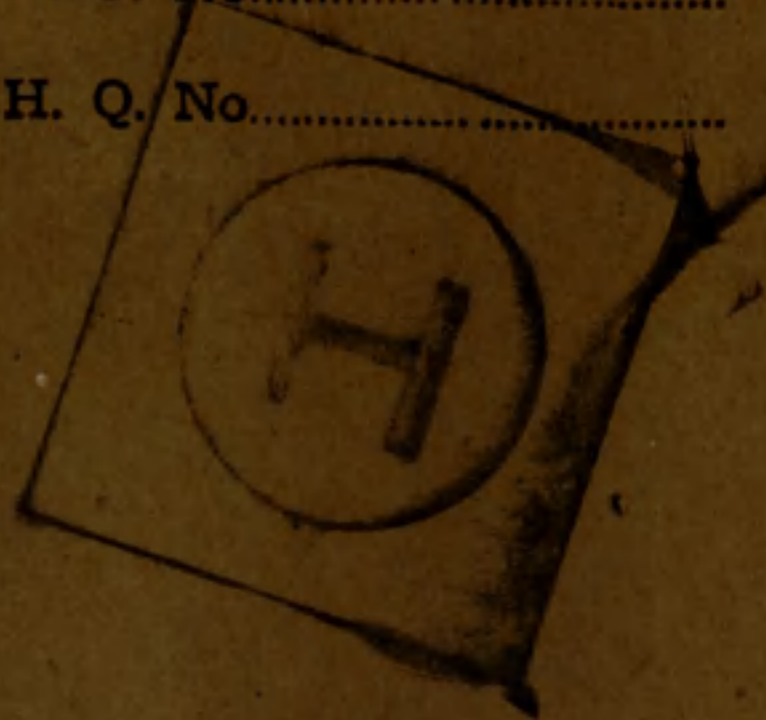


1818. 7. 12. 18.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

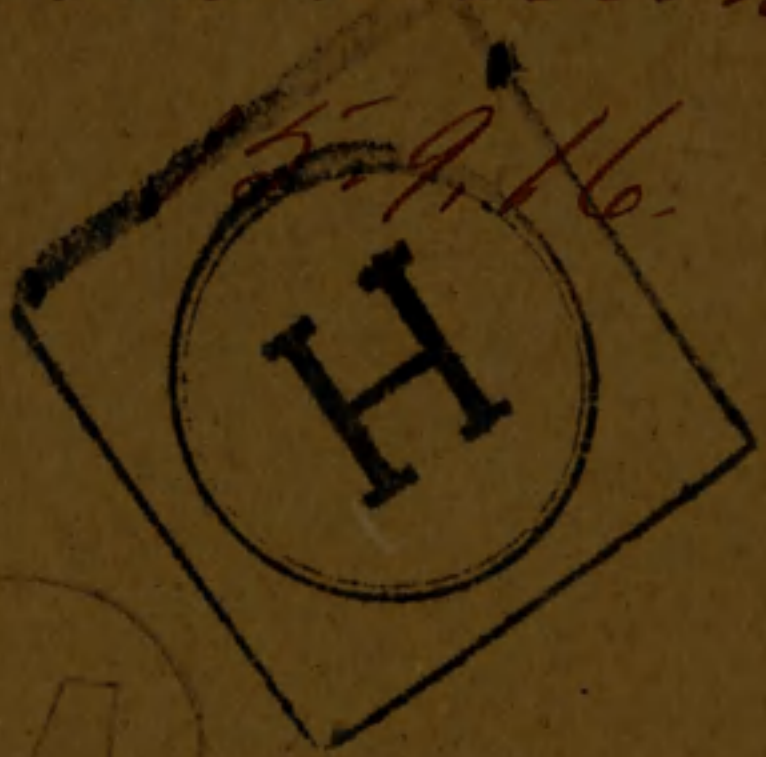


- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 1
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 1
- Compulsory Stoppages.....
- Casualty Forms..... 1
- 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..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name CARD, REGINALD.
 Regt. No. 425530 Rank Pte.
 Corps 45th Va. Inf.

06393

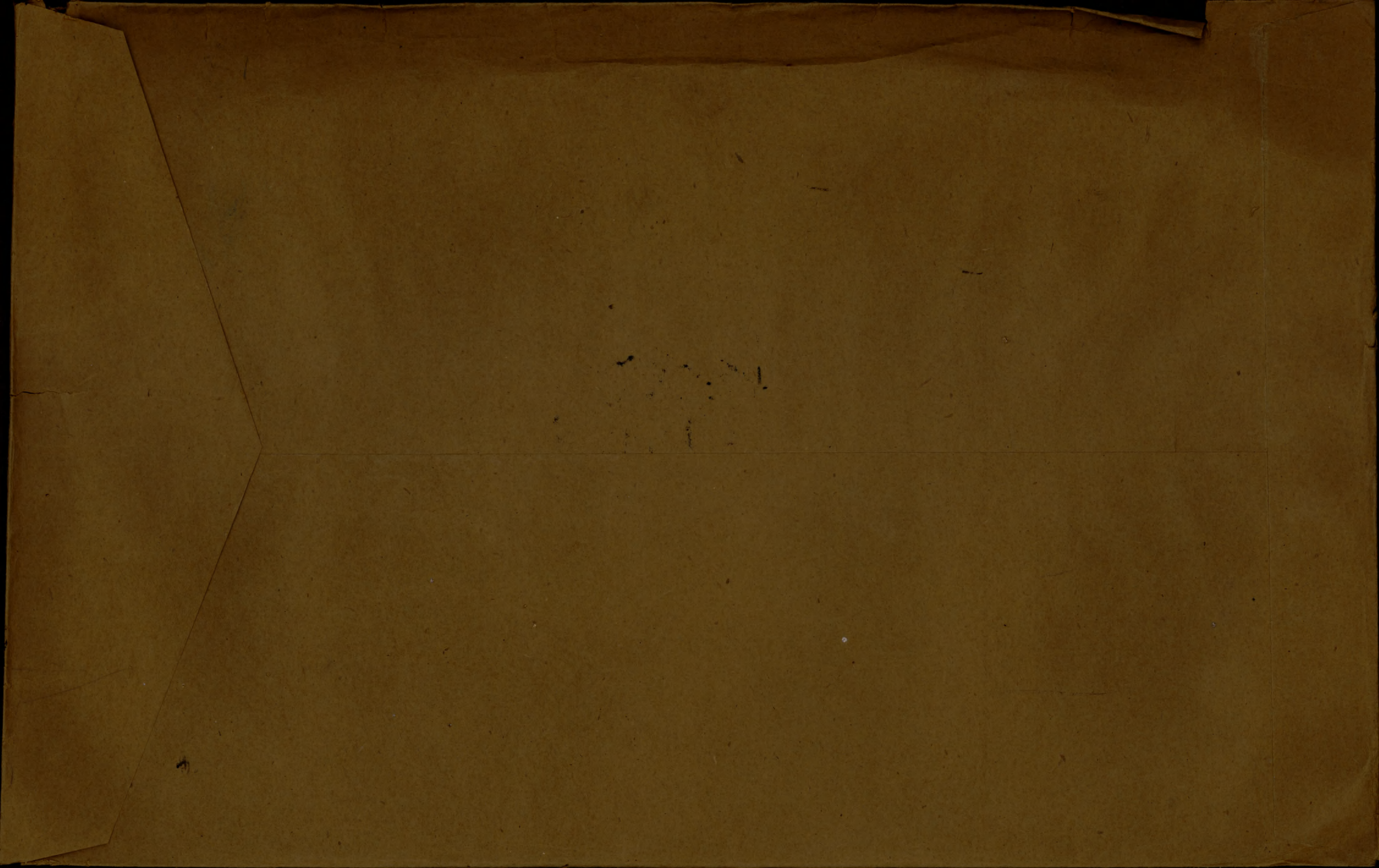
Killed in action



30 - 23
 12 - 22
 9 - 22
 21

*M. F. W. 62
3/10
4/6*

D. B. 122-1



ORIGINAL

copy.

ATTESTATION PAPER.

No. 425530

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Reginald Card
2. In what Town, Township or Parish, and in what Country were you born?..... Somerset England
3. What is the name of your next-of-kin?..... M^{rs} Phoebe Card
4. What is the address of your next-of-kin?..... ~~Abbey Park~~ ~~Magdalen St~~ Glastonbury ENG
5. What is the date of your birth?..... Feb 25th 1890
6. What is your Trade or Calling?..... Labourer.
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

R Card. (Signature of Man).

J Law Beatto (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Reginald Card, 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.

R Card. (Signature of Recruit)

Date Sept 14th 1915 J Law Beatto (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Reginald Card, 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.

R Card (Signature of Recruit)

Date Sept 4th 1915 J Law Beatto (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 Udew this 14th day of Sept 1915.

G Forrest (Signature of Justice)

MAYOR

I hereby certify that this is a true copy of the original Attestation paper signed by the recruit.

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

Lieut-Col. O. C. 45th Overseas Battalion.

J J Clark (Approving Officer)

Description of *Reginald Card* on Enlistment.

Apparent Age *25* years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height *5* ft. *10* ins.

Chest measurement { Girth when fully expanded *37* ins.
 Range of expansion *2* ins.

Complexion *Fresh*

Eyes *Dark Grey*

Hair *Brown*

Religious denominations. { Church of England *X*
 Presbyterian
 Wesleyan
 Baptist or Congregationalist
 Other Protestants
 (Denomination to be stated.)
 Roman Catholic
 Jewish

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 *Sept 14th* 19*15*.

..... *G. V. Bedford*

Place *Morden*

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.

..... *Reginald Card* 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.

..... *H. J. Clark* (Signature of Officer)
Lt Col

Date *Sept 14th* 19*15*.

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

Casualty Form—Active Service.

CERTIFIED CORRECT
 M. F. W. 54.
 18th Nov. 1915.
 H.Q. 1772-39-920.
 War Office,
 St. James's,
 Militank, S.W.

Unit, Regiment or Corps **45th Overseas Battalion.**

Regimental No. **425530** Rank **Pte.** Name **Card, Reginald**

Enlisted (a) **14/9/15** Terms of Service (a) **D.O.W.** Service reckons from (a) **14/9/15**

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				
		<i>Embarked Canada</i>		<i>12/3/16</i>	
		<i>Disembarked England</i>		<i>25/2/16</i>	
<i>6/6/16</i>	<i>Bn 062</i>	<i>Transferred to 1st B.M.R. France</i>		<i>6/6/16</i>	<i>S. S. Lapland. Adjutant 45th Battalion. C.F.F.</i>
<i>8.6.16</i>	<i>CBQ</i>	<i>Arrived in France</i>	<i>CBQ</i>	<i>8.6.16</i>	<i>N. Roll</i>
<i>9.6.16</i>	<i>do</i>	<i>Left CBQ for unit</i>	<i>Field</i>	<i>9.6.16</i>	<i>do</i>
<i>17.6.16</i>	<i>Unit</i>	<i>Joined unit</i>	<i>do</i>	<i>10.6.16</i>	<i>B 213</i>
<i>16.9.16</i>	<i>Unit</i>	<i>W in Action</i>	<i>Field</i>	<i>15.9.16</i>	<i>B 213. D.O. 176 of 28.9.16 P. 11. 22. d/29.9.16</i>
		<i>[Signature]</i>			
					Lieutenant for Lt Col. A. A. G.

(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				

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Coard Christian Name Reginald

Examined { on 14th day of Sept 1915
 at Morden man

Approved by H. Ross
 Rank Capt C.A. McCosm M.O.

Birthplace { City or Town Somerset
 County England

Apparent age 25 years

Trade or occupation Labourer

Height 5 Feet 10 Inches.

Weight 7 Lbs.

Chest measurement { Minimum 35 inches.
 Maximum expansion 2 inches

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right Left
 Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

Date	Result	VACCINATIONS.
<u>15/9/15</u>	<u>Good</u>	<u>H.R.</u>
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1.10.15</u>		
<u>10.10.15</u>	<u>Good</u>	<u>H.R.</u>
<u>20.10.15</u>		
		M.O.
		M.O.
		M.O.

Enlisted on 14th day of September 1915 at Morden man

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>45th Gooseas Battⁿ</u>	<u>425530</u>		<u>14/9/15</u>
Transferred to.. ..	<u>1st C.M.R.</u>			

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.

Rank _____ Name **CARD Reginald** Reg'l No. **425530**

Unit **45th. Battalion** If in perm. Corps, }
 What Unit? }

Married or Single **Single**

Place and Date of Enlistment **Morden, Sept. 14th, 1915.** Place of Birth **Somerset, England.**

Name and Address, Next-of-Kin **Mrs. Phobae Card,**
Abbey Park, Glastonbury, England. Relationship **M**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship **H**

Separation Allowance \$ _____ Payable to _____ Relationship **18**

Discharge, Date and Place _____ Reason _____ Character _____

NE/R. B. I.
 File R.L.
 Category **K A**

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.				
		<i>Arrived in England.</i>	<i>Lapland</i>		
		<i>Embarked for France.</i>	<i>St. Nazaire</i>	<i>25.3.16</i>	<i>Inf in form A, 55</i>
<i>6.6.16</i>	<i>6.6.45'</i>	<i>Taken on strength.</i>	<i>St. Nazaire</i>	<i>6.6.16</i>	<i>Pt II O. 62.</i>
<i>14.6.16</i>	<i>1st C.M.R.</i>		<i>Field</i>	<i>8.6.16</i>	<i>Pt II 6#24</i>
<i>3.10.16</i>	<i>1st C.M.R.</i>	<i>Killed in action</i>	<i>Field</i>	<i>15.9.16</i>	<i>C. L. A. 270.- O. + N. K. N.</i>
<i>29.9.16</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>+ Pt. II O. 2/5-2-29.9.16</i>

2nd Contingent

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-819.

299

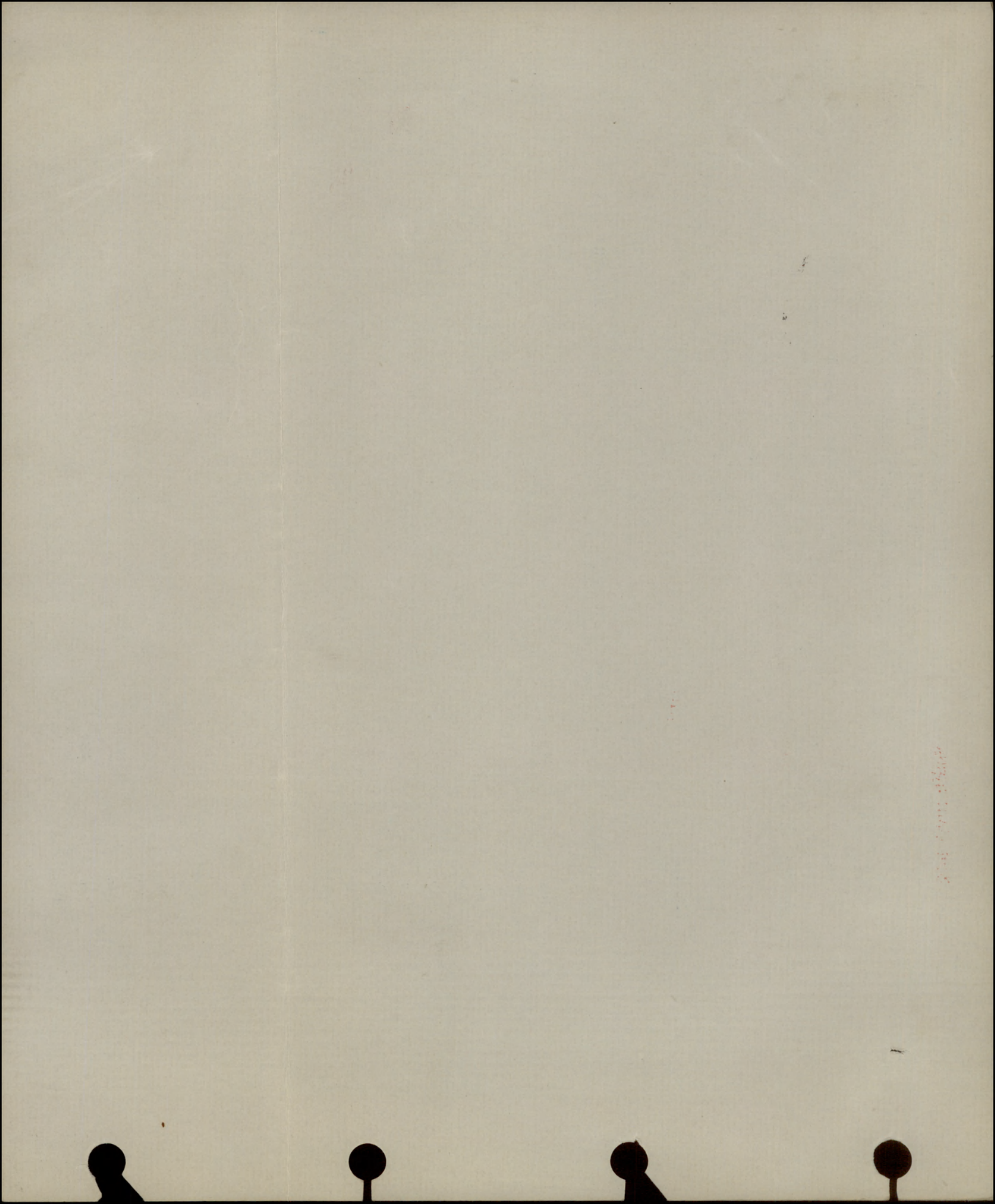
To Whom *Mrs Phoebe Card*
Address *Magdaline St.*
Glastonbury,
England,
Rate *15.00*

By Whom Assigned *Card, Reginald,*
Regtl. No. *425530*
Rank *Pte*
Corps *45th Btn C & F.*

MAR 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid red; padding: 10px; display: inline-block;"> <p><i>Casualties</i></p> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				<p><i>Duplicate sent to England</i></p> <p><i>Killed in action Sep 15/16</i> <i>C 2 (11) 3/10/16 GPD</i></p> <p><i>Also 3rd M. Oct. 6/16</i> <i>confirming C.O.L.</i> <i>J.H.</i></p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



2nd Contingent

4239

**MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS**

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-819.

Duplicate

To Whom *Mrs Phoebe Card*
Address *Magdaline St
Glastonbury
Eng.*
Rate *15⁰⁰*

By Whom Assigned *Card Reginald*
Regtl. No. *425530*
Rank *Pte*
Corps *45th Batta C.E.F.*

MAR 1 1916

PAYMENTS

6/1/16

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

**RECEIVED FROM
MAY 1 1916
OTTAWA.**

FILE

ASSIGNED PAY.

By whom assigned *Card, Reginald*

Regtl. No. *425530. Pte. 15th Batt. C.E.F.*

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
Jan.	1916				
Feb.					
March					
Apl.		<i>24760</i>	<i>30</i>		<i>Mar + Apr \$30</i>
May.		<i>49263</i>	<i>15</i>		
June		<i>56731</i>	<i>15</i>		
July		<i>89279</i>	<i>15</i>		
Aug.		<i>122292</i>	<i>15</i>		
Sept.		<i>160022</i>	<i>15</i>		
Oct		<i>191803</i>	<i>15</i>		<i>Cancelled</i>
Nov.		<i>#105</i>	<i>\$ 105</i>		<i>Payment Stopped 7-10-16 A. S. M. Form. [Signature]</i>
Dec.					
Jan.	1917				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

(649-6-7834)

CARD NO.

SURNAME. *Card*

CHRISTIAN NAMES *Riginald*

FOLL. **D**

REGL. No. *425530*

RANK *Private*

UNIT *45th*

Batt

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Card, Mrs Phoebe*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS ~~*Magdalene St. Glastonbury*~~
Chain Gate Lodge, Abbey Park, Glastonbury, Eng.
L. 3/12/16.

COUNTRY OF BIRTH *England Somerset*

DATE

PLACE OF ATTESTATION *Morden*

DATE *Sept 14th 1915*

Q/S 1-4-16 335-7

Sailed from Halifax. per. S. S. Baltic 1/8/16.

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

No.

RANK

Plt

NAME

Crd. Reginald

T. O. S.

14-9-15

UNIT

*45th Battalion, C. C. F.**Sept. Paylist.*M. D. *10*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Sept. 14</i>	<i>1915 Sept. 30</i>	<i>✓</i>		
	<i>Oct.</i>	<i>✓</i>		
	<i>Nov.</i>	<i>✓</i>		
<i>1916 Dec. 1916</i>		<i>o.s.</i>	<i>On leave 17-23/1/16.</i>	<i>B.O. 322 of 18/1/16.</i>
	<i>Jan.</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>			

UNIT SAILED

MAR 13 1916



REGT'L NO 425530

H. Q. FILE NO. 649-

NAME Card Reginald

RANK AND CORPS

Pte. 1st C. M. R. form 43th

FOLLOWS

NO.

CABLE

NATURE OF CASUALTY

Bn)

FOLLOWS

No.

DATE

O1979 3-10-16

Killed in action Sept. 13th 1916. ✓

B2090a ^{Roxon} 18-10-16

Killed in action 15-9-16.

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A270.

Rep. from Base

15-9-16

Killed in action.

all
yell

Number 425-5-30

Rank Lieut

Surname CARD

Christian Name Reginald

Units 1st L. M. R.

Theatre of War France

Date of Service 8-6-16

Remarks (D) George Card,

Latest Address Chain Gate Lodge,
Abbey Park,

Roll No. Glastonbury

200m.-6-21... Page 20065 Somerset, Eng.

(This form to be filled in by all ranks on voyage to Canada.)

RANK SURNAME INITIALS UNIT

al address..... (Street) (City or Town) (Province)

one person to be notified of arrival.....

Station in Military District to which a furlough warrant is required.....

Railway.....

l, is your wife on board..... Number of children on board.....

mination.....

(Sgd.)

DESP. FEB 15 1923
REG. NO. GA 18993

W
Depts
APR 14 1920
24935

CARD, R. ^{reginald} Pte.,

649. L- 7834

425530

Not Elig for 1914-15 Star. ^{1st Lt. R.}

3908

Name & Address of Legatee

M

Middle
recorator

George Card (F)

Chain Gate Lodge, Abbey Park
Glastonbury, Somerset
England.

Name & Address of Next of Kin

W.P. & S.

As above

Serial no. 751087

Scroll Desp. ^{16th}/₂₀ Reqn. No. 2499

Plague Desp. ^{Oct 20} 1921 Reqn. No. 12757

Cross

Name & Address of Female Next of Kin

Memorial Cross
694

Mrs. Phoebe Card (m)

as above

W

Surname

Christian Name or Names

Reg. No.

Card.

R.

425530

Rank

Unit

Co.

Troop

Batty.

plc.

1st C.M.R.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

killed in action 15.9.16

Repi from Base

DISPOSITION

Date

d. 3.10.16 #af27011

REMARKS

A.M.D. 2 DEPT.

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

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

MARRIED OR SINGLE *S*
 PLACE OF BIRTH *Somerset, England*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs Phoebe Bard
 Abbey Park Glastonbury, England*
 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
<i>Killed in Action</i>	<i>15/9/16</i>	<i>C/O 270 3/10/16</i>

REG'L. No *425530* RANK *Private* NAME *Bard Reginald U* ✓
 IF IN PERM. CORPS | WHAT UNIT | UNIT *45th Bateria* TRANSFERRED TO *1st Coy.* DATE *6/8/16* AUTHORITY *2062*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *W. B. Ch.* DATE *16/9/16* AUTHORITY *C/O 270 3/10/16*
 PLACE OF ATTESTATION *Morden.* TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION *14th Sept. 1915* TRANSFERRED TO _____ DATE _____ AUTHORITY _____



ASSIGNED PAY MONTHLY \$ ~~15.00~~ DATE EFFECTIVE *1/5/16*
 PAYABLE TO *Mrs. P. Bard, Glastonbury, England* RELATIONSHIP *mother*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE _____
 PAYABLE TO _____
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *5/10/16* EFFECTIVE *1/10/16* REASON *Killed in Action 15/9/16*
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY *C/O 270. 3/10/16*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *16/9/16*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked *W. B. Ch.*

Checked *G. W. Williams*

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS			
	NO. OF DAYS	RATE	NO. OF DAYS	RATE	NO. OF DAYS	RATE				1	2	3	4	1	2	3	4	ASSIGNED PAY	OTHER CHARGES				TOTAL DEBITS	CREDIT	DEBIT
<i>1916</i>																									
<i>May 1</i>									<i>477</i>															<i>Embal from April</i>	
<i>31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>			<i>3470</i>																
<i>June 1-6</i>	<i>6</i>	<i>"</i>	<i>6</i>	<i>60</i>	<i>6</i>	<i>60</i>			<i>660</i>																
<i>July 1-31</i>	<i>31</i>	<i>"</i>	<i>31</i>	<i>550</i>	<i>31</i>	<i>550</i>			<i>6050</i>	<i>799</i>	<i>30/6</i>	<i>832</i>	<i>15/7</i>												<i>W.M.</i>
<i>Aug 1-31</i>	<i>31</i>	<i>"</i>	<i>31</i>	<i>310</i>	<i>31</i>	<i>310</i>			<i>3410</i>	<i>866</i>	<i>31/7</i>	<i>914</i>	<i>10/8</i>												
<i>Sept 1-30</i>	<i>30</i>	<i>"</i>	<i>30</i>	<i>3</i>	<i>30</i>	<i>3</i>			<i>33</i>	<i>960</i>	<i>22/8</i>	<i>1013</i>	<i>5/9</i>												
<i>Oct</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>			<i>173 07</i>																<i>Killed in Action 15/9/16 C/O 270</i>
<i>April 1917</i>																									<i>Discharge 15/10/16</i> <i>Transferred to W. B. Ch. 16/9/16</i> <i>Stop pay form rendered 9/10/16</i> <i>8/10/16</i> <i>4880 - Levy. 432-17-4-17</i>

Statement of Account rendered

Cash found in effects *UR*

Balance transferred to W. B. Ch.