

card
E.B.
12-8-16

2-2-37
DUPLICATE

Unit. 15th. Brigade C.F.A. Rank. Lt-Col. Name. Ogilvie A.T.

OFFICERS' DECLARATION PAPER.

Canadian Over-seas Expeditionary Force.

DEPT
MILITIA & DEFENCE
AUG - 3 1916
H.Q. CANADA

Questions to be answered by officer.

(Answers.)

- 1. (a) What is your surname?..... Ogilvie.....
- (b) What are your Christian Names?.... Alexander Thomas.....
- 2. (a) Where were you born? (State place & country) Montreal, Canada.....
- (b) What is your present address? Workpoint Barracks Victoria, B.C.....
- 3. What is the date of your birth?..... 17th. April. 1867.....
- 4. What is (a) the name of your next-of-kin? Alice Ogilvie.....
 1025 Belmont Av.....
 (b) the address of your next-of-kin?..... Victoria B.C.....
 (c) the relationship of your next-of-kin?..... Wife.....
- 5. What is your profession or occupation?..... Soldier.....
- 6. What is your religion?..... Church of England.....
- 7. Are you willing to be vaccinated or re-vaccinated and
 inoculated?..... Yes.....
- 8. To what Unit of the Active Militia do you belong? R.C.A.....
- 9. State particulars of any former Military Service.....
 10 years in Active Militia, & 18 years Royal Canadian Artillery.....
- 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.

A.T. Ogilvie Lt. Col.
..... (Signature of 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.

Date..... *1st*.....

Place..... *Pudawan Camp*..... Medical Officer.

J. M. White
Capt. Evans

Unit _____ Rank _____ Name _____

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Questions to be answered by officer

1. (a) What is your surname?
1. (b) What are your Christian names?
2. (a) Where were you born (State place & country)?
2. (b) What is your present address?
3. What is the date of your birth?
4. (a) What is the name of your next-of-kin?
4. (b) The address of your next-of-kin?
4. (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 to undergo medical treatment?
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 certifies that the above answers were given by _____

Signature of Officer _____

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named Officer in accordance with the Regulations for Active Militia.

I further certify that the Canadian Over-Sea Ex-Force

Signature of Medical Officer _____

742

NAME *Opilme A J*

REGT. NO. _____

RANK AND UNIT *Lt. Col.*

14 Bede Co 3rd

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1138

8 Red + Boulogne

8-11-18

Influenza

1148

dis to duty

~~20-11-18~~

Number..... RANK..... Lt-Col

Surname..... OGILVIE

Christian Names..... Alexander Thomas

Unit..... Theatre of War France

Dates of Service..... 11.9.16 - 21.8.17 - 12.6.19

Remarks.....

Latest Address..... ~~Workpoint Barracks~~

..... ~~Esquimaux B.C.~~

Roll No. *B.* *Page 1553* *Officer of Reserve*

R.A.
Citadel Quebec P. 2.

4 1489 *Recd*

MAY 1 7 1921

71 4717

AUG 5 1921

| Surname | Christian Name | | Serial No. |
|---------|----------------|----|------------|
| OGILVIE | A. | T. | |
| Rank | Unit | | |
| Lt.Col. | C.F.A. | | |

| Medical Board held at | Date | Condition found by Board |
|--|-----------|--------------------------|
| Etaples Base. | 25-11-18. | Influenza. |
| Unfit any service 4 weeks, sick leave to England 27-11-18 to 26-12-18. | | |
| Witley Area | 16-5-19 | V.D.H. |
| Fit for General service. | | |

Remarks.

Surname

Christian Name

OGILVIE

A. T.

Rank

Unit

Lt.Col.

14th.Bgde.C.F.A.

Casualty List

8 Red Cross, Boulogne

8-11-18.

14-11-18/1138-2. "Influenza".

26-11-18/1148 Disch.to Duty:^{Re}-20-11-18.

A.M.D. 2 DEPT.

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

WITNEY EYE, EAR, NOSE AND THROAT CLINIC

Witley Camp, Surrey

Date 16-5 1919

Reg. Rank 1st Lt Name Ogilvie A. S.
Unit 14th J.

WITHOUT GLASSES

WITH GLASSES
(as per prescription below)

SPH. CYL. AXIS.

Visual acuity rt. 6/12 with

Visual acuity lt. 6/6 with

Category recommended is A

Glasses not ordered

Original disease or injury Presbyopia

Date of origin

Place of origin

Cause

Present disability

Remarks

CONDITION WAS PRESENT PREVIOUS TO ENLISTMENT AND HAS
BEEN CAUSED BY SERVICE. HAS BEEN AGGRAVATED BY SERVICE

S.B.

D. Macmillan
Captain, C.A.M.C.
Eye and Ear Specialist
Witley Camp
Surrey

3 2 0 1

ABSORBENT

THE ...

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ABSORBENT

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ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

A 14

Surname Ogilvie Christian Name Alexander Thomas

Examined { on 5th day of July 1916
at Pelawawan Camp
Birthplace { City or Town Montreal
County Canada

Approved by J.M. [Signature]
Rank Capt. [Signature] M.O.

Apparent age 49
Trade or occupation Soldier
Height 5 Feet 9 3/4 Inches.
Weight 220 Lbs.
Chest measurement { Minimum 38 inches.
Maximum expansion 42 inches.
Physical development Good
Small-Pox Marks none

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

Vaccination Marks { Arm Right 0 Left 1
Number 1
When Vaccinated last 1899
(a) Marks indicating congenital peculiarities or previous disease none

| Date. | Result. | VACCINATIONS. |
|-------|---------|---------------|
| | | M.O. |
| | | M.O. |
| | | M.O. |

(b) Slight defects but not sufficient to cause rejection none

| Date. | Result. | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|--------------------|---------------------------------|
| <u>3.7.16</u> | <u>[Signature]</u> | M.O. |
| <u>22/7/16</u> | <u>[Signature]</u> | M.O. |
| <u>1/8/16</u> | <u>[Signature]</u> | M.O. |

Enlisted on 13.7.17 day of July 1917 at [Signature]

| | CORPS. | REG'T'L NUMBER. | HABITS. | DATE. |
|----------------------|----------------------------------|--------------------------|---------|--------------------|
| Joined on enlistment | <u>15th O/S Brigade C. F. A.</u> | <u>A. H. [Signature]</u> | | <u>1 May 1916.</u> |
| Transferred to | <u>14th Brigade C. F. A.</u> | <u>[Signature]</u> | | |
| | <u>[Signature]</u> | <u>Lieut-Col</u> | | |
| | <u>C.F.A.</u> | | | |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION. | DATE. | DISEASE. | RESULT. |
|--------------|----------------|-----------------|-----------------------|
| <u>Witby</u> | <u>20-5-19</u> | <u>V. D. H.</u> | <u>A. [Signature]</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.

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.....15th. Brigade Can. Field Artillery C.E.F.
Headquarters

(2) Regimental Number.....Nil.

(3) Full Name of Soldier.....Alexander Thomas Ogilvie.

(4) Place of Birth.....Montreal Canada.

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

(6) If married, state,
 (a) Full name of your wife.....Alice Ogilvie. nee. Campbell

(b) Present Postal Address.....10rt. Belmont Ave, Victoria B.C.

(7) Are you a widower?.....No.

(8) Have you any children?.....Three step children
 If so, give number of boys and girls.....Three girls,
 Also their names and ages.....Audrey Hammond 23 Years.
Barbara Lemon 20
Gwyneth Lemon 15

(9) Is your Father alive?..... No.
If so, state name and address Nil.

(10) Is your Mother alive?..... No.
If so, state name and address Nil.

(11) If your Mother is a widow..... Dead.
Are you her sole support, or not?..... Nil.

(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.
Nil.

(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.
Nil.

(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. subsistence allowances Permanent Force

15) Are you insured?..... Yes.
If so, in what Company?..... Mutual Life of New York.
Have you made arrangements for payment of your Insurance premium..... Paid up.
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Paid up Policy

A. J. Gwynn
Officer Commanding.

Date 31st August 1916.

Casualty Form—Active Service.

Regiment or Corps _____

Regimental No. _____ Rank _____ Name _____

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

Date of promotion to } _____ Date of appointment } _____ Numerical position on }
present rank } to lance rank } 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 | | | | |
| | | <p>S.O.S. Wing, Canadian Corps Camp, Witley, proceeding to Canada 1919, D.O. No. ²⁹ to Canada 1919, D.O. No. ¹⁹</p> <p><i>[Signature]</i> for Officer Commanding</p> <p>EMBARKED RMS. SCOTIAN, LIVERPL. JUNE. 11. 19</p> | | | |

(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.

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

26⁶/19
M.H.Q.
Ottawa

T.O.S. C.E.F. in Canada
on General Demobilization

M.D. No. ⁴

C.E.F. R.O. No. *2047-19*

28-6-19
M.H.Q.
Ottawa

S.O.S. C.E.F. in Canada
on General Demobilization

M.D. No. ⁴ *23-6-19*

C.E.F. R.O. No. *2053-19*

W. Hunter, Capt
for Director Personal Services

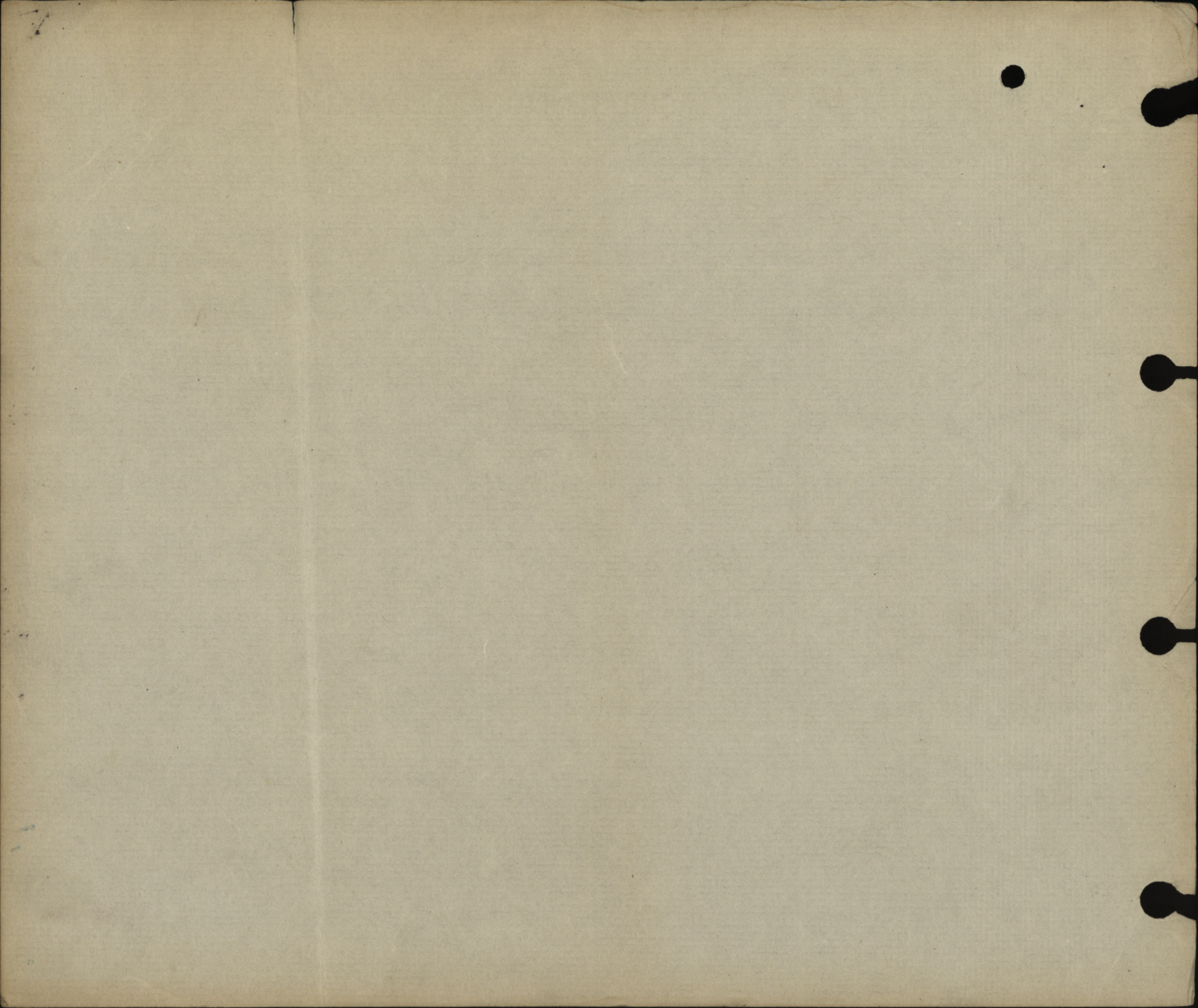
Duplicate
SEPARATION ALLOWANCE

Name *Alice Ogilvie* Name of Soldier *Ogilvie Alex. J.*
 Address *90 Bank of Montreal* Regtl. No.
Waterloo Branch. Waterloo, Ont. Rank *1st. Sol*
Pall Mall London, W. Corps *15th Field art*
 Relation to Soldier *England* To what Corps belonging
 wife, child or mother } *wife* when called out }

PAYMENTS

42229 M. CO.

| 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 | | | | |



MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

M. F. W. 11a.
 50m.-4-16.
 1772-30-818.

Duplicate
 Name of Soldier *Ogilvie Alex. J.*

Sheet No. 2.

Alice Ogilvie *Wife*
PAYMENTS.

L. L. Job 310.—Req. 6574.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|----------------|-------------|----------|
| | | | <i>£</i> | |
| April | 1916 | | | |
| May | | | | |
| June | | <i>6 4234</i> | <i>40 -</i> | |
| July | | <i>13301</i> | <i>60 -</i> | |
| Aug. | | <i>0 14541</i> | <i>60 -</i> | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1917 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

*Permanent Force
 officer not entitled
 to S.A.*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

MILITIA AND DEFENCE.
ASSIGNED PAY.

To whom Cr. a/c Mrs. Alice Ogilvie,

By whom assigned Ogilvie, A. T.

Address Dominion Bank,

Regtl. No.

Cornhill,

Rank Lieut-Col.

London, E.C.

Corps, &c. 15th Bde. C.F.A.

Rate \$200.00

Date to Commence November 1st, 1916.

PAYMENTS.

| Month | Year | Cheque No. | Amt. | REMARKS |
|-------|------|------------|------|--|
| Jan. | 1916 | | | <i>not over off 1916 73⁹¹</i> A 2 M form 31-10-16. |
| Feb. | | | | |
| March | | | | |
| Apl. | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | 13486 | 200 | |
| Dec. | | 16342 | 200 | |
| Jan. | 1917 | 18605 | 200 | |
| Feb. | | 21113 | 200 | |
| March | | 24109 | 200 | |
| Apl. | | 2108 | 200 | |
| May | | 5110 | 200 | |
| June | | 8114 | 200 | |
| July | | 11615 | 200 | |
| Aug. | | 16116 | 200 | |
| Sept. | | 20119 | 200 | |

RECEIVED
MAY 19 1962



ASSIGNED PAY *and/or* SEPARATION ALLOWANCE

Credit a/c.

Payable to Mrs. Alice OGILVIE, Wife.

Name OGILVIE, A T

Address Dominion Bank,

From Canada: No. Rank Lt Col Unit 1507a

Cornhill, E. C.

| Rank | Authority | Unit |
|------|-----------|------|
|------|-----------|------|

ASSIGNED PAY

| | | | |
|----------------|-----------------|---------------------------|----------|
| Authority..... | Dol. <u>200</u> | Effect <u>Nov 1, 1916</u> | Lt. Col. |
| | " <u>250</u> | " <u>Jan 1, 1918</u> | |
| | " | " | |
| | " | " | |

| Month | Cheque No. | Assigned Pay | | Amount Separation Allow. | | Total A.P. and S.A. | | REMARKS |
|-------|---------------|--------------|---|--------------------------|--|---------------------|--|----------|
| | | | | | | | | |
| JAN. | 1917 | | | | | | | |
| FEB. | | | | | | | | |
| MARCH | | | | | | | | |
| APRIL | | | | | | | | |
| MAY | | | | | | | | |
| JUNE | | | | | | | | |
| JULY | | | | | | | | |
| AUG. | | | | | | | | |
| SEPT. | 7A | 2200 | ✓ | | | 2200 | | |
| OCT. | 24626 | 200 | - | | | 200 | | |
| NOV. | 29119. | 200 | - | | | 200 | | |
| DEC. | 33111 | 200 | - | | | 200 | | |
| JAN. | 1918 37612 | 250 | - | | | 250 | | |
| FEB. | 272 | 550 | - | | | 550 | | (51-4-H) |
| MARCH | 2545 | 250 | | | | 250 | | |
| APRIL | 0251 | 250 | | | | 250 | | |
| MAY | 2658 | 250 | | | | 250 | | |
| JUNE | 5846 | 250 | | | | 250 | | |
| JULY | 9632 | 250 | | | | 250 | | |
| AUG. | 10632 | 250 | | | | 250 | | |
| | | 4800 | | | | | | |

Name Ogilvie A. J.

Rank Lt. Col.

Unit _____

| Month | Cheque No. | Assigned Pay | Separation Allowance | Total A.P. and S.A. |
|--------------|------------|--------------|----------------------|---------------------|
| Forward | | 4800 | | |
| SEPT. | 12344 | 250 | - | |
| OCT. | 14986 | 250 | | 250 |
| NOV. | 17703 | 250 | | 250 |
| DEC. | 21858 | 250 | | 250 |
| JAN. 1919 | 23245 | 250 | | 250 |
| FEB. pd 3/19 | 25531 | 250 | | 250 |
| MARCH | | | | |
| APRIL | | | | |
| MAY | | | | |
| JUNE | | | | |
| JULY | | | | |
| AUG. | | | | |
| SEPT. | | | | |
| OCT. | | | | |
| NOV. | | | | |
| DEC. | | | | |
| JAN. 1920 | | | | |
| FEB. | | | | |
| MARCH | | | | |
| APRIL | | | | |
| MAY | | | | |
| JUNE | | | | |
| JULY | | | | |
| AUG. | | | | |
| SEPT. | | | | |
| OCT. | | | | |
| NOV. | | | | |
| DEC. | | | | |

*Summison Bk
Restored
B.L.*

Trsf Co 1 3/4

Dup. sheet mailed Ott. 13.2.19

Dup.sheet mailed Ott. 13.2.19
A.P. Paid in Eng. \$6300. to 28.2.19

H

See (11)

Assignment as at
1st March 1919.

Ogilvie Lieut.Col. A.T. 14th C.F.A. \$250.

Mrs. Alice Ogilvie, (Wife)
Dominion Bank,
Victoria, B.C.

Apb 10 30 6-19
Amusement 1-7-19

MILITIA AND DEFENCE.
ASSIGNED PAY.

To whom

By whom assigned

Address

Regtl. No.

Rank

Corps, &c.

Rate

Date to Commence

PAYMENTS.

| Month | Year | Cheque No. | Amt. | REMARKS |
|-------|------|---------------|------|---------|
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |
| Apl. | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1917 | | | |
| Feb. | | | | |
| March | | | | |
| Apl. | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |

26/5/16

MILITIA AND DEFENCE

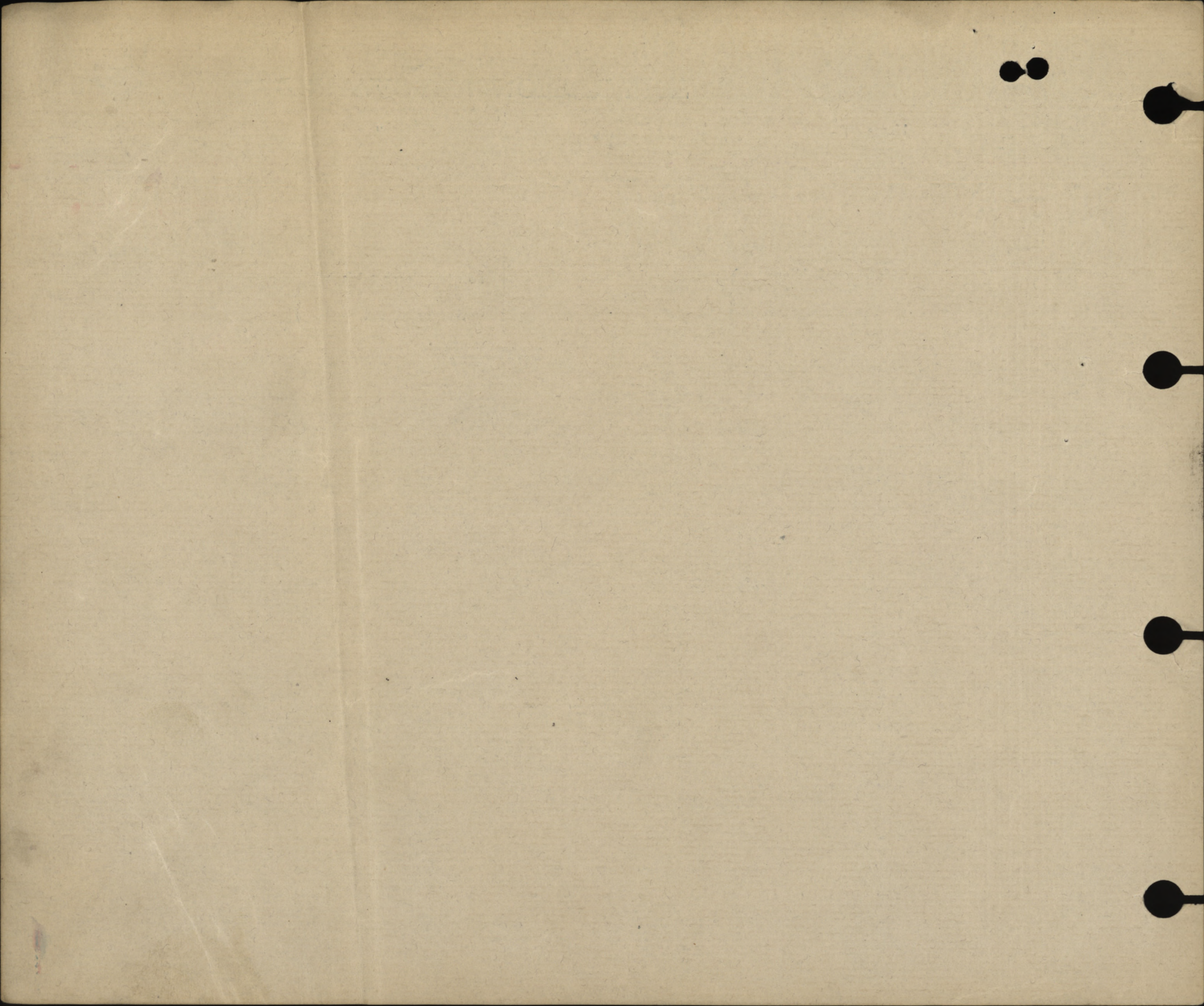
M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Alice Ogilvie Name of Soldier Ogilvie Wm Hos
 Address ~~104 Belmont Ave~~ Regtl. No.
 Go Bank of Montreal Victoria Rank Lt. Col.
 Waterloo Branch Pls Corps 15th S. Field Artillery
 Relation to Soldier Waterloo Place Pall Mall To what Corps belonging }
 wife, child or mother } wife London when called out }

PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|-------|------|------------|------|---|
| Aug. | 1914 | | | <p>ENGLISH</p> <p>Dup sent to Eng for payment</p> <p>SEP 9-1916</p> |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| Apl. | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |



SEPARATION ALLOWANCE

Sheet No. 2.

Alie Ogilvie

OVERSEAS CONTINGENTS

wife
PAYMENTS.

Name of Soldier

Ogilvie Alie Mrs
Leistee

L. L. Job 310.—Req. 6574.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|------------|------|------------------------------|
| April | 1916 | | | |
| May | | | | Dup sent to Eng for payment. |
| June | | 64237 | 70 | |
| July | | F13301 | 60 | |
| Aug. | | 0 14541 | 60 | |
| Sept. | | | 60 | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1917 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

SEP 9-1916

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

ASSIGNED PAY *and/or* SEPARATION ALLOWANCE

Payable to Mrs. Alice OGILVIE (Wife)
 Address Dominion Bank,
Victoria, B.C.

Name OGILVIE, A T
 From Canada: No. _____ Rank Lt.Col. Unit 15th C.F.A.

| Rank | Authority | Unit |
|---------|-----------|-------------|
| Lt.Col. | | 14th C.F.A. |

ASSIGNED PAY

Dol. 200. Effect Nov.1/16 Lt.Col.
 " 250. " Jan.1/18
 " _____ " _____
 " _____ " _____

Authority
S.A. & A.P.
FEB 28 1919
C.R.

| Month | Cheque No. | Assigned Pay | Amount Separation Allee. | Total A.P. and S.A. | REMARKS |
|-----------|------------|--------------|--------------------------|---------------------|--|
| JAN. 1919 | | | <i>Nil</i> | | <i>Permanent Force Officer. No St. pay abt</i> A.P. to be contd. in Canada as from 1.3.19 |
| FEB. | | 6300 | | | |
| MARCH | | 250 | | | |
| APRIL | | | | | |
| MAY | | | | | |
| JUNE | | | | | |
| JULY | | | | | |
| AUG. | | | | | |
| SEPT. | | | | | |
| OCT. | | | | | |
| NOV. | | | | | |
| DEC. | | | | | |
| JAN. | | | | | |
| FEB. | | | | | |
| MAR. | | | | | |
| APRIL | | | | | |
| MAY | | | | | |
| JUNE | | | | | |
| JULY | | | | | |
| AUG. | | | | | |

See acct of P. J. in current ledger

Name..... Rank.....

Unit.....

| Month | Cheque No. | Assigned Pay | Separation Allowance | Total A.P. and S.A. | |
|-----------|------------|--------------|----------------------|---------------------|--|
| Forward | | | | | |
| 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. | | | | | |
| DEC. | | | | | |

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 250⁰⁰

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

NAME OF UNIT DATE AUTHORITY

1st Lieut C.F.R.

DATE AUTHORITY

Lt Col.

24 9/16 K Canada ROC (D)
302. 26 16

Name

Initials

Bank

Ogilvie
A.T.
Bank of Montreal

ADDTL OUTFIT ALLICE-8-18

| 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 | | | | | | | | |
| April 12 | A.P. to England. | | | 250 | | | | |
| 16 | April pay (R) | | 405 41 | | | | | |
| 26 | Bank | 1173 | | 158 41 | | 0 | | |
| May 11 | at England. | | | 250 | | | | |
| 20 | Pay May (R) | | 403 07 | | | | | |
| 30 | Bank | 2767 | | 145 48 | | ca 7 59 | | |
| June 11 | at England. | | | 250 | | | | |
| 12 | Paid P.T.A. April 1918, Min. Dep. Paym. See 28 5/18 6: P.E. | 976 | | 7 59 | | | | |
| 18 | Pay June (R) | | 400 82 | | | | | |
| 25 | Bank | 4144 | | 150 82 | | 0 | | |
| July 11 | at England. | | | 250 | | | | |
| 15 | Pay July (R) | | 403 07 | | | | | |
| 25 | Bank | 5568 | | 153 07 | | 0 | | |
| Aug 12 | A.P. England | | | 250 | | | | |
| 20 | Pay August (R) | | 403 07 | | | | | |
| 24 | Bank | 7121 | | 153 07 | | 0 | | |
| Sept 13 | at England. | | | 250 | | | | |
| 18 | Pay Sept (R) | | 400 82 | | | | | |
| 26 | Bank | 9127 | | 150 82 | | 0 | | |
| Oct 15 | at England. | | | 250 | | | | |
| 17 | Pay Oct (R) | | 403 07 | | | | | |
| 22 | Bank | 10363 | | 153 07 | | 0 | | |
| 29 | addl Outfit allice 18/18 | | 100 | | | | | |
| | Bank | 10930 | | 100 | | 0 | | |

Forward.

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 25.00

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

NAME OF DATE AUTHORITY

DATE AUTHORITY

1st Bde. C.A.

Lt Col.

24 16 From Canada
Rob W 30v.
26 9 11.

Name

Initials

Bank

P. Gilvie

A. J.

Bank of Montreal.
Waterloo Place,

England
Canada

ADDTL CUT OFF ALLCE 1-8-18

| 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 | | | | | | | | |
| Nov. 13 | A. P. Eng. | | | 250 | | | | |
| 21 | Pay Nov. (R) | | 400 82 | | | | | |
| | Bank | 12160 | | 150 82 | | | | |
| Dec. 2 | Pay Dec. (R) | | 403 07 | | | | | |
| 9 | A. P. Eng. | | | 250 | | | | |
| 11 | Bank | 13730 | | 153 07 | | | | |
| 1919 | Jan | | 403 07 | | | | | |
| 16 | Pay Jan. (R) | | | 250 | | | | |
| | alt Eng. | | | | | | | |
| 24 | Bank | 15528 | | 153 07 | | | | |
| Feb | Pay Feb. (R) | | 396 32 | | | | | |
| 13 | A. P. Eng. | | | 250 | | | | |
| 21 | Bank | 17019 | | 146 32 | | | | |
| March | Pay March (R) | | 403 07 | | | | | |
| 21 | A. P. Can. | | | | 250 | | | |
| 24 | Bank | 18393 | | 153 07 | | | | |
| Apr 16 | a. P. Can. | | | | 250 | | | |
| | Pay April (R) | | 400 82 | | | | | |
| 23 | Bank | 1053 | | 150 82 | | | | |
| May 15 | a. P. Can | | | | 250 | | | |
| | Pay May (R) | | 403 07 | | | | | |
| | Advance May June Pra. | Bank 2340 | | 303 19 | | \$ 150 82 | | |
| June 15 | Adjustment of Pra from Pay @ 2900 pa | | | | | | | |
| | 101 25 pd less 1 pd to Lt 12 pd 31 19 to 15 19. | | 62 61 | | | | | |
| 16 | a. P. Can | | | | 250 | | | |
| | Pay June (R) | | 400 82 | | | | | |
| Aug 29 | Transfd. to Canada | Co. 1408 | | 62 61 | | | | |

RETURNED TO CANADA
L.P.C. 30.6.19. B. Smith
TRANSFER TO N.E. LEDGER

transferred from
to fir. AUG 10 1918
312 1/2 ad. to Can. 62 62

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

Mess DATE AUTHORITY

Beneficiary

15th Bde. 6.7.2.

Lieut. Col. ~~27-9-16~~ From Canada

Name *Gilvie*

Address

England

Perm. Force. 24-9-16. R.U. 6.7.D #302
(B's 10/12)
d/26-9-16

Initials *A. J.*

Bank *of Montreal*

Amount. \$700⁰⁰

1 ¹¹/₁₆

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

1916-17

DATE 1916

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED PAY PAID IN CANADA

BALANCE

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

INITIALS.

Oct 5 Bank

248 59

✓ Pay adpt fr 9-30⁹/₁₆ No 10566
(missing from 24/9/16)

229 25

✓ Pay Oct

335 32

27 Bank

315 98

Nov 16 Bank (P. 2. a fr 1-8⁹/₁₆)

19 71

show as overdraft till
a. comes through

21 A.P. Eng

200

Pay Nov

333 07

27 Bank

133 07

D 19 71

Dec 11 A.P. Eng

200

13 Pay adpt to P. 2. a fr 1-8⁹/₁₆ No 381

19 71

✓ Pay Dec

335 32

19 Bank

135 32

1917 Jan 17 A.P. Eng

200

23 Pay Jan (R)

335 32

27 Bank

Bank 19286

135 32

Feb 17 Pay Feb. (R)

328 57

A.P. Eng

200

24 Bank

Bank 21931

128 57

Mar 15 A.P. Eng

200

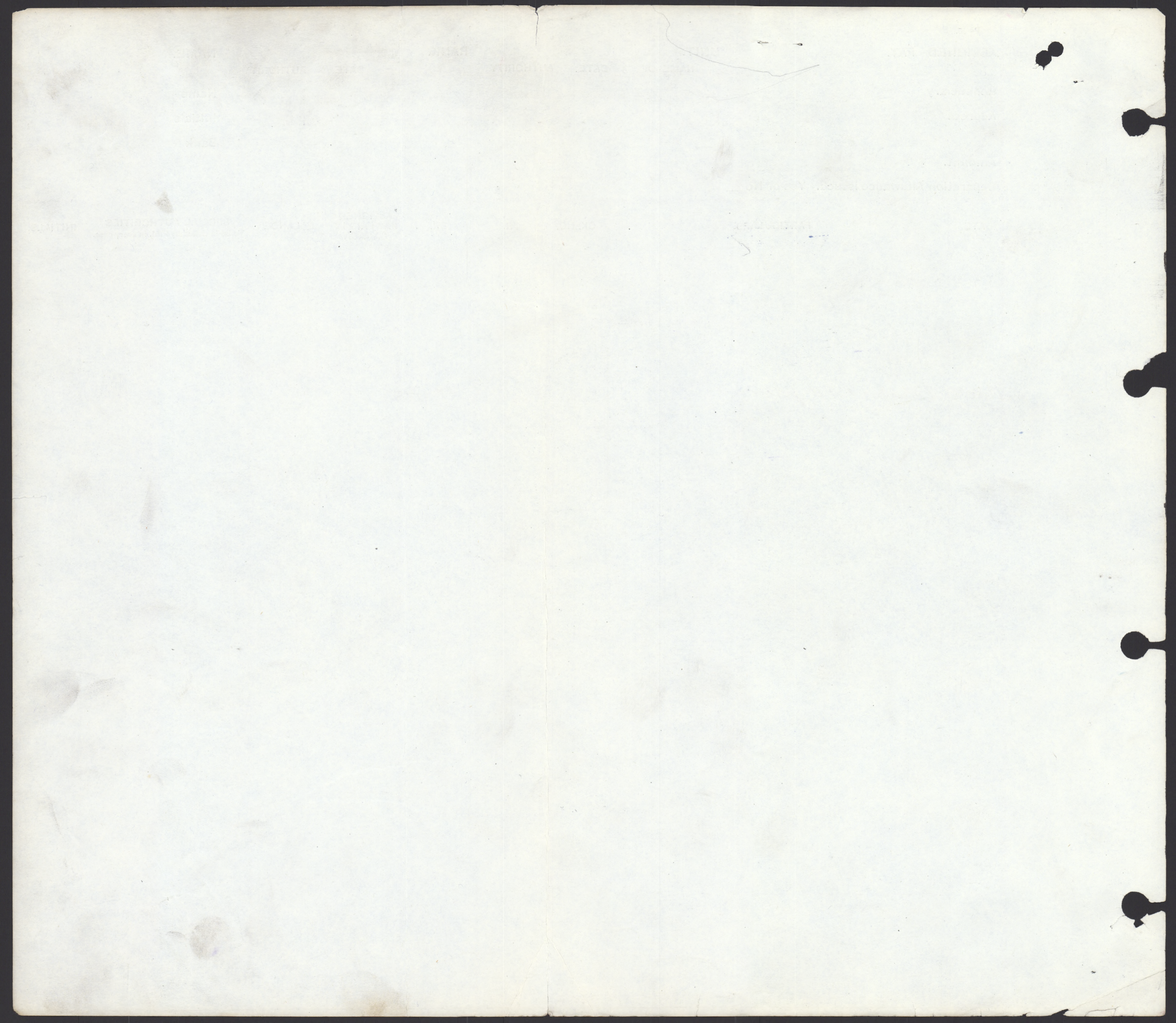
20 Pay March (R)

335 32

27 Bank

Bank 24836

135 32



ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$200⁰⁰

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

NAME OF DATE AUTHORITY

DATE AUTHORITY

15 Bde C.F.A.

Lt Col 24 9/16 Ft. Canada
R06TD#302
#26-9-16

Name Ogilvie,
Initials a J.
Bank

Bank of Montreal

1917-18

| DATE | PARTICULARS | CK. NO. | CR. | DR. | ASSIGNED PAY PAID IN CANADA | BALANCE | SPECIAL AUTHORITIES To be initialed by P.M. in every case. | INITIALS |
|----------|--|---------|-----|--------|-----------------------------|---------|---|----------|
| 1917 | | | | | | | | |
| April 16 | Adjustment of P.A. Bank 1597 | | | 780 89 | | | | |
| 18 | Adjustment of P.A. from #2300 p.a to #2900 p.a. from 9/16 to 31 3/4. - #336.66. Adjustment of P.A. from #73.91 p.m to #1350 p.a from 19/16 to 31 3/4 - #270.13 | | | 606 79 | | | | |
| 18 | {Underpaid diff. ce between P.F.A. @ #887.00 p.d and #1350.00 p.a from 15/16 to 31 3/4. Vn 232} | | | 154 36 | | | | |
| 18 | {Underpaid diff. ce between (Pay P.A. #2300 p.a. #1.25 p.d. #1.00 p.d.) and (Pay P.A. #2900 p.a. #1.25 p.d.) from 15/16 to 1 6/16. Vn 233} | | | 19 74 | | 0 | | |
| 20 | a.p. Eng. | | | 200 | | | | |
| 24 | Pay April (R) | | | 421 66 | | | | |
| 28 | Bank 3070 | | | 221 66 | | 0 | | |
| May 16 | a.p. Eng. | | | 200 | | | | |
| 21 | Pay May (R) | | | 423 91 | | | | |
| 25 | Bank 6029 | | | 223 91 | | 0 | | |
| June 15 | a.p. Eng. | | | 200 | | | | |
| 18 | Pay June (R) | | | 421 66 | | | | |
| 21 | Bank 7976 | | | 221 66 | | 0 | | |
| July 17 | Pay July (R) | | | 423 91 | | | | |
| | a.p. Eng. | | | 200 | | | | |
| 26 | Bank 13029 | | | 223 91 | | 0 | | |
| Aug 11 | Rations 5-6 7/17 | 7978 | | | | | 7/8 | |
| Aug 18 | Pay Aug (R) | | | 423 91 | | | | |
| | a.p. Eng. | | | 200 | | | | |
| 24 | Bank 17080 | | | 223 91 | | 0 | | |
| 29 | Rations 11-30 7/17 | 4174 | | | | | 11-0-0 | |
| Sept 13 | Rations 5-6 7/17 paid to officers etc in mess. Should have been paid to officers mess. Paid to C. 14 Bde. C.F.A. Cash 19806 | 19806 | | 66 | | | | |
| 14 | a.p. Eng. | | | 200 | | 199 34 | | |
| 15 | Rations 28-30 6/17 | 4775 | | | | 200 66 | 8/- | |
| | " 1-6 7/17 | 4775 | | | | 8/- | | Forward. |

| | | | |
|--|--|---|---|
| ASSIGNED PAY. | UNIT. | RANK. | NAME. |
| Beneficiary Address Amount. \$ <i>200. 250⁰⁰ 1/8</i> Separation Allowance issued. Yes or No..... | NAME OF <i>15 Bde C.F.A.</i> DATE AUTHORITY | DATE <i>24⁹/16</i> AUTHORITY <i>In Canada. ROCTP. 302. 26/1/16.</i> | Name <i>Dgilvie</i> Initials <i>A.T.</i> Bank <i>of Montreal.</i> |

| DATE | PARTICULARS | CK. NO. | CR. | DR. | ASSIGNED PAY PAID IN CANADA | BALANCE | SPECIAL AUTHORITIES To be initialled by P.M. in every case. | INITIALS |
|----------|--|---------|--------|-----------------------------|-----------------------------|---------------|--|----------|
| 1917 | | | | | | | | |
| Sept. 22 | Brought Forward. Pay Sept (R) | | 421 66 | | | <i>200 66</i> | | |
| | Bank | 21759 | | 221 | | 0 | | |
| Oct 10 | A.P. England. | | | 200 | | | | |
| 15 | Pay Oct (R) | | 423 91 | | | | | |
| 24 | Bank | 26277 | | 223 91 | | 0 | | |
| Nov 12 | A.P. England. | | | 200 | | | | |
| 14 | Pay Nov (R) | | 421 66 | | | | | |
| 20 | Bank | 30662 | | 221 66 | | 0 | | |
| Dec 6 | A.P. Eng | | | 200 | | | | |
| 12 | Pay Dec (R) | | 403 07 | | | | | |
| 15 | Bank | 35096 | | 223 91 203 07 | | 0 | | |
| 1918 | | | | 250 | | | | |
| Jan 10 | A.P. England. | | | 200 | | | | |
| 16 | Jan Pay (R) | | 403 07 | | | | | |
| 24 | Bank | 39425 | | 153 07 | | 0 | | |
| Feb. 11 | Adjustment of P.F.A. from \$91.66 pm to \$99.25 pm from 1 ¹ / ₁₇ to 31 ¹ / ₁₈ (Rations inc 2544d) to 21623 | | 22 77 | | | | | |
| | Bank | 40229. | | 22 77 | | 0 | | |
| 12 | A.P. England. | | | 250 | | | | |
| 16 | Pay Feb (R) | | 403 91 | | | | | |
| 21 | Bank | 40953. | | 153 91 | | 0 | | |
| 1918 | | | | 250 | | | | |
| Mar 11 | A.P. England. | | | 250 | | | | |
| 20 | Pay March (R) | | 410 66 | | | | | |
| 26 | Bank | 42637 | | 160 66 | | 0 | | |

P.F.A reduced from \$112⁵⁰ pm to \$91⁶⁶ pm from 1¹²/₁₇ to 18⁷/₁₃.

ET

Rank and Name

OGILVIE, Alexander Thomas ✓

D.S.O.

Lt-Colonel.

Regimental No.

Name and Address of Next-of-Kin

Wife. ✓

Unit 15 Brigade C.F.A. (Headquarters)

of Dominion Bank of Canada Alice Ogilvie.

Date of enlistment

Comhill 1045, Belmont Ave. ✓

Place of birth Montreal, Canada. ✓

London B.C. Victoria, British Columbia
date RL9-0-186 Canada

Married (Yes or No)

Yes. ✓

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

SAILED 11 9 18 HQ 598 8 I ✕

M

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 |
|-----------|-----------------------------|--|-------|----------|--|
| 31.12.16. | o/c Witley | To command 4. Can Div Artillery Details in absence of Brig Gen W.O.H. Dodds, C.M.G. to 6-1-17. | | 31-12-16 | R.D. 84 |
| 22-1-17 | 15 th Bde C.F.A. | Will now be av. Ngs New 14 th Bde C.F.A. VICE Brig Gen W.O.H. Dodds, on leave to Canada | | 22-1-17 | RD 228 |
| 6.6.17 | Witley | Assumes duties of CRA 5 th Div. Returns to Unit 2.7.17 | | 26.5.17 | RD 1670 RD 1926 Witley WO List (C) 78 17 |
| | W.O. | Brought to notice of Secretary of State for War for Valuable Services rendered in con. with the War | | | WO List (C) 78 17 |
| | o/pers | 14 th Bde | | 21.8.17 | Pt II 232 |
| 29.12.17 | 14 th Bde | Granted 14 days leave of abs. | | 5.1.18 | Pt II 5 |
| 19.7.18 | do | Granted leave of abs to U.K. | | 20.12.17 | Pt II 264 |
| 14.11.18 | A.M.S. | Adm. 8 Red X Hosp. Boulogne | | 7.7.18 | Pt II 53 |
| 7.12.18 | 14 Bde C.F.A. | Granted sick leave to U.K. from 27/11/18 to 26.12.18 | | 23.7.18 | C.L. 1148 |
| 15.2.19 | W.O. | Awarded the D.S.O. | | 20.11.18 | C.L. 1138 Influenza. |
| 14.5.19 | 14 Bde C.F.A. | Proceeded to England | | 8.11.18 | Pt II of 108 |
| 23.5.19 | J. wing C.C.C. Witley | J.O.S. pending R.T.C. | | | L.G. 31183. 15.12.19. |
| | | | | 11.5.19 | Pt II of 51. |
| | | | | 12.5.19 | Pt II of 19. |

A.F.B. 103,
29 AUG. 1917

| 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 | | | | |
| 21.6.19 | <i>J. wing</i> C.C.C. Withley | S.O.S. O.M.F.C. to C.E.F. in Canada | | 12.6.19 | Pt. II of 29 #8 12/6/19 Sailing 80 |
| | | Sailed for Canada | | | |
| | | Mentioned in despatches | | | LG.11719 |

19214

20523-6-19 R02053719

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley Camp DATE 16-5-19

1. 1 (a) Unit 1467th Prov. Coy (b) Regimental No. _____ (c) Rank Dr. fol
 (d) Surname O'GILLVIE (e) Christian name Alexander Thomas
 (f) Home address Dominion Bank Victoria B.C.
 (g) Next of Kin Mrs. A. S. Ogilvie (h) Relationship wife
 (i) Address of Next of Kin Victoria B.C.

2. Age last birthday 51 years Date of birth April 17, 1868

3. Enlistment, or Appointment (if an Officer) (a) Place Victoria (b) Date 1.5.16

4. Personal description:
 (a) Height 5' 9 3/4" (b) Weight 200 lb. Est (c) Complexion Ruddy
 (d) Colour of hair gray (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Waters, chest l. for a stark rife

5. Former trade or occupation soldier

| | | |
|---|----------|-----------|
| 6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted). | Years | Days |
| | <u>2</u> | <u>16</u> |

| | PERIODS | |
|---------------------------------|----------------|----------------|
| | From | To |
| Canada | <u>15.16</u> | <u>11.9.16</u> |
| England | <u>22.9.16</u> | <u>20.8.17</u> |
| France or other theatres of War | <u>20.8.17</u> | <u>16.5.19</u> |

7. Original disease, or injury VALVULAR DISEASE HEART

(a) Date of origin Nov 1918 (b) Place of origin France
 (c) Cause Active service conditions (Influenza)

B. P. C. 1000
FALSE DOCKETS
6

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, marked, etc.; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

slight dyspnoea

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

General condition excellent.

Pulse rate 84, regular, volume & tension, medium arteries smooth elastic. Systolic B.P. 134 D, B.P. 95 mm Hg. Harsh mitral systolic murmur propagated upward toward sternum, also part way toward axilla. Heard faintly at inferior angle of left scapula.

No subjective symptoms, except some shortness of breath on climbing hills.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....no..... Cardio-Vascular System.....no..... Genito-Urinary System.....no.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses.....yes..... Respiratory System.....no..... Integumentary System.....no.....
Disturbances of Mentality.....no..... Digestive System.....no..... Muscular System.....no.....
Osseous and Joint Systems.....no..... Any other general condition.....no.....

Special Eye Exam. Witten, 14-5-19 visual acuity Rt 6/12 Lt 6/6
original disease Presbyopia (Egd) Fr. a. MacNeil capt.
Prior to enlistment not caused or aggravated by service

10. (a) History (of the condition referred to in Section 9 (a).)

Severe influenza attack, Nov. 1918
adm. 13 C. F. Amb. 2-11-18 as with P. U. O.
Trans. 42 C. C. S. 9-11-18. Influenza
8 Red Cross Hosp. 9-11-18 to 20-11-18 Influenza
Base Med Board, Etaples 25-11-18 granted sick leave 1 month
at this med Board patient was told that he had a heart murmur; the first time he knew anything about it. Has been in the regular military service since from 1896 and has had frequent medical examinations.

Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior or since enlistment, and not included in Section 10 (a).

Several accidents in riding thrown from horse, in
game team about 1898, dislocating shoulder,
Typhoid in 1895.

(c) Here give a description of wounds, scars and deformities.

nil

11.—(a) Did the disabling condition have its origin before enlistment? no

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

no

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) no (b) no

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? six months

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Hospital treatment and leave incident to influenza

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? yes
(If not, briefly state why)

17. Recommendations.....

Frank L. Lotts, Capt. C. C. Lane
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, St. Col. A. T. Ogilvie, have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

na

R. P. C. FOLIO
FALSE DOCKET

A. T. Ogilvie

Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

We concur.

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.) *Yes A.*
 (" B) (Yes or No.)
 (" C) (Yes or No.)
 (" D) (Yes or No.)
 (" E) (Yes or No.)

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be ~~discharged.~~ (When not for discharge add special recommendation.)

R.T.C. amn. a.g. J A/8-1-155 of 4-1-19.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *W. Italy*

J. Faulstich Capt
J. A. ... President.

DATE *20-5-19.*

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....

DATE.....

President

Members

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

DATE.....
of the Board of Medical Officers
here recorded.

ppw...
Captain, D.A.D.M.S.
for D.M.S.
Canadians.

W.M.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION..... Esquimalt, B.C...... DATE..... 27th Nov, 1922......

1. 1 (a) Unit..... R.C.A...... (b) Regimental No..... (c) Rank..... Colonel.....
 (d) Surname..... Ogilvie..... (e) Christian name..... Alexander Thomas.....
 (f) Home address..... 934 Foul Bay Road, Victoria, B.C......
 (g) Next of Kin..... Alice Campbell Ogilvie..... (h) Relationship..... wife.....
 (i) Address of Next of Kin..... as under 1 (f).....

2. Age last birthday..... 55..... Date of birth..... 17-4-67.....

3. Enlistment, or Appointment (if an Officer) (a) Place..... Permanent Force..... (b) Date..... 28-2-1898.....

4. Personal description: C.E.F...... March 1916.....

(a) Height..... 5 ft 10 in..... (b) Weight..... 190..... (c) Complexion..... Ruddy.....
(stripped)

(d) Colour of hair..... Grey..... (e) Colour of eyes..... Blue..... (f) Identification marks, Scars, etc.

Tatoo both forearms

5. Former trade or occupation..... Soldier.....

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

| Years | Days |
|---|------|
| From 28-2-1898 to present date in P.F., with 12 years previous service in the Canadian Active Militia | |

Officer's statement

| | PERIODS | |
|--|--|---|
| | From | To |
| Canada..... | 28-2-1898 May 1901 | January 1900 August 1916 |
| England..... | May 1919 August 1916 December 1918 | To present August 1917 January 1919 |
| France or other theatres of War..... & Germany | August 1917 January 1919 | December 1918 May 1919 |
| <u>South Africa</u> | January 1900 | May 1901 |

7. Original disease, or injury..... Valvular Disease of the heart......

(a) Date of origin..... About Nov 1st 1918..... (b) Place of origin..... near Denain, France.....

(c) Cause..... Influenza.....

DEC - 6 1922
 MEDICAL BRANCH
 "J" UNIT
 VANCOUVER, - B. C.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(a) Marked, on exertion. (b) Deranged function of heart.

(c) Rest necessary. (d) Restriction as to any occupation other than that of a sedentary nature.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE - Well developed powerful man. Heart dulness increased to about 1/2 inch beyond nipple line (left) and beyond right sternal margin. Heart sounds: Systolic murmur over aortic area transmitted into Carotids. Pulmonary second sound accentuated. Loud presystolic murmur over lower left sternum; heard also at apex and transmitted into axilla. Pulse rate 70. Systolic Pressure 135. Diastolic 85. Urine. clear, acid. 1020, no albumen, no sugar. In short of breath after exercise.

SUBJECTIVE - Palpitation and shortness of breath after exercise or walking up hill. Feeling of oppression in the chest when lying on the left side.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....no..... Cardio-Vascular System.....no..... Genito-Urinary System.....no (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses.....no..... Respiratory System.....no..... Integumentary System.....no
Disturbances of Mentality.....no..... Digestive System.....no..... Muscular System.....no
Osseous and Joint Systems.....no..... Any other general condition.....no

10. (a) History (of the condition referred to in Section 9 (a))

Had an attack of influenza near Denain, France about 1-11-18, but kept on duty on account of shortage of officers in his brigade; Reported sick about 8-11-18 and was sent to C.C.S. in Douai. Was kept there a week and was then evacuated to No 8 British Red Cross Hospital, Boulogne; where he staid about 18 days. was there Medically Boarded at Staples and given 1 months leave in England, but took less than a month and in January, 1919, proceeded to take over the command of the 5th Canadian Divisional Artillery at Bonn, Germany. Returned to England in May 1919. Had a long Board at Witley, England in May 1919 and his case was diagnosed as V.D.H. About the end of 1919 he received a cheque for pension and another in January 1920. but as he was then serving in the Permanent Force as the Colonel Commanding the R.C.A. he did not go before a Medical Board for continuation of pension.

10.—(a) Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a.)

Typhoid Fever 1893. Was ill several months. Recovery complete.

(c) (Here give a description of wounds, scars and deformities.

None

11.—(a) Did the disabling condition have its origin before enlistment? No

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) no (b) no

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Rest

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

No

16. Can the former trade or occupation be resumed? No, on account of heart condition (If not, briefly state why)

17. Recommendations.

That this officer be referred to the Board of Pensions Commissioners.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, A. X. Ogilvie, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

A. X. Ogilvie
Col. R. C. A. Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes.

19. Is the invalid fit for

- | | | |
|--|--------------|--------------|
| (a) General service, | (Category A) | (Yes or No.) |
| (b) Service abroad, not general service, | (" B) | (Yes or No.) |
| (c) Home service (Canada only), | (" C) | (Yes or No.) |
| (d) Temporarily unfit. | (" D) | (Yes or No.) |
| (e) Unfit for service in Categories A, B and C | (" E) | (Yes or No.) |

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
 (c) Should pass under his own control.
 (d) ~~Should not pass under his own control.~~
 (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

~~Be referred to the Board of Pensions Commissioners.~~

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

L. D. O'Connell
 President.

PLACE Esquimalt, B.C.

W. K. Anderson
 Major & Bt. Lt. Col. R.C.A.M.C. } Members

DATE November 28th 1922.

M. G. J. Troops, Esquimalt Garrison

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....President

PLACE.....

.....Members

DATE.....

APPROVED BY *L. D. O'Connell*
 Lt. Col. & Bt. Col. R.C.A.M.C.
 Assistant Director of Medical Services.
 S.M.C., M.D., II.

APPROVED BY.....
 Director-General of Medical Services.

DATE DEC 5 1922

DATE.....

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) OGILVIE AT

REGIMENT 1st Rde CFA 1st Wing RANK Lieut Col No.

Date of Examination in England 15-5-19 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

HAS HE EVER REFUSED DENTAL TREATMENT? No

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
- (c) In France Yes

Signature of Dental Officer

[Handwritten Signature]

1870
OCT 11
C. T. ...
...

—

...

TELEGRAM AND CABLE ADDRESS:
"PAYCANEX," LONDON.

PAY OFFICE,

Canadian Expeditionary Force,

WESTMINSTER HOUSE,

7, MILLBANK, LONDON, S.W.

Please address all communications:

"CHIEF PAYMASTER,"

and quote

No.

Statement of Account.

Lt. Col. A.T. Ogilvie With reference to my communication of the inst.
15 Bde. C.F.A. I append below a statement of your account for the period
in question.

| | |
|--|---|
| Rate of Pay \$ <i>2300.00</i> per annum | Period: <i>9th Sept. 1916 to 31st March 1917.</i> |
| ,, , Fld. Allce. \$ <i>1.25</i> per diem | <i>Messing from 24th Sept. 1916.</i> |
| Messing \$ <i>1.00</i> per diem | <i>P.F.A. from 1st Sept 1916.</i> |
| Other Allces. <i>P.F.A. \$73.91</i> per messen | |

| Credits | \$ | c | Debits | \$ | c |
|--|-------------|-----------|---|-------------|-----------|
| <i>204 days Pay @ \$2300.00 p. a.</i> | <i>1290</i> | <i>51</i> | Assigned Pay <i>from 1st Nov. 1916</i> <i>5 mos @ \$200.</i> | <i>1000</i> | <i>00</i> |
| <i>204 ,, F.A. @ \$1.25 p. d.</i> | <i>255</i> | <i>00</i> | Deposited in Bank <i>Oct 5</i> | <i>248</i> | <i>59</i> |
| <i>189 ,, Messing @ \$1.00</i> | <i>189</i> | <i>00</i> | ,, ,, <i>27</i> | <i>315</i> | <i>98</i> |
| Other Credits | | | ,, ,, <i>Nov. 16</i> | <i>19</i> | <i>71</i> |
| <i>7 Mos. P.F.A @ \$73.91</i> <i>p. month</i> | <i>517</i> | <i>37</i> | ,, ,, <i>27</i> | <i>133</i> | <i>07</i> |
| | | | ,, ,, <i>Dec 19</i> | <i>135</i> | <i>32</i> |
| | | | ,, ,, <i>Jan 27</i> | <i>135</i> | <i>32</i> |
| | | | ,, ,, <i>Feb 24</i> | <i>128</i> | <i>57</i> |
| | | | ,, ,, <i>Mar 27</i> | <i>135</i> | <i>32</i> |
| | | | Other charges (particulars) | | |
| | | | | | |
| | | | | | |
| | | | | | |

\$2251.88

\$2251.88

Major,
for Lt.-Colonel,
Chief Paymaster.

Not attested until 5/7/16 but was a. i. c. 1 March 1916

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

W. S. B. CLASS. A

Casualty Form—Active Service.

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

250M.—1-16.

H. Q. 1772-39-92

CERTIFIED CORRECT

29 AUG. 1917

CANADIAN RECORD OFFICE

CE F

Unit, Regiment or Corps Headquarters 15th. Brigade Canadian Field Artillery

Regimental No. Nil Rank Lt-Col. Name Ogilvie Alexander Thomas (D.S.O.)

Enlisted (a) 5 July 1916 Terms of Service (a) _____ Service reckons from (a) March 1916

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. } 11-9-16

Extended _____ Re-engaged _____ Qualification (b) Soldier

| 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 | | | | |
| <u>1/1</u> | | <u>Embarked Canada Halifax</u> | | <u>11/9/16</u> | |
| <u>1/2</u> | | <u>Disembarked England Liverpool</u> | | <u>22-9-16</u> | |
| <u>1/3</u> | <u>22.1.17</u> | <u>OC., 14th. BDE, CFA</u> | <u>Milford</u> | <u>22.1.17</u> | <u>Pt. 2, #226, 22.1.17.</u> |
| <u>1/4</u> | <u>20 AUG 1917</u> | <u>OC., 14th. Bde, CFA</u> | <u>Witley Camp.</u> | <u>21.8.17</u> | <u>Part 2 order No. 232 J. H. Gillespie For Adj. 14th Bd</u> |
| <u>1/5</u> | <u>6-6-17</u> | <u>O.C. Willey</u> | | | <u>Assumes Duty of C. R. Lt. 5th Division Vice Brig. Gen. W. O. H. Dodds on leave to Canada from 26-5-17 to 2. 7-17 } R.O. 1670 R.O. 1926</u> |
| <u>1/6</u> | <u>7-8-17</u> | <u>W.O.</u> | | | <u>Brought to notice of Secretary of State for War for valuable services rendered in connection with the War } W.O. List (c) dated 7. 8. 17</u> |

(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.

| 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 | | | | |
| 28.8.17 | LR | Landed in France | Havre | 22.8.17 | 8854 |
| 22.12.17 | Unit | Granted 14 days leave | Field | 20.12.17 | B 213. Part II 264/29.12.17 |
| 12.1.18 | " | Rejoined Unit from leave | " | 5.1.18 | B. 213. Part II 5/19.1.18 |
| 12.7.18 | 14 Bde. CFA | Granted leave 7.7.18/23.7.18 to | U.K. | 7.7.18 | B 213. Part II 53 d/19.7.18. |
| 26.7.18 | " | Rejoined from leave | Field | 24.7.18 | B213. |
| 27.9.18 | 5 th CDA | Assumes Command of 5 th CDA during absence of Brig-Genl. W.O.H. Dodds, absent on duty | Field | 24.9.18 | 5 th CDA Part I order #166. |
| 24.10.18 | " | Ceases to command 5 th CDA on return of Brig-Genl. W.O.H. Dodds C.M.G. | " | 24.10.18 | 5 th CDA order #180. |
| 2.11.18 | 13. CFA mb. | P.M.O. | { Adm Trans | 13 CFA mb. 12 CFA mb. | { 1.11.18 A 36 m. 3063 |
| 9.11.18 | 42 CCS. | Influenza | Adm Trans | 42 CCS. 12 AT. | { 1.11.18 8.11.18 } A 36 m 4015 |
| 8.11.18 | 8 Red Cross | " | Adm | 8 Red Cross | 8.11.18 W. 3034 m 5454 |
| 8.11.18 | 14 Bde CFA | To Hospital sick | | NS. | 1.11.18 B. 213. |
| 20.11.18 | 8 Red Cross | Influenza | To Duty | | 20.11.18 W. 3034 m 6891 |
| 25.11.18 | Base Med Board | Granted Sick leave to U.K. | from 27.11.18 to | 26.12.18 | A.F.A. 45 d/25.11.18. 140.3339 d/25.11.18 cc. Recd. E. Stanley 398/26 d/29.11.18. Ref. file KD 36750. Part II 108 d/7.12.18. |
| 25.11.18 | CGBD | From Hospital | Adm | CGBD | 25.11.18 N.R 540: B.E. 3475 |
| 3.1.19 | 14 Bde CFA | Rejoined | | Field | 30.12.18 B 213. |
| 4.1.19 | HQ 5 CDA | Assumes Command of 5 th CDA during absence of Brig-Genl. W.O.H. Dodds. on leave to U.K. | Field | | 31.12.18 B 213 d/4.1.19. |
| 10.1.19 | 14 Bde CFA | On Command to HQ 5 CDA | " | | 30.12.18 B 213 |
| 11.3.19 | " | Awarded the D.S.O. | | | 15.2.19 Im. Gaz. 31183 d/15.2.19. Part II, 30 d/11.3.19 |
| 21.3.19 | " | Rejoined from command | " | 14.3.19 | B 213 |

PROCEEDED TO ENGLAND

11 MAR 1919

Capt. for Lt.-Col., A. A. G.
Section G. H. O. 3rd Ech.

Date of Enlistment 26-5-16

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

02708

1-3-19

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

RATE OF ASSIGNMENT

| | | | |
|-----------------------------------|--|--|--|
| #250 ⁰⁰ / _x | | | |
|-----------------------------------|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion 15th Bgde. Field Art.

Beneficiary _____

Relationship _____

Address _____

PARTICULARS OF ASSIGNMENT

Name _____

Address _____

Change of Address _____

1 _____

2 WRS. ALICE OGILVIE, P.F.

3 % DOMINION BANK, 250 250.00

4 VICTORIA B.C. % LT. COL. A.T. OGILVIE

TWO HUNDRED & FIFTY DOLLARS

| Date | Cheque No. | Amount S/A | Amount A/P | Total |
|--------|------------|------------|------------|-------|
| | | | 6300 | 6300 |
| Mar m | 90826 | | 250 | 250 |
| Apr a | 209 | | 250 | 250 |
| May a | 5167 | | 250 | 250 |
| June 2 | 10674 | | 250 | 250 |
| July | | | 7300 | 7300 |

13871-A-5 REMARKS

Paid in England

\$200 from 1-11-16

\$250 " 1-4-18

Returned. S.S. Scotian 22-6-19

Account closed 30/6/19

M.R.O. 8/959 Destroy

M.F.N. 187 rem. M.D. 4-28-6-19

J. Robamy

M. F. W. 128.
400mc. 5-17-1772 39-1141
L. L. 22320—M. & D. 7983.

AUTHORITY FOR NEW ACCT. P.L. 9-0-145 dated 14/2/19
P.M.H. 14219 folio 20.
William M. Young 10/9.

2-2-37

24/7/35

**Proceedings of an Officer or Nursing Sister
Struck off Strength
OF THE
Canadian Expeditionary Force.**

1. RANK *Lieut - Colonel*
2. NAME *OGILVIE Alexander Thairan*
3. UNIT *14th BRIGADE C.E.F.*
4. DATE STRUCK OFF STRENGTH _____ PLACE _____
5. REASON _____

Demobilization
SOS 23-6-19 RO 2053-19

6. AUTHORITY _____

7. PROPOSED RESIDENCE _____

*Work point Barracks
Esquimalt B.C.*

This folder should contain the following documents :—

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report, M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

Deceased
25 May 35
910-2

M. F. W. 2591.

(923) Wt. /45P 3/19 15M D.St.

✓

1874

IN SENATE
JANUARY 15 1874
REPORT
OF THE
COMMISSIONERS OF THE
LAND OFFICE
IN RESPONSE TO A
RESOLUTION PASSED
BY THE SENATE
MAY 11 1873

REPORT
OF THE

REPORT

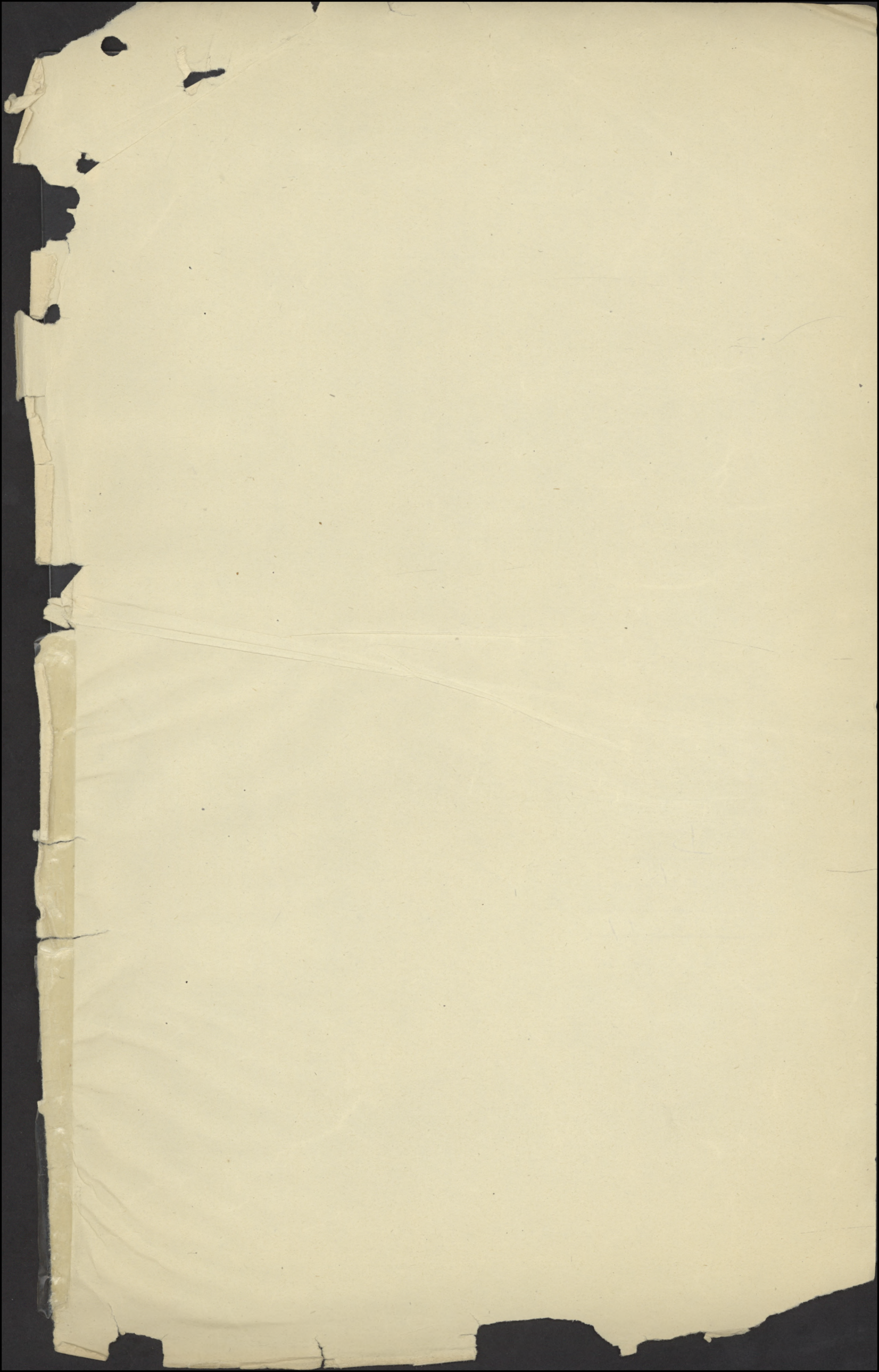
OF THE

COMMISSIONERS OF THE

LAND OFFICE

IN RESPONSE TO A

RESOLUTION PASSED BY THE SENATE



1. Triplicate Declaration Paper (M.F.W. 51), or
Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178)
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 1000a).
6. Percentage of Waning off Strength (M.F.W. 2591).
7. Last Pay Certificate (P. 41) *✓ dab*
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

Disposal card

Group..... B

Checked by No. N-

Date..... 10-6-19