

Original

ATTESTATION PAPER.

No. 277002

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Dodd*
- 1a. What are your Christian names? *Wm Edward.*
- 1b. What is your present address? *Shubenacadie Nants C. N.S.*
- 2. In what Town, Township or Parish, and in what Country were you born? *Shubenacadie Nants C. N.S.*
- 3. What is the name of your next-of-kin? *Wm Dodd*
- 4. What is the address of your next-of-kin? *Shubenacadie Nants C. N.S.*
- 4a. What is the relationship of your next-of-kin? *Father*
- 5. What is the date of your birth? *Sept 30, 184*
- 6. What is your Trade or Calling? *Butcher*
- 7. Are you married? *no*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
- 9. Do you now belong to the Active Militia? *no*
- 10. Have you ever served in any Military Force? *no* x W.C.D.
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*
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. *no* x W.C.D.
- 14. If so, what was the nature of the disability? *not applicable*
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? *no* x W.C.D.
- 16. If so, what was the reason? *not applicable*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I,, do solemnly declare that the above are answers made by me to the above questions and that they 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.

Date *Sept 28th* 1918. *M. E. Doehl* (Signature of Recruit)
Cpl J. M. Donald (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,, 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.

Date *Sept 28th* 1918. *M. E. Doehl* (Signature of Recruit)
Cpl J. M. Donald (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 *Sussex, N.B.* this *30th* day of *September* 1918.
S. S. Bance (Signature of Justice)

Description of Wm Edward Dodd on Enlistment.

Apparent Age 34 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. 9 ins.

Chest measurement. { Girth when fully expanded..... 37 ins.
 Range of expansion..... 4 ins.

Complexion Fair

Eyes Blue

Hair Brown

Religious denominations. { Church of England.....
 Presbyterian..... yes
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other denominations.....
(Denomination to be stated.)

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 28 1918.

Place..... Sussex N.B.

C. Lovagery Hunt
 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.

Wm Edward Dodd.....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].....(Signature of Officer)

Date..... Sept 28th 1918

C.E.F.

DODD WILLIAM EDWARD

2770021

260 BN

18886

DIED 5-4-19



Open ATIA

(H)

2559

SYPHILIS CASE-SHEET.

Regtl. No. 2770021 Rank and Name Private Wood W.F. Corps 260th Batt

Placed on Syphilis Register at _____ on _____ No. in Register _____
(Name of Hospital)

Disease contracted at Vladivostok Primary sore appeared on (date) 10.2.19

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site Prepuce ^{sore} 2-1/2" from Glans.-bases.

Lymphatic glands Enlarged. not tender.

Skin (nature and distribution of rash) none

Mucous membranes _____

Other symptoms _____

Examination of exudate from sore—Spirochaeta Pallida (present or absent) Present

Examination of blood serum—(Method employed (original or modification)

Wassermann reaction (Result (positive or negative)

Station Vladivostok Date Apr. 1. 19 Signature of M.O. W.G. Kennedy
No. 11. Stat Hosp. Capt

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register { (a) Recovered
(b) Transferred to Army Reserve
(c) Discharged from Army }

Station _____ Date _____ Signature of M.O. _____

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."

The date and result of the blood test to be entered ; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital; and date of discharge from hospital, to be entered in red ink)	Weight clothed without boots—lbs.	Urine		Wasser- man Reaction		Treatment			Signature of M.O. (Each M.O. will sign his name in full on the first occasion ; subsequent entries may be initialled)	
				Normal (N.) Albumen (Alb.)	Method { Original (O.) Modification (M.)	Positive (+) Negative (-)	Intravenous Injection dose in grammes	Arsenical	Mercurial			Other Methods
									Neo-Salvarsan	Intramuscular injection Dose of Metallic Mercury in grains.		
<u>Feb. 10. 19 to - Died Apl. 5. 19.</u>												
Wladivostok No. 11 Stat Hosp.	Feb. 11. 19							.3 gm				
	" 18. 19							.6 gm				
	" 25. 19							.6 gm				
	Mar. 4. 19							.6 gm				
	Mar. 11. 19	Slight reaction - Rash on chest & abdomen.						.6 gm				
	Mar. 18. 19	Reaction marked - "Scarlet" Rash on chest abdomen - all body. Tongue normal.						.6 gm				
	Mar. 24. 19	Desquamation began Tongue normal										
	Feb. 14. 19	Apl. 1. 19 - Desquamation - deeper - thick							.065 gm.			
	" 21. 19	Skin coming off - Much edema.							.065 "			
	" 28. 19	Apl. 5. 19 - 7 th A.M. Died.							.065 "			
	" 7. 19								.065 "			
	" 14. 19								.065 "			
										W. A. Murray, M.D.	W. A. Murray	

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03/5/19

MAY 23 1919

SYPHILIS CASE-SHEET.

Regtl. No. 277022 Rank and Name *Peppard W S* Corps *260th Bn*

Placed on Syphilis Register at _____ on _____ No. in Register _____
(Name of Hospital)

Disease contracted at *Vladivostok* Primary sore appeared on (date) *10-2-19*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Prepuce - 2 sores. 1 1/2 cm from glans - bases.*

Lymphatic glands *enlarged - not tender.*

Skin (nature and distribution of rash) _____

Mucous membranes _____

Other symptoms _____

Examination of exudate from sore—Spirochaeta Pallida (present or absent) *Present*

Examination of blood serum—(Method employed (original or modification)

Wassermann reaction (Result (positive or negative)

Station *Vladivostok* Date *Apr. 1. 19* Signature of M.O. *W. J. Kennedy Capt*
No. 11. Stat Hosp.

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register { (a) Recovered }
(b) Transferred to Army Reserve }
(c) Discharged from Army }

Station _____ Date _____ Signature of M.O. _____

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."

The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink)	Weight clothed without boots—lbs.	Urine		Wasser- man Reaction		Treatment			Signature of M.O. (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
				Normal (N.) Albumen (Alb.)	Method { Original (O.) Modification (M.)	Positive (+) Negative (-)	Arsenical		Mercurial	Other Methods	
							Intravenous Injection dose in grammes	Neosalvarsan			
<u>Feb. 10. 19 to - Died Apl. 5. 19.</u>											
Vladivostok Nov. Stat Hosp.	Feb. 11. 19.							.3 gms			<i>Wm. Hayward Dr. Fla.</i> <i>M. A. Kennedy</i> <i>Capt.</i>
	" 18. 19							.6 gms			
	" 25. 19							.6 gms			
	Mar. 4. 19							.6 gms			
	Mar. 11. 19	Slight reaction - Rash on chest & abdomen.						.6 gm			
	Mar. 18. 19	Reaction marked - "Scarlet" Rash on chest abdomen - all body. Tongue normal.						.6 gms			
	Mar. 24. 19.	Desquamation began Tongue normal									
	Feb. 14. 19	Apl. 1. 19 - Desquamation - deeper - thick							.065 gms.		
	" 21. 19	Skin coming off - Much odor.							.065 "		
	" 28. 19	Apl. 5. 19 - 7 ⁰⁰ A.M. Died.							.065 "		
	" 7. 19								.065 "		
	" 14. 19								.065 "		

CASE HISTORY SHEET

No. 2570021 Rank. The Name Donald W.S. Age 34

Unit 260th. Batt. Completed years of service 1/2

Date of admission Feb 10/19 Date of discharge Died 5-4-19

Diagnosis Syphilitic Place of origin Vermont 7:00 AM.

Condition on admission and progress of case: - One Dose G. 1907

Exposure - Feb 4. 19. Feb 6. 19 - Dec 17. 18. Vaccinia

Prophylaxis - 1 Pr.

Appearance - was torn during intercourse

- Feb 10 - reported sick - pain.

Condition - Two small sores on prepuce

right upper - about 1/4 x 2/8 from Corona.

These have bases. - Spirochetes

were found -

- Corona - clear

- meatus - normal

- Urethra - vesicles Epididymus normal

- Inguinal glands - Slightly enlarged

- not tender.

Feb. 20. 19 - Sore healing. Patient faints frequently

while dressing is being done.

Mar. 7. 19 - Sore almost healed

Family Mar. 12. 19 - Patient in bed thro day, with a reaction

from Diarsenal. Fine "Scarlet" Rash over

Chest and abdomen. Tongue normal.

Treatment: - Mar. 14. 19 - Rash has disappeared. Patient

better.

Mar. 19. 19 - Severe reaction. "Scarlet" Rash all over

body. Tongue normal.

Condition on discharge: - Mar. 20. 19 - Still recharged.

Mar. 24. 19 - Beginning to desquamate, all over

following little pustules just under the

skin, formed by local gangrene.

Date: - Apr. 1. 19 - Much odor to desquamation - Given

a bath. - Borax in water.

Apr. 3. 19. - Condition serious - almost complete

desquamation - like following a burn.

Apr. 4. 19 - Worse -

Apr. 5. 19 - 7:00 AM. Died. Toxicity

W. Kennedy
Capt.

U.S. Dept. of Agriculture

Washington, D.C.

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the matter mentioned therein. The same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Your obedient servant,
[Signature]

Very truly yours,
[Signature]

Enclosed for you are the papers mentioned in your letter.

Very truly yours,
[Signature]

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FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, etc. I, Wm Edward Dodd

Regimental number 2770021 Rank Private serving in the
260 Bn Can Rifles C.E. 2(S) Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint

whose address is

to be the executor of this my last will.

Sister

General gift I give to Miss Florence Ellen Dodd

whose address is App 8 Moxon Court Winnipeg

all my property not disposed of above.

Date Dated at Sussex NB this 30th Sept 1918

Signature W E Dodd
Signature of Soldier.

Signed and acknowledged by the testator as and for his last will in the presence of us, both present at the same time, who at his request, in his presence and in the presence of each other have hereunto subscribed our names as witnesses.

	1ST WITNESS	2ND WITNESS
Witnesses	Signature <u>J. S. MacDonald</u>	Signature <u>B. Lalonde</u>
	Address <u>260th Bn Can Rifle</u>	Address <u>Sydney C. B.</u>
	Occupation <u>Soldier</u>	Occupation <u>Soldier</u>

FORM OF WILL
INSTRUCTIONS BY BACK

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example :—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....*my mother, Mrs. Eliz. Smith,*.....

whose address is.....*250 Yonge Street, Toronto,*.....

all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

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. 2770021 Rank Private Name Dodd, Wm Edward

C. E. F.

Enlisted (a) 28-9-18 Terms of Service (a) Ward 6 mos Service reckons from (a) 28-9-18

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

Extended 15-1-23 Re-engaged Qualification (b) Nil (Butcher)

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				
4-10-18	MD No 7	T.O.S. 260th Bn. C.R., C.E.F. (S.)	Victoria	5-16-18	260th D.O. Pt. II No. 25 DI. 16-10-18 Wm Dodd Capt. 260th Bn. Can. Rifles. C.E.F. (S.)
15-4-19	260th Bn.	Embarked Arrived Adm ^d #11, Staly Hoapl. (V.S.S.) Diagnosis changed to Complication Toxaemia & "Arsenic Intoxication" with effect: Auth No 11 Staly Hoapl. Morning State of Sick d/6-4-19. So.S. (deceased) with effect Auth. R.O. 319. d/12-4-19.	Canada Siberia Vladivostok do. do	26-12-18 15-1-19 11-2-19 4-4-19 5-4-19	do Pt II # 30.

THIS HAS BEEN CHECKED WITH ATTESTATION PAPER

[Signature]
MAJOR

D. A. A. G. BASE RECORDS
CAN. EXPED. FORCE (SIBERIA)

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.
[P.T.O.]

Casualty Form - Active Service

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				

C.E.F. (SIBERIA) RECORD SHEET

Next -of- Kin	Wm. Dodd, (Father)		Surname	Dodd,
	Shubenacadie, Hants Co., N.S.		Christian Names	William Edward
Also Notify			Regimental No.	2770021
			Rank	Rfn.
			Unit	260th Bn.
Subsequent changes in Next-of-Kin			Place and Date of Enlistment	Sussex, 28-9-18 M.D. 7.
			NON-EFFECTIVE:	
			(1) Place (1)	<i>Stadivostok</i>
			(2) Date (2)	<i>5-4-19</i>
		(3) Reason (3)	<i>Deceased (Septicemia.)</i>	
Country of Birth		Married or Single on Enlistment	Subsequent Marriage Date	
Shubenacadie, Hants. Co. N.S.		Single	H.Qs. File No.	
			<i>649 D-18315</i>	

M.F.W. 2581 (25M-9-18)
1772-39-1368
L.L. Job 48477.

Record of Promotions, Reductions, Transfers, Casualties, Reports, &c.	Place	Rank Shewn	Effective Date	Unit	Authority	
					Part II D.O. No., Cas. List. &c.	Dated
Embarked for Overseas.	<i>O. O. Protesilau</i>	<i>Vancouver</i>	<i>DEC 26 1918</i>	<i>260th Bn.</i>	<i>Sailing List.</i>	
<i>Dev. ill - 11 Stat. Hosp (Septicemia)</i>	<i>Siberia</i>	<i>Rfn.</i>	<i>4-4-19</i>	<i>" "</i>	<i>Sub. Rec 151.</i>	<i>7-4-19</i>
<i>Prev. Rptd Dev. ill (Now Deceased.) (complication Septicemia)</i>	<i>Siberia</i>	<i>Rfn.</i>	<i>5-4-19</i>	<i>" "</i>	<i>Sub. Rec 152.</i>	<i>7-4-19</i>

UNIT SAILED

NAME

Dodd William Edward

REGT. No.

2770021

RANK AND UNIT

Rifleman 260th Inf. P.W. Can Rifles

NEXT OF KIN

Wm. Dodd (father)
Shubenvacadie Hartsville N.S.

CABLE

NATURE OF CASUALTY

No.

DATE

Siberian 151

Records.

7.4.19

Siberian 152

Records.

7.4.19

-1

Ser. ill Stat N. Toxaemia

April 4th 1919 -

Ref. my cable of 4th April 151, pres
rept ser. ill diet of toxaemia

5th April 1919 ✓

TRANSFERRED TO C. E. F. (Siberia.) 0/355. Protocols 26-12-18-

C

Surname

Dodd

Christian names

William Edward

Regtl. No.

277021

Rank

Pte.

Unit

C. E. F. (Siberia)

H. Q.

M. D. No.

T. O. S.

D. O. Pt. II

S. O. S.

Reason

Auth.

Sept. 28th 1918

40 of 30918

19

Next of kin

Dodd Wm

Relationship

Father

Address

Thubemacadie, Antsoba, N.S.

Also notify:

BORN—Place

Canada, Thubemacadie

Date

Antsoba, N.S.

ATTESTED—Place

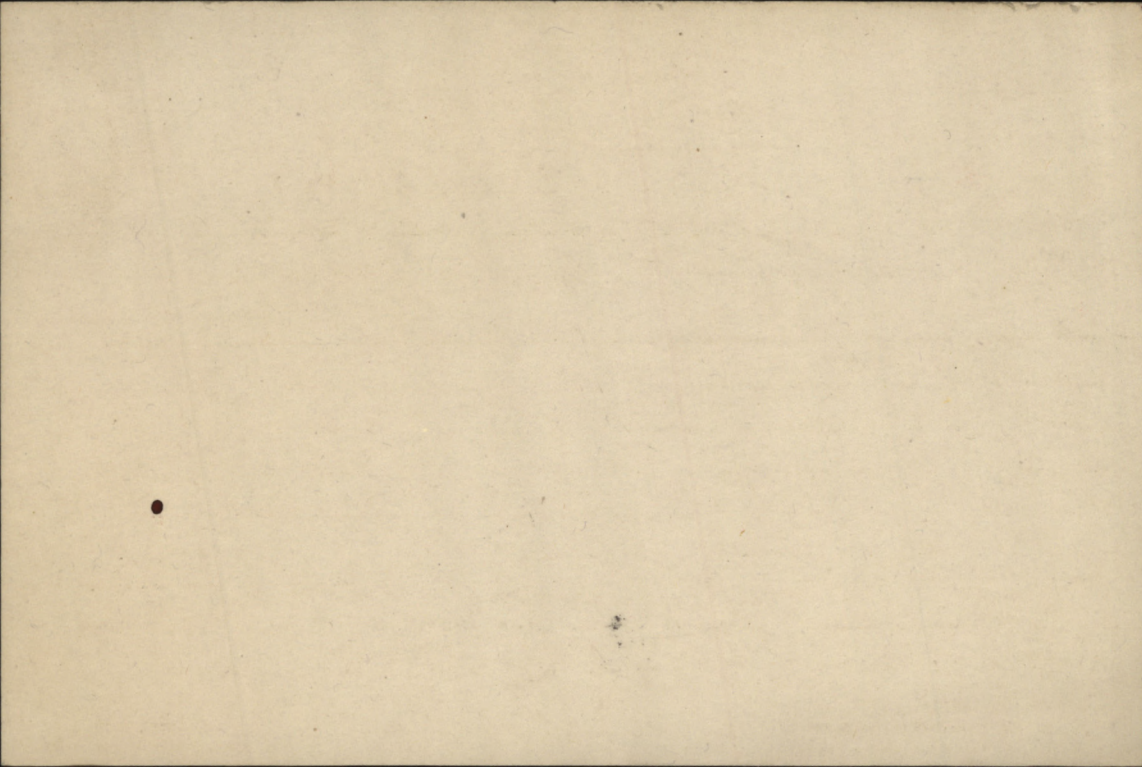
Quebec

Date

Sept. 28th 1918

O/S

R/C



William Edward
DODD, W.E. No. 2770021

H.Q. 649-D-18315

Rfn. *260th Reg*

M & D.

sister

(M)

Florence Ellen Dodd,
8 Moxam Court, River Ave.,
Winnipeg, Man.

P & S.

father

William Dodd,
Shubenacadie, N.S.

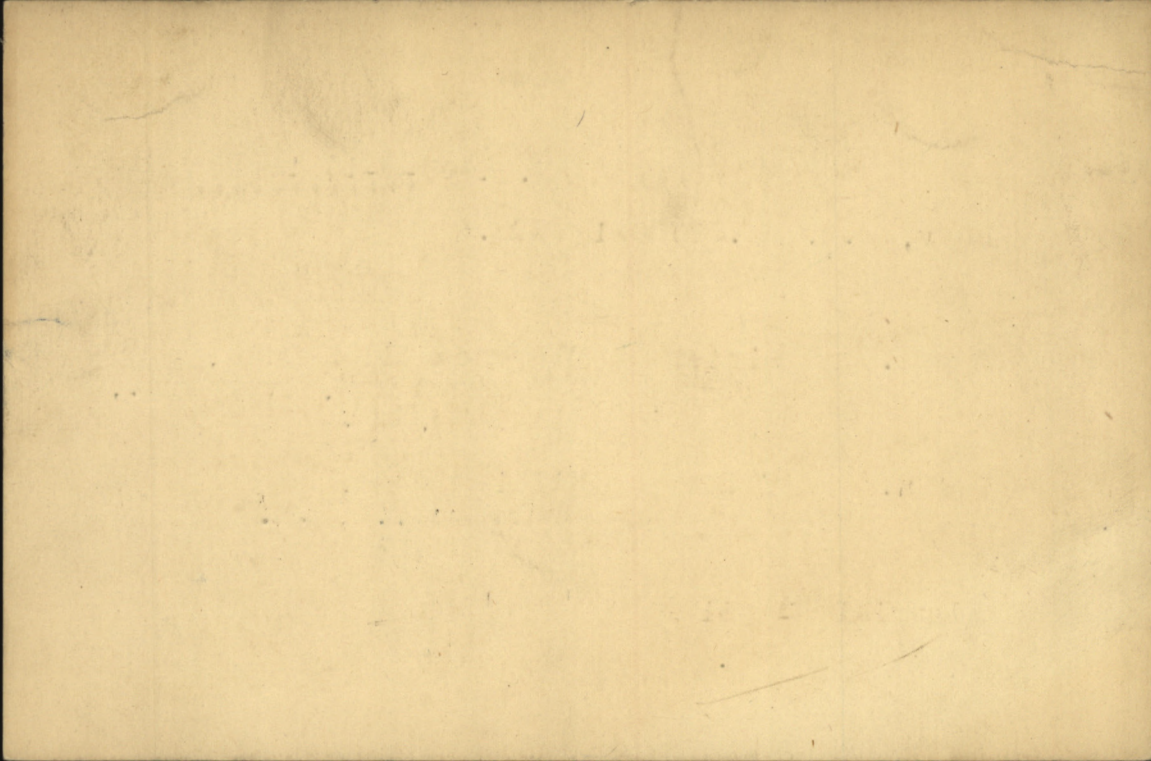
Memorial X- nil

*Not Eligible for 14-15 Star.
Eligible for V.M. & B.M. (Siberia)*

70262

Siberia

M.S.



649-D-18315

130

Number 2770021

Rank Pte

Surname DODD

Christian Name William Edward

C. S. C. A.

Theatre of War Siberia

Date of Service 15-1-19 D

Remarks

Latest Address Sister Miss Florence Ellen Dodd.
8 Moscan Court, River Ave., Winnipeg.

Roll No.

B Page 20861

200m.-2-21.M.

DATE

HISTORY

CASUALTY BRANCH

(FILES)

NAME _____ H. Q. _____

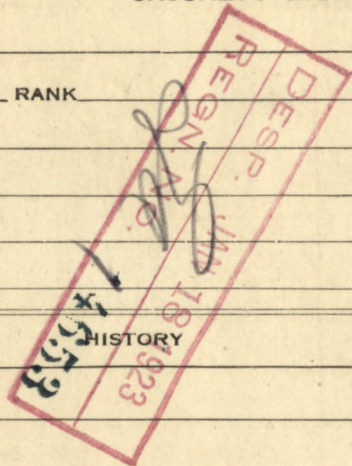
NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____



HISTORY

DATE

H. A. [unclear] [unclear]

4749-212 32

Paymaster
Auditor

M. or S.

Name and Address of Next of Kin *(Father) W. Dodd.
Shubenaeeacoe, N.S.*

Separation Allowance \$ Effective Date
By Whom Paid
Payable to Relationship
Address

CASUALTIES, AFFECTING PAY AND ALLOWANCES

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Deceased.</i>	<i>5-4-19</i>	<i>D.O. #20.1</i>

Regimental No. *2770021* Rank *Rfm.*
If in P.F. P.F. Allowances
What Unit
Place of Attestation *Sussex, Aldershot, N.S.* Transferred to
Date of Attestation *28. 9. 18* Transferred to
Assigned Pay \$ Date Effective
Payable to
Address
Stop-Payment Form (Assigned Pay) Rendered (Date)
Discharged. Date and Place

Name *Dodd, William Edward*
Original Unit *C.E.F. S. 260th B^y*
Date Authority
Date Authority
Authority
Relationship
Effective
Authority

L. L. Job 48205
M. & D. 20-9-18-12M

MONTH	PAY			OTHER CREDITS	ASSIGNED PAY CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES	REGIMENTAL CHARGES	TOTAL DEBITS	BALANCE		DEFERRED PAY	PAY AVAILABLE FOR ISSUE	SEP. ALL'CE	REMARKS								
	No. OF DAYS	RATE	AMOUNT				No.	DATE	No.	DATE	No.	DATE	No.	DATE						No.	DATE					No.	DATE	No.	DATE	No.	DATE	DEBIT	CREDIT
1918																																	
Oct	31	<i>1.00</i>	<i>34 10</i>	<i>3 30</i>		<i>37 40</i>																			<i>Oct 30-9-18 L.P.C. 260th B.C. (ca) 21</i>								
Nov	30		<i>33 00</i>			<i>33 00</i>																											
Dec	31		<i>34 10</i>			<i>34 10</i>																											
1919	Jan	31	<i>34 10</i>			<i>34 10</i>																											
Feb	28		<i>30 80</i>			<i>30 80</i>																											
March	31		<i>34 10</i>			<i>34 10</i>																											
April	30		<i>33</i>			<i>33</i>																			<i>IP V.D.S. 11-2-19 D.O. #20.1 Deceased 5-4-19 D.O. #20.1 Forfeit 1/2 - 53 Days D-60</i>								
			<i>Interest on Dep't Pay</i>	<i>38</i>		<i>38</i>																											
			<i>212</i>	<i>233 20</i>	<i>3 68</i>	<i>236 88</i>																											

Deceased, Vladivostok, 5-4-19 (Arsenic Intoxication) Credit Balance 30-4-19 \$ 92 71
Cash found in effects Rbts 44³⁰ @ 15.10 = 2 82
\$ 95 53

Carried Forward

Paymaster
Auditor

M. or S.

CASUALTIES, AFFECTING PAY AND ALLOWANCES

Regimental No. *2770021* Rank *Pvt.*

Name *Dodd, William Edward.*

Name and Address of Next of Kin (*father*) *W. Dodd.*
Shubenacadie, N. S.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

If in P.F. What Unit
Place of Attestation *Sussex, Qldershot, N.S.*
Date of Attestation *28. 9. 18*
Assigned Pay \$
Payable to
Address
Stop-Payment Form (Assigned Pay) Rendered (Date)
Discharged, Date and Place

P.F. Allowances
Original Unit *C.E.F.S. 260th BN*
Date Authority
Date Authority
Authority
Relationship
Effective
Authority

Separation Allowance \$
Effective Date
By Whom Paid
Payable to Relationship
Address

W. Dodd

L. L. Job 48205
M. & D. 20-9-18-12M

MONTH	PAY		OTHER CREDITS	ASSIGNED PAY CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES	REGIMENTAL CHARGES	TOTAL DEBITS	BALANCE		DEFERRED PAY	PAY AVAILABLE FOR ISSUE	SEP. ALL'CE	REMARKS		
	No. OF DAYS	RATE				AMOUNT		COL. No. 1	COL. No. 2	COL. No. 3	COL. No. 4	COL. No. 1	COL. No. 2						COL. No. 3	COL. No. 4					DEBIT	CREDIT
						\$	C	No.	DATE	No.	DATE	No.	DATE						No.	DATE					\$	C
<i>1918</i>																										
<i>Oct</i>	<i>31</i>	<i>1.00</i>	<i>34</i>	<i>10</i>	<i>3</i>	<i>30</i>																			<i>10 00</i>	
<i>Nov</i>	<i>30</i>		<i>33</i>	<i>00</i>																					<i>50 -</i>	
																									<i>10 -</i>	

10 00
50 -
10 -

Carried Forward

MEDICAL HISTORY SHEET.

ALCO Edward

1. Surname Nodd Christian name William Edward
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street and number if any)..... Shubenacadie Hunt Club

MILITIA & DEFENCE
 MAY 23 1919
 H.Q. CANADA

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 30 day of Sept 1918, by the undersigned medical board sitting at Sussex.

5. Age as stated 34 Years..... Months..... 6. Apparent age 34 Years..... Month.....
 7. Height 5 Feet 9 Inches..... 8. Weight 168 Pounds.....
 9. Chest measurement { Minimum 34 Ins. Maximum 37 Ins. } 10. Complexion fair { Eyes Blue Hair Brown }
 11. Physical development Good { Good Fair Poor } 12. Smallpox marks nil
 13. Number of vaccination marks { Right arm 0 Left arm 0 } 14. When vaccinated last never
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection
 The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. } Epilepsy, Syphilis, Asthma. We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. } Epilepsy, Syphilis, Asthma.
 (Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A II

17. (a) Vision. R. D20 L. D20
 (b) Hearing. R. normal L. normal

E. T. Kennedy Capt President.
E. J. Pappalardo Member.

Signature of Man William Edward Nodd

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26-10-18</u>	<u>MCA</u>		<u>26-10-18</u>	<u>TAB 0</u>	<u>Mcdannom</u> M. O.
			<u>5/11/18</u>	<u>TAB 0</u>	<u>Mcdannom</u> M. O.
					M. O.

Joined 28th day of Sept 1918 at Sussex

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>260th B.</u>			
Transferred to.....	<u>Can Rifle</u>	<u>2770021</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

Capital

If raised in category, record category in a square. The M. O. will initial and date.

