

1.
1st Depot Battalion,
2nd Central Ont. Bn.

1st DEPOT BATTALION
Russian.
1st C. O. R.

ORIGINAL

1st Reserve Batt'n. C. O. Regt.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 3030122
Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... G R E T C K I.
- 1a. What are your Christian names?..... Tony.
- 1b. What is your present address?..... 7512, 61st St, Chicago, Ill. U.S.A.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Grodno, Russia.
- 3. What is the name of your next-of-kin?..... Annie Gretcki.
- 4. What is the address of your next-of-kin?..... Ogdmar, Grodno, Gub. Russia.
- 4a. What is the relationship of your next-of-kin?..... Wife.
- 5. What is the date of your birth?..... April 10th, 1892.
- 6. What is your Trade or Calling?..... Stationary Fireman.
- 7. Are you married?..... Married.
- 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.
- If so, state particulars of former Service. *Naval or.*
- 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.
- 14. If so, what was the nature of the disability? ..
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No.
- 16. If so, what was the reason? ..

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Tony Gretcki., 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 August 21st, 1917. 191 . Tony Gretcki (Signature of Recruit)
[Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Tony Gretcki., 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 August 21st, 1917. 191 . Tony Gretcki (Signature of Recruit)
[Signature] (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 Toronto, Canada. this 21st day of August, 1917. 191 .
[Signature] (Signature of Justice)

M. F. W. 23.
750 M.-1-17.
H. Q. 1772-39-341.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Tony Gretcki. on Enlistment.

Apparent Age 25 years 4 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 1/2 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 4 ins.

Complexion Fair

Eyes Grey

Hair Light Brown.

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

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).

Mole left cheek. scar right elbow

Hearing good, V-R.D.20. L.D.20
 Nose and throat, O. K.

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 August 21st, 1917. 191

Place Toronto, Canada.

DECLARED FIT BY MEDICAL BOARD
 TORONTO MOBILIZATION CENTRE
 Examined by G. F. Tyson, Chicago.
 Medical Officer.
 PRESIDENT

*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.

Tony Gretcki.

.....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 of Officer)

Date AUG 27 1917 191

for O. C. 1st Depot Bn., C. O. R.

REGIMENTAL DOCUMENTS

Plc NAME **GRETCKI TONY**

REGT. NO. **3030122**

UNIT **Mt. W. B. Co. R.** H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Demot.

DESERTION

PUBLIC ARCHIVES
28108
RECORDS CENTER

*J. R. Kendry
9/2/19*



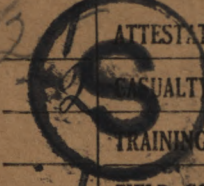
Box 38 19

405750

*4-9
19-10
29-10*

-

1048-5-19



*1
1
2*

*1
1*

*2
1
1
1
1
1*

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 1 TRAINING HISTORY SHEET (M.F.W. 113)
- 1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- 1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- 1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 1 DENTAL HISTORY SHEET (M.F.B. 465)
- 1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 1 MEDICAL EXAMINATION (M.F.W. 129)
- 1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- 1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- 1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- 1 LAST PAY CERTIFICATE (M.F.W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- 1 PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)
- 2 *deut. Cert.*
- 1 *disb "*
- 1 *m & w 67*
- 1 *R 149*
- 1 *cascard*
- 1 *will photo*
- 1 *1122*

3030122

I.D. number
No. d'identification

GRETCKI

Surname
Nom de famille

A.K.A. GRETZKY

TONY (TERENTY)

Given names
Prénoms

OPEN
ATA

**NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL**

HISTORICAL

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

**WAYNE GRETZKY'S
GRANDFATHER**

Location

Lieu

Box 3819

**«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»**



Ans
Ham

Number *3030122*

Rank *Sp2*

13

Surname *GRETCKI*

Christian Name *Tony*

Units *Com. Sec. Tps. Theatre of War* *France*

Date of Service *11-6-18*

Remarks *Corres d/17/10/61 file 95-4 request to forward awards to: R.R. 2, Paris, Ont.*

Latest Address *Gen. P.O. Argos, Ill.*

Roll No. *B. Page 15092.* *U.S.A.*

200m.-2-21.M.

DESP. OCT 17 1961

REGN No.

SURNAME.

Gretcki

92

CARD NO.

1

CHRISTIAN NAMES

Tony

5056-4-19 Demob
No. 106 FOLL. 16-4-19
2 SA

REGL. NO.

30301212

RANK

Pte

UNIT

1st. Depot ~~1st~~ Ben. Ont. Regt. (2nd P. D.)

Bn

FORMER COPPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Gretcki, Mrs Annie

RELATIONSHIP TO SOLDIER

wife

ADDRESS

Ogdemar, Godno, Gub, Russia

COUNTRY OF BIRTH

Russia, Godno

DATE

Apr. 10th. 1892

PLACE OF ATTESTATION

Toronto Ont.

DATE

Aug. 21st. 1917

Trans from 1st to 2nd Co R, 1st Dpt Bn 11/10/17 Auth H 2 14/1/25 - m DL 15/10/17.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M. -11-16. H. Q. 17 2-39-339.

1918. 4-4-19 296/23 Pte.

FCM HALIFAX PER

S.S SCOTIAN 26/11/17

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Stationary
fireman.

RELIGION

Greek Catholic

DESCRIPTION.

APPARENT AGE

25

YEARS

4

MONTHS

HEIGHT

5

FEET

5 1/2

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

St. Brown

DISTINGUISHING MARKS

mole L. cheek, scar R. elbow.

MEDICAL EXAMINATIO

PLACE

Toronto Ont.

DATE

Aug. 21st, 1917

Present Address, 7512, 61st. St., Chicago Ill., U.S.A.

NAME *Gretski T.*

REGT'L. No. *3030122*

RANK AND CORPS *Pte*

H. Q. FILE No. 649

L. R. T. Depot

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

6207

Mil. Purfleet

16-5-18

Scabies

6213

Dise

~~16-5-18~~
24-5-18

Scabies

No. 3030122

RANK

Pte.

NAME

Gretski J.

T. O. S. Trans. from

UNIT

1st. Depot Battalion. 1st. C.O. R

Toronto Mob. Centre. 21-8-17

D.O. 11-22-8-17

M. D. 2

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T

1917

1917

Aug. 21

Aug. 31

✓

Sept.

det. no r/c.

✓



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

GRETCKI.

T.

3030122.

RANK

UNIT

Co.

TROOP

BATTY

Spr.

C.R.T. depot.

HOSPITAL

Purfleet Mil.

DATE OF ADMISSION

16-5-18.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Scabies. a.T.

1.

2.

3.

DISPOSITION

DATE

D.L. 18-5-18. C207.
25.5.18 C213

REMARKS Dis. 24.5.18

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

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2.

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3.

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4.

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5.

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6.

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7.

.....

LTR

Rank **GRETCKI, Tony** Reg'l No. **3030122**
DFT **Unit Ont to 2nd Res** **What Unit?** } **Married or Single** **Married**
 If in perm. Corps, }
 Place and Date of Enlistment **Toronto, August 21st, 1917.** Place of Birth **Grodno, Russia.**
 Name and Address, Next-of-Kin **Annie Gretcki**
Ogdmar, Grodno, P Gub, Russia. Relationship **Wife.**

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. No. 12422.
 Category **OR OR**

24/10

Discharge, Date and Place Reason Character

H. W. V., Ld.—11319-17.

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>C</i>		Arrived in England	7-12-17	S/S Scotian	
<i>13 12 17</i>	<i>2 Res</i>	<i>T O S from Canada</i>	<i>W, Sandling</i>	<i>17.11.17</i>	<i>D.O. 2 & 2/18.</i>
<i>14-2-18</i>	<i>2 Res</i>	<i>S.O.S. from 8 Res</i>		<i>15-2-18</i>	<i>2044 (8 Res 2046) / 15-2-18</i>
<i>13-5-18</i>	<i>8 Res</i>	<i>S.O.S. from 6. Rly Sp Purfleet</i>	<i>Witley</i>	<i>14-5-18</i>	<i>DO 133 + CRTD DO 134</i>
<i>12-6-18</i>	<i>CRTD</i>	<i>S.O.S. to 13 L.R.op.co Purfleet</i>		<i>11-6-18</i>	<i>DO 162 + 13th CLROCO DO 55</i>
<i>14-10-18</i>	<i>5th CRT</i>	<i>T.O.S. from 13th L.R.O.C.</i>	<i>do</i>	<i>8-10-18</i>	<i>DO 110 + 13th L.R.O.C DO 89</i>
<i>30-1-19.</i>	<i>do.</i>	<i>Posted to C.R.I.D. (Demob Field)</i>		<i>27-1-19.</i>	<i>PH 109 DO 75 / 30 19.</i>
			<i>36-1-25</i>	<i>25.3.19</i>	
<i>15-4-19</i>	<i>CRT-A</i>	<i>S.O.S to MHC Wing 2. Rly. K. Ash</i>		<i>14-3-19</i>	<i>DO. 69.</i>
<i>19.3.19</i>	<i>M.S.C.W.A</i>	<i>T.O.S. from C.R.T. Rly.</i>		"	" 66

200

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.				
29.3.19.	M.V.2.	S.O.S. to CANADA	RHYK. SPV.	25.3.19.	TF 0075

CANADIAN EXPEDITIONARY FORCE

War Service Badge.

DISCHARGE CERTIFICATE

Class *17*

749961

Actual

THIS IS TO CERTIFY that No. *3030122* (Rank) *Pte*

Name (in full) *Tony Griteke* enlisted in

the *1st Depot Bn. C.O.R.*

CANADIAN EXPEDITIONARY FORCE at *Toronto* on the *21st*

day of *August* 19 *17*

HE served in *France*

and is now discharged from the service by reason of ~~Medical Unfitness.~~
Demobilization.

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

Age *26*

Marks or Scars

Height *5' 5 1/2"*

mark left cheek

Complexion *fair*

scar right elbow

Eyes *gray*

Hair *light brown*

Griteke T.
Signature of Soldier

[Signature]
Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT
APR 6 - 1919
TORONTO

For
O.C. No. *2* District Depot.
Rank

Date *APR 6 - 1919* 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____

enlisted in _____

the _____

CANADIAN EXPEDITIONARY FORCE at _____

day of _____ 19 _____

HE served in _____

and is now discharged from the service by reason of _____
 Demobilization
 Medical Unfitness

THE DESCRIPTION OF THIS SOLDIER as the DATA below is as follows:

Age	_____
Height	_____
Complexion	_____
Eyes	_____
Hair	_____
Marks or Scars	_____

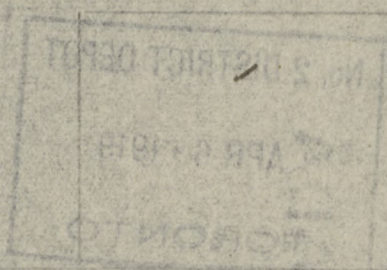
Signature of Soldier _____

Issuing Officer _____

Date of Discharge _____

Rank _____

Date _____ 19 _____



N.B. - As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, Military Control, Ottawa, Canada.

M.L. 304
 FORM 100-1-18
 11-1-1917

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

Casualty Form—Active Service.

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

250M.—1-16.

H. Q. 1772-39-920.

Off sent out to 2 Res

1st Depot Bn. 2nd L.A.R.

Unit, Regiment or Corps *1st Depot Bn. 2nd L.A.R.*
 Regimental No. *3030122* Rank *Pte.* Name *Gretche Tony*
 Enlisted (a) *21/8/17* Terms of Service (a) *Den of Mar* Service reckons from (a) *21/8/17*
 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</i>	<i>Canada</i>	<i>20.11.17</i>	
		<i>Disembarked</i> ✓	<i>England</i>	<i>7.12.17</i>	
<i>13.12.17</i>	<i>2nd, Res.</i>	<i>T.O.S. from Canada</i> ✓	<i>W. Sandling</i>	<i>8.12.17</i> <i>17-11-17</i>	<i>Pt. 11 D.O. #329</i> <i>2 8/2-1-18</i>
<i>14-2-18</i>	<i>2nd. Res.</i>	<i>8th. Res. B'n.</i> ✓	<i>E. Sandling</i>	<i>15-2-18</i>	<i>Part 2 D.O. #44</i> <i>Swales</i> CAPT. ADJUTANT 2ND CANADIAN RESERVE BATTALION.
<i>15-2-18</i>	<i>8th. Res</i>	<i>T.O.S. from 2nd. Res Bn.</i> ✓	<i>E. Sandling</i>	<i>15-2-18</i>	<i>Part 2 D.O. #46</i>
<i>18.5.18</i>	<i>8th. Res.</i>	<i>S.O.S to Can Rly troops, Penflet</i> ✓	<i>Witley</i>	<i>14.5.18</i>	<i>Part 2 00-133</i> <i>Ph Banks</i> LIEUT. ASST ADJT, 8th CANADIAN RES. Bn.
<i>14/5/18</i>	<i>1st Depot</i>	<i>Taken on Strength.</i> ✓	<i>Penflet</i>	<i>14/5/18</i>	<i>Part 2 D.O. 134</i>
<i>12/6/18</i>	<i>1st Depot</i>	<i>C.O.S. on proceedings to the 13th L.R. Coy</i> ✓	<i>Penflet</i>	<i>11/6/18</i>	<i>Part 2 162</i> <i>Sproule</i> Lieut. pro. DEPOT CAN. RLY. TROOPS.

(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.

CERTIFIED CORRECT.
 17/5/18
 12/6/18
 LONDON.
 CAN. OR.

Dun

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				
13.6.18	O.C. C.G.B.D.	S.O.S. of 13 th Cdn L R Depo Co in arrival at C.G.B.D. from C.R.I. Depot England.		13.6.18	TR. 2/3/18. P# 0 35 of June.
17.6.18.	O.C. C.G.B.D.	Left C.G.B.D. for leave		17.6.18.	H.C. L 1369.
22.6.18	O.C. 136 th R open Co	Joined Unit		17.6.18.	B 213
5.7.18	A.A.G.	S.O.S. of 13 th Cdn L R Co on transfer to 5 th Bn C.R.I.		7.10.18	P# 0 #89 of 1918 Ref File KE 34651/2
Lt.	Lt.	S.O.S. of 5 th Cdn L R do.	Field	8-10-18.	P# 0. 110 d. 14-10-18.
16.11.18.	5 Cdn L R	Joined Unit	do.	10.11.18.	B. 213.
21.1.19	C.G.B.D.	Trans. to England for purpose of demob. posted to C.R.I. Witley		22.1.19	WR DOW 9 of 1919

Lt. R. Chapwell.

Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

Timothy Lark 25-179 M 11 25

30 JAN 1919 CRTD Taken On Strength

~~25 Feb 1919~~ CRTD
14/3/19
s.o.s. to Kinmel
Park, M.D. Wing, No. 2.

KNOTTY ASB 14/3/19 PART 2. 68~~5~~

Lt. J. H. St. John
Canadian Railway Troops.

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

**KNOTTY ASH CAMP,
LIVERPOOL**

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

No. 3030122 Rank SAPPER Surname GRETCHKI
(Given name in full)

TONY

Unit or Corps C.R.T.D. Birthplace B.R.O.D.N.O. RUSSIA

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

1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5 ft. 6 in. Colour of Eyes Grey

Nutrition Good

Pulse 80

Condition of arteries Good

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

Opinion as to general health and physical condition Fit

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

Nervous System No Genito Urinary System No Cardio-Vascular System No
Special Senses No Integumentary System No Respiratory System No
Disturbance of mentality No Muscular System No Digestive System No
Osseous and Joint System No Any other general condition No

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

EXAMINATIONS.

**KNOTTY ASH CAMP,
LIVERPOOL**
THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date

Feb 16 1919

Signed

James E. Malcom to come

M.O.

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

Signature

J. G. Gately

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date

Signed

J. G. Gately

M.O.

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

Signature

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

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

[OVER]

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) GRETZKY T
REGIMENT 5th CRJ RANK Spv No 3030133

Date of Examination in England 13/2/19 Date of Examination in France



- 1. This form will be made out for each individual at the time of Demobilization in England or France.
- 2. Figures as per chart will be used to designate teeth concerned.
- 3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS
- 2. EXTRACTIONS
- 3. CROWNS
- 4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

Just

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England *No.*
- (c) In France

KNOTTY ASH CAMP, LIVERPOOL

Signature of Dental Officer

P. LaRocque

MEMORANDUM FOR THE SECRETARY OF THE ARMY

RE: [Illegible]

[Illegible handwritten text]

[Illegible handwritten text]

[Illegible handwritten signature]

- () Mr. [Illegible]
- () Mr. [Illegible]
- () Mr. [Illegible]
- () Mr. [Illegible]

- () Mr. [Illegible]
- () Mr. [Illegible]
- () Mr. [Illegible]

LIVERPOOL

FORM OF WILL

137

I, TERENTY GRETCKI, (Name in full)
Regimental Number 3030222 serving in 1st Depot Btn., 2nd C.O.R.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

.....
.....
.....

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Annie Gretcki, (Wife)
Ogdmar, Grodno, Gub. Russia.

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 26 day of Oct A.D. 1917

Terenty Gretcki Signature of Soldier.

*N.B. Personal estate includes p.p. effects, money in bank, insurance policy, in fact everything except real estate.

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

Signature of First Witness Roy W. Parly, Lieut.

Address of Witness Hamilton Ont.

THE TWO WITNESSES

Occupation of Witness Druggist.

MUST SIGN HERE

Signature of Second Witness W. Johnson Capt.

Address of Witness Grimsby Ont.

Occupation of Witness Fruit grower

ESTATES BRANCH,

FEB 4 1918

MILITIA DEPT.

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.

1st Depot Btn., 2nd C. O. R.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 3030122

(3) Full Name of Soldier..... ^{TONY} GRETCKI, Terenty

(4) Place of Birth..... Grodno, Russia.

(5) Are you married, or not? Married.

(6) If married, state,
(a) Full name of your wife..... Mrs. Annie Gretcki,
Ogdilmar, Grodno Gub. Russia.

(b) Present Postal Address.....

(7) Are you a widower? NO

(8) Have you any children? ONE

If so, give number of boys and girls..... One Boy. Zéneve, 5 Years old.

Also their names and ages.....

(9) Is your Father alive?.....**NO**.....

If so, state name and address

(10) Is your Mother alive?.....**YES**.....

If so, state name and address.....**Nastasia Gretcki,**

Castnov, Grodno, Gub. Russia.

(11) If your Mother is a widow.....**YES NO**.....

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*.....

(15) Are you insured?.....**NO**.....

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

Have you made arrangements for payment of your Insurance premium.....

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

OCT 26 1917

Date.....

J. H. Bennett
for Officer Commanding.

DEPARTMENT OF VETERANS AFFAIRS

WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address Hamilton

The Public Archives Records Centre,
Tunney's Pasture,
Ottawa 3, Ontario.

MARK YOUR REPLY:

Attention: Reference Section.

For attention of:

Re: GRETZKY Tony Service No. 3030122
(Surname) (Christian Names)

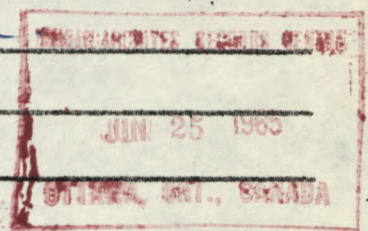
also GRETCKI

Veteran is stated to have served during S. African War() World War I (✓)

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars:

1. UNITS (including that of discharge) HIGHEST RANK IN UNIT:
- (a) 1 Depot Bn 2nd C.O. Regt Pt e
 - (b) S.C.R.T. Spr.
 - (c) _____
 - (d) _____
 - (e) _____
 - (f) _____
(If other than CEF please so designate following applicable unit)

2. THEATRES OF SERVICE
- (a) South African War
Date and port of embarkation _____
 - (b) World War I - (If Canada only, state if with territorial limitations).
Canada - Britain - France
Date(s) embarked for U.K. _____
Date(s) disembarked in Canada from U.K. _____
Period(s) of desertion in U.K. _____



- 3. Any other military service. Nil
- 4. Date and place of all enlistments. 21 Aug 1917 - Toronto, Ont.
- 5. Date of all discharges and reason. 6 April 1919 - Demob.
- 6. Date and place of birth as per attestation paper. 10 April 1892 - Grodno, Russia
- 7. Marital status; If married, name in full of wife. Married - Annie Gretzky
- 8. Religion. Greek Catholic
- 9. Decorations, if any. Nil

Address

The Ship
The Ship's Service Record
United States Navy
Ottawa, Ontario

NAME YOUR SERVICE

Registration No.

Attention: Reference Section

Service No.

(Organization)

Person related to data given during registration (Port, etc.)

It is requested that you indicate the following information in the above space with knowledge of the following instructions:

UNIT (Indicate the unit of service)

(a)

(b)

(c)

(d)

(e)

(f) If other than the following (Indicate the following information)

THEATER OF SERVICE

(g) South Atlantic war

Date and port of embarkation

(h) World War I - (If Canada only, give full ship name and limitations)

Date(s) embarked for U.K.

U.K. CITY

Date(s) disembarked in Canada from U.K.

U.K. CITY

Date(s) of departure in U.K.

any other military service

Date and place of his enlistment

Date of his discharge and reason

Date and place of birth as per

enlistment paper

Married status, if married

Name of wife

Signature

Registration Number

Head Reference Section

SEPARATION ALLOWANCE. ENGLAND OR CANADA. NAME: *GRETCKI TEREITY*

EFFECTIVE DATE: NUMBER: *3030122*

AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

Auth 3921
28/2/19
K.A. & KA
M.I. 2

UNIT AND TRANSFERS

ORIGINAL UNIT: *2ND COR DRAFT*

DATE ACCOUNT FIRST OPENED: *1-12-17*

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S'P'D UNIT TRANSFERRED TO

134 1-6-18 20-6-18 CRTD L.

55 13/6/18 17/6/18 22/7/18 13. L.R.O.C.

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT NUMBER OF A R UNIT PAID BY AMOUNT

Ledgers Bal 4719
L.R.O.C. Bal 4719

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY PAY F.A. W.P. SUBS'CE ALL'CE

1 10 080

From 13.6.18 to 7.10.18 Capacity Fireman Auth Min. W.P. Board Meeting 23/3/19

VE: *Disch. to Canada 1/4/19 L3931 28/1/19 Knotty Ash to Knotty Ash M.I. 2*

CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
							1546		
<i>33</i>		<i>AP</i>				<i>15</i>			
		<i>AR 256 14-4-18 8th Res.</i>	<i>730</i>						
		<i>" 522 25-4-18</i>	<i>973</i>				<i>1643</i>		
<i>33</i>		<i>AP</i>	<i>1703</i>			<i>15</i>			
<i>34/10</i>		<i>AR 1181 8th Res. 12/5/18</i>	<i>973</i>			<i>15</i>	<i>2580</i>		
<i>34/10</i>		<i>A.P.</i>	<i>973</i>			<i>15</i>			
<i>33</i>		<i>AR 428 10/6/18 C.R.Y. 8.</i>	<i>973</i>						
		<i>" 161 18/6/18 13th L.R.O.C.</i>	<i>357</i>						
		<i>" 323 29/5/18 CR 4th.</i>	<i>973</i>				<i>2077</i>		
<i>33</i>			<i>2303</i>			<i>15</i>			
<i>34/10</i>		<i>" 231 15/7</i>	<i>446</i>			<i>15</i>			
		<i>DR. AR 177 27/6 13th ROC.</i>	<i>535</i>						
		<i>AR 288 31/7</i>	<i>446</i>				<i>2560</i>		
<i>34/10</i>			<i>1427</i>			<i>15</i>			
<i>34/10</i>		<i>351 17.8.18 "</i>	<i>446</i>			<i>15</i>			
		<i>402 31.8.18 "</i>	<i>446</i>				<i>3578</i>		
<i>34/10</i>			<i>892</i>			<i>15</i>			
<i>33</i>		<i>AR 437 7-9-18 "</i>	<i>268</i>						
		<i>462 30/9/18 "</i>	<i>535</i>			<i>15</i>	<i>4575</i>		
<i>33</i>			<i>883</i>			<i>15</i>			
<i>34/10</i>		<i>AP</i>				<i>15</i>			
		<i>491 11/10/18 13 CR 4th.</i>	<i>466</i>				<i>6019</i>		
<i>34/10</i>			<i>466</i>			<i>15</i>			
<i>33</i>		<i>518 3/10/18 " "</i>	<i>466</i>						
<i>34/10</i>		<i>1610 30/11/18 " "</i>	<i>933</i>			<i>15</i>			
<i>34/10</i>		<i>AP</i>				<i>15</i>			
		<i>1724 17-7-18 5 CRT.</i>	<i>746</i>				<i>10994</i>		
<i>10170</i>			<i>2145</i>			<i>30</i>			

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1
Feb.	P.P.	30	80	AP. AP.	
				1943 5/1/19 5 CR 1	933
				1846 2/1/18 " "	746
				2046 17/1/19 " "	746
				5762 9/1/19 CR 10	973
				CL. 5/1/19 London	4867
mar.	P.P.	34	10	AP.	
				8144 12/3/19 G.R. D. Enao h.p.c.	1947
				8644 18/3/19 5 GRY Enao h.p.c. 156	487
					10697
					10699

P. 868 plus 531 ³/₁₉
 Undercredited 117 days w. P. at 0.30 per day ²³/₁₉
 from 12.6.18 to 7.10.18 full min. W. P. Board Meeting ¹⁷/₁₉

S.O.P. 15/Jan. 25.319. S.F. 36. 6.20.2

eteki. Security.

CULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
					10994		
AP.				15			
AP.				15			
5 CR 1	933						
" "	746						
" "	746						
CR 10	943						
London.	4867				2809		
AP.				15	4719		
AP. D. Inds h.p.c.	1947			45	2772		
Inds h.p.c.	156	487			2285		
	10699			45	11645		
	10699			45			

l. 36. CR 10

WAR SERVICE BADGE CLASS A **M.I.D.2**
14996
13 SHORT FORM.
SERVICE GROUP
PROCEEDINGS ON DISCHARGE
OCCUPATIONAL GROUP 23 (Demobilization.)



*Toront
mother
Friman*

bb

1. No. **3030122**

2. Rank. **Pvt**

3. Name. **GRETCKE Yomy**

4. Unit. **C.P.T 2nd Co R.**

5. Date of Discharge **APR 6 - 1919** Place **TORONTO, ONT.**

6. Reason for Discharge.....

DEMobilIZATION

I

7. Authority. **No.2 District Depot, Part II, D.O.No. 106**

8. Proposed Residence after Discharge..... **S.P.O. Argo, Ill, U.S.A.**

Emb-Liverpool 25 3 19
EMT 'Scotian' - Sail. 33

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?.....

Gretzky J. Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....

No. 2 DISTRICT DEPOT

APR 6 - 1919

TORONTO

Signature..... *[Signature]*

FOR C. Discharging Unit.)
O.C. No. 2 District Depot.

f

ea

MAY 2 Entd



PROCEEDINGS ON DISCHARGE
(Transcription)

W. J. ...

...

...

...

...

...

...

...



...

...

...

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the underwritten place and date I received my discharge Certificate

M. E. W. ...

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Place

Date

Signature

(O. C. Discharging Unit)

LIST OF DISCHARGE DOCUMENTS

Discharge Paper, Triplicate	1
Statement of Health	2
Final Discharge Sheet	3
Discharge Form, A-1	4
Discharge Form, A-2	5
Discharge Form, A-3	6
Discharge Form, A-4	7
Discharge Form, A-5	8
Discharge Form, A-6	9
Discharge Form, A-7	10
Discharge Form, A-8	11
Discharge Form, A-9	12
Discharge Form, A-10	13
Discharge Form, A-11	14
Discharge Form, A-12	15
Discharge Form, A-13	16
Discharge Form, A-14	17
Discharge Form, A-15	18
Discharge Form, A-16	19
Discharge Form, A-17	20
Discharge Form, A-18	21
Discharge Form, A-19	22
Discharge Form, A-20	23
Discharge Form, A-21	24
Discharge Form, A-22	25
Discharge Form, A-23	26
Discharge Form, A-24	27
Discharge Form, A-25	28
Discharge Form, A-26	29
Discharge Form, A-27	30
Discharge Form, A-28	31
Discharge Form, A-29	32
Discharge Form, A-30	33
Discharge Form, A-31	34
Discharge Form, A-32	35
Discharge Form, A-33	36
Discharge Form, A-34	37
Discharge Form, A-35	38
Discharge Form, A-36	39
Discharge Form, A-37	40
Discharge Form, A-38	41
Discharge Form, A-39	42
Discharge Form, A-40	43
Discharge Form, A-41	44
Discharge Form, A-42	45
Discharge Form, A-43	46
Discharge Form, A-44	47
Discharge Form, A-45	48
Discharge Form, A-46	49
Discharge Form, A-47	50
Discharge Form, A-48	51
Discharge Form, A-49	52
Discharge Form, A-50	53
Discharge Form, A-51	54
Discharge Form, A-52	55
Discharge Form, A-53	56
Discharge Form, A-54	57
Discharge Form, A-55	58
Discharge Form, A-56	59
Discharge Form, A-57	60
Discharge Form, A-58	61
Discharge Form, A-59	62
Discharge Form, A-60	63
Discharge Form, A-61	64
Discharge Form, A-62	65
Discharge Form, A-63	66
Discharge Form, A-64	67
Discharge Form, A-65	68
Discharge Form, A-66	69
Discharge Form, A-67	70
Discharge Form, A-68	71
Discharge Form, A-69	72
Discharge Form, A-70	73
Discharge Form, A-71	74
Discharge Form, A-72	75
Discharge Form, A-73	76
Discharge Form, A-74	77
Discharge Form, A-75	78
Discharge Form, A-76	79
Discharge Form, A-77	80
Discharge Form, A-78	81
Discharge Form, A-79	82
Discharge Form, A-80	83
Discharge Form, A-81	84
Discharge Form, A-82	85
Discharge Form, A-83	86
Discharge Form, A-84	87
Discharge Form, A-85	88
Discharge Form, A-86	89
Discharge Form, A-87	90
Discharge Form, A-88	91
Discharge Form, A-89	92
Discharge Form, A-90	93
Discharge Form, A-91	94
Discharge Form, A-92	95
Discharge Form, A-93	96
Discharge Form, A-94	97
Discharge Form, A-95	98
Discharge Form, A-96	99
Discharge Form, A-97	100

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

Group..... A
Checked by MP
Date..... 23 MAR 1919

DISPERSAL "I"

9. 1747

AUDITOR PAYMASTER

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

REGT. No. 030122 RANK Pte. NAME (IN FULL) GRETCKI

M. OR S.

Form containing personal and service details for Gretcki, including next of kin, address, dates of attestation, and discharge information.

BALANCE FROM PREVIOUS ACCOUNT

Main financial table with columns for Month, Pay and F.A., Other Credits, Total Credits, Acquittance Rolls, Cash Payments, Assigned Pay, and Balance. Includes handwritten entries for various dates and amounts.

8490
2554
11011

X

at 1000 ft

1st Dep. Battalion,
2nd Central Ont. Regt.

ORIGINAL

1st DEPT. BATTALION
1st S.O.R.

42

MEDICAL HISTORY SHEET

Surname Gretcki. Christian Name Tony.

Examined on 21st day of August 1917.
at Toronto, Canada.

Approved by **DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE**
Examined by- G.F. Tyson, Chicago,
Rank President M.O.

Birthplace { City or Town Grodno.
County Russia.

Apparent age 25 yrs 4 mos.

Trade or occupation Stationary Fireman. M.O.

Height 5 feet 5½ Inches M.O.

Weight 139 lbs. M.O.

Chest measurement { Minimum 34 inches M.O.

{ Maximum expansion 38 inches M.O.

Physical development Good M.O.

Small-pox Marks nil M.O.

Vaccination Marks { Arm Right 2 Left
Number 2

When Vaccinated last 1912 M.O.

(a) Marks indicating congenital peculiarities or previous disease nil M.O.

Date	Result	VACCINATIONS	M.O.
<u>31/8/17</u>	<u>Good</u>	<u>Mumps</u>	M.O.
		<u>Coxsackie</u>	M.O.
		<u>both</u>	M.O.

Enlisted on 21st day of August, 1917. at Toronto, Canada.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st Reserve Batt'n</u>			
<u>C.O. Regt.</u>	<u>3050122</u>		
<u>2nd CANADIAN RESERVE BATTALION.</u>			
<u>8th CAN. RES. BN.</u>			
<u>Can. Py Troops</u>			
<u>132 ROC</u>			<u>14-5-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>KNOTTY ASH CAMP, LIVERPOOL</u>	<u>16/2/19</u>	<u>A James E Wadsworth & Co</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.

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

M. OR S.

REGT. No. *3030122*

RANK *1e*

NAME (IN FULL)

GRETCKI, Terenty

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
<i>W^o Anna Gretcki</i>		<i>Wife</i>					
<i>51 Nelson Street</i>							
<i>Toronto</i>							
<i>Ont.</i>							
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE REASON	AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
					<i>Toronto</i>	<i>6.4.19 Demob</i>	<i>AP. File 7429. T. 4</i>

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
<i>2.8.21</i>																	<i>Balance forward being cheque N^o 1712299 returns as repositio 192.20 d/R 777</i>	
			<i>93.60</i>	<i>93.60</i>					<i>93.60</i>				<i>93.60</i>				<i>Cheque No 41933796 6/8/21</i>	
<i>3.8.21</i>			<i>507.00</i>														<i>S. G. 21. 8.17 to 6.4.19 = 507.00</i>	
																	<i>Aut P.T.A. being 257.19</i>	
<i>3.8.21</i>			<i>240.00</i>	<i>747.00</i>					<i>747.00</i>				<i>747.00</i>				<i>Cheque No 24000 F.P. charged 1.12.17 to 31.3.19</i>	
																	<i>Not previous paid</i>	
																	<i>Cheque N^o 41932078 6/8/21</i>	

Grotcki