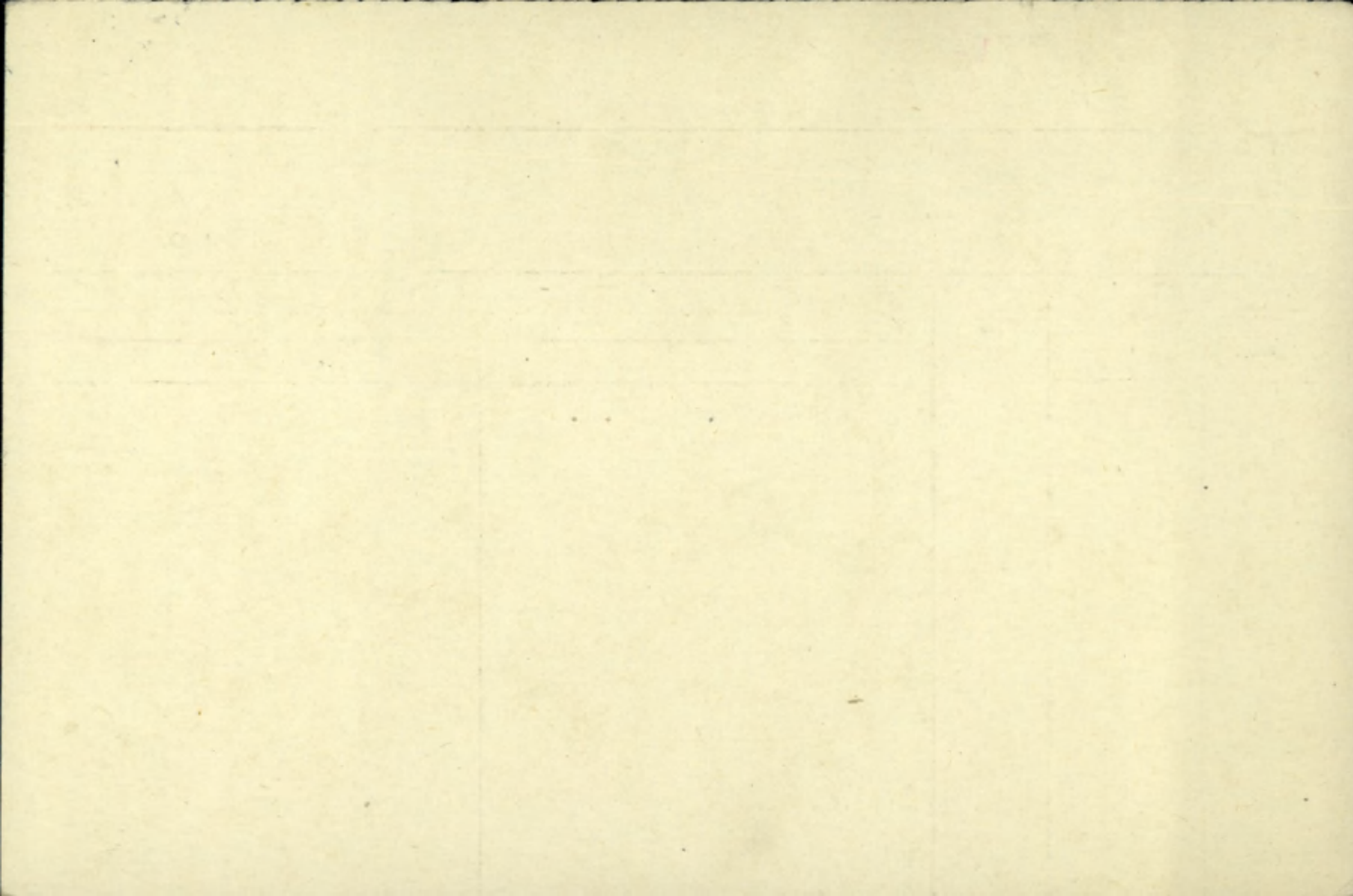
*Overseas draft.
(75th Battery)*M. D. *9*PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

*1916**1916**Oct. 1**Oct. 31**21*



SURNAME.

Acton

3

CARD NO.

CHRISTIAN NAMES

Charles, Joseph,

REGL. NO.

RANK

Lieut,

UNIT

51st Bty,

FORMER CORPS

8th Bty C.F.A. (3 yrs.) R.A. (6 mos.)

NEXT OF KIN.

NAMES IN FULL

Acton Mrs Elizabeth (Lily)

RELATIONSHIP TO SOLDIER

Wife,

ADDRESS

Ganarogue, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Ganarogue, Ont.

DATE

Jan. 16th 1890.

PLACE OF ATTESTATION

DATE

Sailed H.M.T. "Mauritania"

23-11-16

9/6 19-12-18 243

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

mgr, Wholesale Hardware

RELIGION

Lutheran

Presbyterian,

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Kingston, Ont,

DATE

Feb. 26th 1916,

Present Address:

Montenac Hotel, Kingston, Ont,

NAME

Acton

C.

REGT'L No.

H. Q. FILE No. 649.

RANK AND CORPS

Lieut.

Res Bde C 7th

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
755 ⁽⁴⁾	West Cliff Can. Co & Co. 7' stone	15-8-17	Tonsillitis Chr
772 ⁽²⁾	Elisch.	29-8-17	"
577	Mil: Shorne	13-1-17	Ingrowing Toe Nails
614	Elisc.	3-2-17	" " " (3 rd Liv)
827	No 13 Can Gun; Hoeting	4-11-17	Inj. Shldr. (E.O. Reg Dep)
886.	Elischanged	12-11-17	Inj. Shldr

Name

ACTON

Rank

Lieut.

Reg. No.

Unit

Charles Joseph

~~Res Bde CFA.~~ *EORD*

Next of Kin

Canada.

Date

Movement

Place

Casualty

List
No.Notified
N/K O.

W.O. List

1917

13-1 Mil. Hos. Shorncliffe Ingrowing Toenails 577

3-2-17

Discharged

614

15 8 17

West cliff & E. H. Stone Consultants

755

29 8 17

Discharged

772

4-11-17

*1360 Genl. Hastings**Inf. Shldr*

827

12-11-17

Discharged

886

[illegible]

No.

RANK

Lieut

NAME

Acton, C.

J.

T. O. S.

UNIT

51st Battery C. S. A. (13th Bgde)

Trans from 8th Bgde 11-2-16.

No. 12 of 12-2-16.

M. D. 3.

PAID
FROMPAID
TOSIG.
OR
REC'D

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1916 1916

Feb 4 Feb 29

Mar

Apr

May

June: No account

Transferred to Cornwall
Canal Guard-31-5-16

20. Q. 138 of 17-6-16



No.

RANK

Lieut

NAME

Acton C J

T. O. S.

1-9-16
W.O. 94^a 17-9-16

UNIT

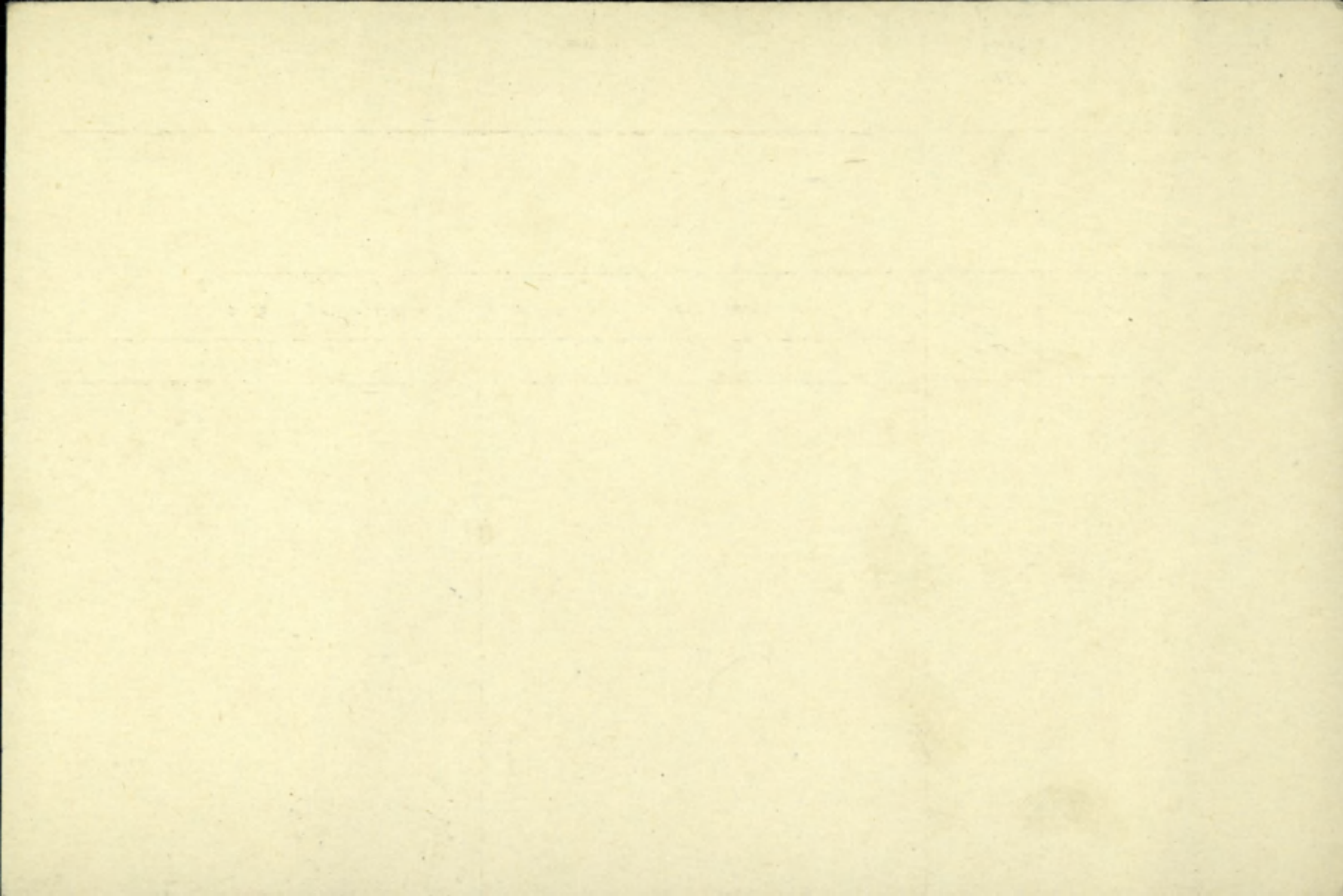
*75th Depot Battery C. E. F.*M. D. *9*PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1916
Sept 1
*Oct**1916*
*Sept 30**76*
*77**Pro. Overseas Oct 21. To
be struck off pay roll Oct 31**W.O. 129^a of 22-10-16*



Number

Rank

LIEUT

B

Surname

ACTON

Christian Names

CHARLES JOSEPH

Unit

Theatre of War

ENGLAND

Date of Service

23 11. 16

10 12 18

Remarks

2725 — 15th Ave.

Latest Address

~~Regina~~
Regina,
Sask.

Roll No.

A

26 ¹⁰/₂₉

Page 324

Quinn. rec'd 26^{10/25}

DESP. OCT 22 1925

REGN. NO. 17347

DESP. OCT 28 1929

REGN. NO. 44560

Serial Name *Acton, John*

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

Regimental No.

Name and address of next-of-kin

Unit *67A*

Randolph Hotel,

Date of enlistment *6 APR 18*

Kingston, Ont

Place of

Married (yes or no)

Date and place discharged *Jan to 667*
W D 3

Amount of pay assigned monthly \$

Reason for discharge

To whom payable *DEC 10 1918*

Character on discharge

MELITA

DEC 18 1918

Pub Exp

1 L.P.C. dis 31 1/2
CP.

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

Remarks, Casualties, etc.

L.P.C. No.

Name and address of next-of-kin

Place of “

Date and place discharged

Reason for discharge

Character on discharge

[illegible]

Nov Dec chgd Dec
Nov none entered Jan

Acton. J. Lewis.

R.A.F.
75 Bly
Res. Oza

Mrs. Eliz. L. Acton.
P.O. Box. 37.
Gananoque Ont.

1-1-19
Ptd
Canada
Payment Stopped
At 3 M Form

[illegible]

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. *Mrs. E. L. Acton.**Wife*
PAYMENTS.Name of Soldier *Acton. Chas. J.*
Lieut.

L. L. Job 4503. Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		L 21636	166	166
Nov.		Q 23712	30	30
Dec.		U 27011	30	30
Jan.	1917	A 28527	20	30
Feb.		A 31470	30	30
March		A 34674	30	30
April		B 104	30	30
May		B 3559	30	30
June		C 7131	30	30
July		B 11441	30	30
Aug.		6 12780	30	30
Sept.		G 17231	30	30
Oct.			30	30
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

613781
Cancelled 13780
496

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

SEPARATION ALLOWANCE

Name

Mrs. Elizabeth L. Acton

Name of Soldier

Acton, Charles Jos.

Address

Box 37, Gananoque,
Ont.

Regtl. No.

Rank

Lieut.

Corps

75 Bty.

Relation to Soldier

wife, child or mother

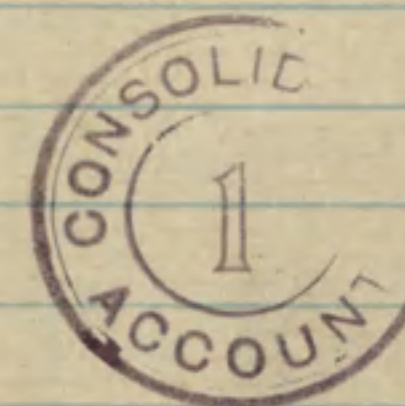
} Wife.

To what Corps belonging

when called out

PAYMENTS

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



22

U?

0 143728

11 1

MILITIA AND DEFENCE ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2. Mrs E. L. Acton
(Assignee)

L. L. Job 5470—Req. 6888.

Wife

Name of Soldier

Acton Charles Joseph
Lieutenant 75 Bty 6 F.A.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		B 28757	50	✓
Dec.		C 37212	50	
Jan. <i>71</i>	1917	A 38457	50	
Feb.		A 43433	50	50 A
March		A 49356	50	50-h
April		B 204	50	✓ 50 E
May		B 6183	50	
June		B 14103	50	50. B
July		B 21265	50	S
Aug.		C 26226	50	Lu
Sept.		C 33498	50	Lu 550 ⁰⁰ ✓
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

8
71
mce

50. xx
NOV 1 1916

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.					

1-11-16
MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12

50m.--7-16

H. Q. 1772-39-819

To Whom *Mrs Elis Lily Acton*
Address *Box 34*
Gananoque,
Ont.

By Whom Assigned

Acton Charles Joseph

Regtl. No.

Rank

Lieutenant

Corps

3rd Bde. C.E.F. C.F.A. 75th Battery

Rate

50.00

NOV 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Consolidated Account</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

251

Nov. 1st/16

RATE OF SEPARATION ALLOWANCE

30	40		
----	----	--	--

162753
MO 26896

RATE OF ASSIGNMENT

\$50-			
-------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Charles Joseph Acton

75th Battery, C. F. A.

Mrs. Elizabeth L. Acton

Wife

M7W2554 29/7/18

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

(wife)
Mrs. Eliz. Lily Acton
Box 37, Gananoque, Ont.

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30-17.		496	550	1046	M7W2554 Ret'd ok. HC 19/1/18
Oct B	50242	30	50	80	(MRO 53699)
Nov. B	51942	30	50	80	
Dec. B	52539	30	50	80	
Jan/18. B	63989	30	50	80	
Feb ✓ B	90231	30	50	80	
Mar	97453	30	50	80	
Apr	97231	30	50	80	
May	10156	30	50	80	
June B	13109	30	50	80	
July ✓	26053	30	50	80	
AUG	28510	30	50	80	
SEP	35110	30	50	80	
OCT	41738	30	50	80	
NOV	49843	30	50	80	
DEC	62244	70	50	120	
JAN		40	50	90	
		986	1300		

Sagar A/c Closed 31/12/18.
Ret'd per Melita
M.D. J. Date 17/12/18 x 23/12/18
Olerk



Date	Brief details, and signature
29-8-17.	<u>Unfit 2 wks.</u> D. B. Hume Capt. C. M. C.

[illegible]

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the 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				
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.	14	8	17	28	8	17	Acute Tonsillitis	15	Tonsils removed. (Recommended for 2 weeks leave)	M. M. Mumford Esq.

M. OR S.

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

REGT. No.

RANK *Lieut.*

NAME (IN FULL) *Acton C. J.*

AUDITOR

PAYMASTER

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ORIGINAL UNIT
C. E. F. *C.F.A.*

IF IN P. F.
WHAT UNIT?

(BLOCK LETTERS, SURNAME FIRST)

ADDRESS

*Lieut. Acton, Chas. Joseph John
Box 37, Gananoque, Ont.*

PLACE OF
ATTESTATION

TRANSFERRED TO

DTE

AUTHORITY

DATE OF
ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

IS SEPARATION ALLOWANCE PAID? *Yes*

DATE EFFECTIVE

ASSIGNED PAY, \$ *50 -*

DATE EFFECTIVE

TO WHOM PAID

Mrs Elizabeth L. Acton

RELATIONSHIP

wife

PAYABLE TO

Mrs Elizabeth L. Acton

RELATIONSHIP

ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

Box 37

ADDRESS

Box 37

Gananoque Ont

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

EFFECTIVE

DISCHARGED

PLACE

DATE

REASON

AUTHORITY

IF ENTITLED TO
POST
DISCHARGE
PAY

Kingston

12/1/19

RO-1538-5021

MONTH	PAY AND F. A.			OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES			TOTAL DEBITS	BALANCE											
	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.	\$	C.			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.

Balance from previous account

<i>Jan-1-12</i>	<i>12</i>	<i>3</i>	<i>36 -</i>	<i>16</i>	<i>23 80</i>	<i>75 80</i>	<i>294</i>	<i>352</i>	<i>25 -</i>	<i>12 80</i>	<i>16 -</i>	<i>22 -</i>	<i>22 -</i>	<i>53 80</i>	<i>75 80</i>									<i>50</i>
-----------------	-----------	----------	-------------	-----------	--------------	--------------	------------	------------	-------------	--------------	-------------	-------------	-------------	--------------	--------------	--	--	--	--	--	--	--	--	-----------

War Service Gratuity

<i>153 days @ #3</i>	<i>W.S.G. S.A.</i>	<i>459 -</i>	<i>200 -</i>	<i>659 -</i>	<i>735 50</i>	<i>W.S.G. S.A.</i>	<i>93 00</i>	<i>40 00</i>	<i>133</i>	<i>366 -</i>	<i>1160 -</i>	<i>Soldier Dependent</i>	<i>M. 7.10.25.95 Rec</i>
		<i>659 -</i>					<i>183</i>	<i>80</i>	<i>396</i>	<i>1183</i>	<i>80</i>		<i>Q234530 - Q234534 - March 3/19</i>
							<i>163 52</i>	<i>80</i>	<i>639 52</i>	<i>19 48</i>			<i>#236505 #236506. Mar 1919</i>
							<i>19 48</i>		<i>659</i>				<i>20/5/19 #333523 #333524</i>
							<i>46 50</i>		<i>735 50</i>				<i>13/6/19 #328761</i>

1920 Apr 13

21 50

21 50

*Instructional Flying Pay 7/18-18/19
@ 50¢ per day
#2150 PERIOD 701267
4/23/4/20*

Accounting W.L.G. done, sent Feb 17

ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND A.

RANK.

DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount. \$ 50⁰⁰/₁₀₀

Separation Allowance issued. Yes or No.....

6th Res. Bn.
R.A.F.

Pay 2⁰⁰/₁₀₀
F.A. 6⁰⁰/₁₀₀
Messing 1⁰⁰/₁₀₀

Lieut.

1¹²/₁₆ J. Can D.O.
6262. C.T.D.
Scliffe. 14¹²/₁₆

Name Acton
Initials C. J.
Bank of Montreal.

Add Outfit Allowance 1¹²/₁₆

DATE
1918

PARTICULARS

1918-19

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

Apr. 11

Pay April (R)

108

"

Adv. April P. A.

Bank 087

58

17

A. P. Can.

50

May 1

Adv. L. b.

Bank 1315

29 20

13

Pay May (R)

111 60

24

A. P. Can.

Bank 2551

32 40

June 5

Adv. P. A.

9057

108

12

June Pay R.

18

A. P. Can.

Bank 3628

33 67

26 Adv Trav Allow

3838

\$ 7.00 \$ 34.77

July 12

A. P. Can

50

15

adv. July P. A. L. 5

Bank

24 33

18

July Pay R.

111 60

19

Ch. to Hotel Metrop. Brighton (R. L. 53971)

Cash 5019

9 23

Aug 9

Adv. P. A.

Direct 5081

27 54

12

Aug Pay R.

111 60

24

A. P. Can.

50

28 Trav Allow 18-27⁶/₁₈ applied on

Bank 406997 7225

70 60

Sept 5

Flying Pay 1-31⁸/₁₈

9523

1550

6

Bank 7848

1550

7. Bal of Outstanding advance on Lst 113 Sept Trav. Exp Ch 4216 2/1071.

2 43

2 43

forward

\$ 6.10.0
Transf. - 4¹³/₁₈ - 5. 5⁹/₁₈

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$ 50⁰⁰ Canada

Separation Allowance issued. Yes or No.....

C. J. A.
6th Res Bn
R. A. F.

Pay \$2⁰⁰ Pd.
F.A. 60
Messing/00

Lieut

1¹²/₁₆

Name Acton
Initials C. J.
Bank of Montreal

Add. Outfit allee 18/18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
Sept	Brought fwd.					243		
	Pay Sept R.	108 -						
16	A. P. Can.				50 -			
21	Bank Sept Pay	8750		55 57				
Oct 7	Flying Pay 1-30 9/18	V. 12418	15 -					
" 7	Bank 9683			15 -				
"	Pay Oct R.	111 60						
"	A. P. Can.				50 -			
22	Bank 10393			61 60				
29	Draw allee 17-28 9/18	Raz 928					7-50	35 ²⁹
31	Flying Pay 1-31 10/18	V. 13701	15 50					
31	Bank 11046			15 50				
Nov.	Pay Nov R.	140 -						
9	List 78 Nov. I. on R. 28 10/18. Lon. Lg-2-6. Var. Goods V. 1041			44 41				
"	Add. Outfit allee 18/18	100 -						
"	A. P. Can.				50 -			
26	Bank 12542			145 59				
27	Draw allee 26 ¹⁰ -27 ¹¹ /18	Raz 1023					5-12-6	27 ³⁷
Dec 9	Flying Pay 1-30 11/18	V. 18380	15 -				Revd to loan	
" 9	Dec Pay R.	124 -					L. O. to 31 ¹² /18	
" 9	Direct 13168			89 -			Off. to No. Ledger	
"	A. P. Can				50 -		Dr. L. 2-12 9/19.	

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

Miss
DATE AUTHORITY

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

Res. C. D. A.

Lieut

1 1/2

*From Canada
J. O. 6262 C. T. D.
(Self) 14 1/2*

Name

Initials

Bank

*Acton
C. J.
Bank of Montreal*

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

1917

1917-18

Apr 17. A. P. Can.

26. Pay April (R.)

26. Bank. 3009

May 15. A. P. Can.

15. Pay May (R.)

24. Bank. 6013

June 13. A. P. Can.

18. Pay June (R.)

20. Bank. 7999

July 17. A. P. Can.

18. Pay July (R.)

23. Bank. 13079

Aug 8. A. P. Can.

20. Pay Aug (R.)

22. Bank. 17361

Sept 3. Adv. P + a. 15

10. Do 15

18. A. P. Can.

19. Pay Sept (R.)

20. Bank. 21725

Oct 8. Adv. P + a. 18

9. A. P. Can.

23. Pay Oct (R.)

23. Bank. 22349

19. Rations. 18-30 2/11

Balance Forward

7073

108.

58.

50.

50.

111.60

61.60

50.

108.

58.

50.

111.60

61.60

50.

111.60

61.60

24.33

24.33

24.34

48.67

50.

108.

9.33

38.93

50.

111.60

22.67

Nil

17/4

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 50⁰⁰/₁₀₀

Separation Allowance issued. Yes or No.....

NAME OF UNIT. DATE AUTHORITY
Res CFA Pay. 2⁰⁰ p.d.
J.A. 60
Mess. 1⁰⁰

RANK. Mess
Lieut 1¹²/₁₆ From Can. AUTHORITY
D.O. 6262. CTD
Schiffe 11¹²/₁₆

NAME. Acton
Initials C. J.
Bank of Montreal.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917.								
Nov 1.	Balance Brought Forward					Nil.		
1	Adv Psa \$4	Bank 26514.		19 47				
12.	adv. Psa \$5	Bank 28631.		24 33				
17	A. P. Can.				50			
19	Pay Nov. (R)		108					
23.		Bank 30662.		14 20				
Dec. 3.	Adv. Psa. \$5	Bank 31060		24 33				
" 10	Pay. Dec. (R)		111 60					
" 12	A. P. Can.				50			
" 15		Bank 32977		31 27				
Jan. 9.	A. P. Can.				50			
" 14	Pay. Jan. (R)		111 60					
" 23.	Adv. P & A. £8	Bank 37175		38 93				
Feb. 8	Pay. Feb. (R)	Bank 39459		22 67				
" 12.	A. P. Can.		100 80					
" 22		Bank 41013		50 80				
17	Rations 1-31 ¹⁰ / ₁₇	9211					f2-1-4.	
Mar. 4	Pay. Mar. (R)		111 60					
" 11	A. P. Can.				50			
22		Bank 42627		61 60				
	Rations 1-14 ¹² / ₁₇	12031					18/8	
	✓ 1-3 ¹¹ / ₁₇	10555					4/1.	
	✓ 12-30 ¹¹ / ₁₇	10555					£1-5-4	

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

Mess
DATE

AUTHORITY

Beneficiary

Address

Amount. \$5000

Separation Allowance issued. Yes or No.

Res Bde C4A

Lieut 1. 12. 16 From Canada
20th 6262. C4A
(Selfe) 4/4-12-16

Name Acton

Initials C. J.

Bank of Montreal

DATE

PARTICULARS

1916-17

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case

INITIALS

1916

Dec 11 Dec P & A. for Bal \$3. Bank.

65 60.

1917
Jan 6 A.P. Canada.100 (2 100)
50 165 60

A.P. Can.

22 A.P. Nov 1916. chgd twice 24533

50

22 Credit Balance Canada 30 1/2 248

3

22 P & A for 1-31 1/2. Mus for 30 1/2. 2416288

112 60

22 Jan Pay R.

111 60

25 Bank

19283

61 60

Feb 16 Feb Pay R.

100 80

17 A.P. Can.

50

23 Bank

21930

50 80

Mar 20 Mar Pay R.

111 60

15 A.P. Can.

50

26 Bank

24822

61 60

