59th. OVERSEAS BATTERY C. F. A.

TRIPLICATE

15th O/S Brigade C. F. A.

ATTESTATION PAPER.

No. 327955

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Seys.
1a. What are your Christian names? ..... Francis John Ardagh.
1b. What is your present address? ..... Rathmullen Sask.
2. In what Town, Township or Parish, and in what Country were you born? ..... Newport Mon. Eng.
3. What is the name of your next-of kin? ..... Charles Roland Seys.
4. What is the address of your next-of-kin? ..... Rostellan Tuffley Ave. Glocester. Eng
4a. What is the relationship of your next-of-kin? ..... Father.
5. What is the date of your birth? ..... Sept. 29th. 1882.
6. What is your Trade or Calling? ..... Farmer.
7. Are you married? ..... No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes.
9. Do you now belong to the Active Militia? ..... No.
10. Have you ever served in any Military Force? If so, state particulars of former Service. ..... Yes. four years Shropshire Yeomanery Cavalry
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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Francis John Ardagh Seys, 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.

F J A Seys (Signature of Recruit)

Date 21st. March 1916 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Francis John Ardagh Seys, 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.

F J A Seys (Signature of Recruit)

Date 22nd. March 1916 (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 Winnipeg this 22nd. day of March 1916

R J Riley (Signature of Justice)

M. F. W. 23.
400M.—1-16.
H. Q. 1772-39-341.

Description of Seys Francis John Ardagh on Enlistment.

Apparent Age 33 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9½ ins.

Chest measurement.
- Girth when fully expanded 39 ins.
- Range of expansion 3 ins.

Complexion Ruddy

Eyes Blue

Hair Fair

Religious denominations
- Church of England Yes
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations (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).

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 March 21st. 1916.

Place Winnipeg Man.

Charles J. Wheeler
Capt. A.M.C.
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Francis John Ardagh Seys. 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 March 23rd. 1916.

REGIMENTAL DOCUMENTS

NAME Seys Francis John Ardagh (Dur) REGT. NO. 327955 UNIT 14th Bde H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demobd
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)			12808		
Misc					
E.D. C 5009					
CA3					

W. 2589
100M-11-18
1272 30-1377

War Service Badge
Class A, No. 188293

Occupation Group 1
Dispersal Area 0

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 327915
2. Rank. Dvr
3. Name. SEYS Francis John Ardagh
4. Unit. 14th BRIGADE C.F.A.
5. Date of Discharge 25 6 19 Place Wpg.
6. Reason for Discharge DEMOBILISATION.
7. Authority. Do 181
8. Proposed Residence after Discharge Noremac Sask

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.?

F J A Seys
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

MEDICAL DOCUMENTS FORWARD D TO ~~S.C.R.~~ or P. B. C. on AUG 7 1919

Dispersal Station (No.) JUN 25 1919 Military District No. 10

Place

Date

Signature
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
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 (A.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D. . 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (A.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2).
    a [illegible]
12. Last Pay Certificate (P.[illegible]).
13. Pay Book ([illegible]64).
14. War Service Gratuity Form (M.F.W. 2595).
15. Sundry Documents.

8 & upc

Group B

Checked by No. 9

Date 9-6-19

Original

THIS FORM WILL BE USED FOR ALL RANKS

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 Surrey DATE 17.5.19.

1. 1 (a) Unit 14 Bd cFA J Wing (b) Regimental No. 327955 (c) Rank Driver

(d) Surname SEYS (e) Christian name Francis John Ardagh

(f) Home address Noremac Sask

(g) Next of Kin Mrs F M Seys (h) Relationship Mother

(i) Address of Next of Kin Rostellan Tuffley Ave Gloucester Eng

2. Age last birthday 36 Date of birth Sept. 29th 1883

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date 22.3.16.

4. Personal description:

(a) Height 5 ft. 9½ in. (b) Weight Est 180 lbs (stripped) (c) Complexion Ruddy

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Two vaccination marks left forearm

5. Former trade or occupation Farmer

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
	3	55

	Periods From	Periods To
Canada	22.3.16.	11.9.16.
England	22½ 9½; 6½	20.8.17.
France or other theatres of War	20.8.17.	17.5.19.

7. Original disease, or injury CONVERGENT SQUINT LEFT EYE

(a) Date of origin childhood (b) Place of origin Gloucester Eng.

(c) Cause congenital

M. F. B. 227.

400M.—11-18.
1772-30-117.

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.)

Defective Vision

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.)

Eye, Ear, Nose & Throat Clinic — W. Tilly 6-5-19

	without glasses	with glasses
Visual acuity Rt.	6/6	
Visual acuity Lt.	6/60	not improved

Category recommended - A

Original disease - Convergent squint - left eye

Cause - congenital Present disability - Defective Vision

Condition was present previous to enlistment and has not been caused by service. Has not been aggravated by service.

J. A. MacNeil Capt.

Subjective :- Unable to see distant objects with left eye

(*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 (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System: no (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

Urine analysis - negative

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

States that left eye has been weak since childhood. Has never worn glasses.

10.—(*b*) (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*).)

measles - childhood - no compl's

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

two vaccination marks on left arm.

11.—(*a*) Did the disabling condition have its origin before enlistment? yes

(*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

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.)

Nil

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

[illegible] Captain
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 F. J. A. SEYS 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

None

F. J. A. Seys Dr. 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.) yes A
(*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.)

R.T.C. Auth Cg 1 ie 905 3 of 11.11.18

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.

WITLEY CAMP, SURREY.

PLACE May 17 1919 — *President.*

DATE — 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.

President

PLACE — Members

DATE

APPROVED BY — *Assistant Director of Medical Services.*

DATE

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

DATE

A.D.M.S. HEADQUARTERS
CANADIAN CORPS CAMP.
17 MAY 1919
WITLEY SECTION.

M. & S. 5233

SCOTIAN

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

REGT. No. 327955 RANK Dvr NAME (IN FULL) SEYS. F. J. A. (BLOCK LETTERS SURNAME FIRST)

AUDITOR | PAYMASTER

25 6 25

NEXT OF KIN | RELATIONSHIP | PARTICULARS | EFFECTIVE DATE | AUTHORITY

ADDRESS

IS SEPARATION ALLOWANCE PAID? nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

25

ORIGINAL UNIT C.E.F. 59 Bty | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO Dis Stn M | DATE JUN 11 1919 | AUTHORITY D, O, 181

DATE OF ATTESTATION 22-3-16. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE 1-7-19

PAYABLE TO ~~Mrs F. M. Seys~~ | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS ~~Rostellan Taffey Sue Gloucester Eng.~~ Bank of Commerce Kindersley, Sask

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE M. D. 10 | DATE JUN 25 1919 | REASON B | AUTHORITY D, O, 181 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																													40	24	40	24	40	24			Dr BAL. ENG. L. P. C.
1/6 to 1/4	31	1.10	34	10	30 70				139	10	151	346					2 84 5	188	99												98	86					Clothing Allce. 1st payment W.S.G.
																																					Advances - Boat - Train
																																					A.P. chgd. on Eng. L. P. C. to date
			W. S. G.								War Service Gratuity,						W. S. G.																SOLDIER DEPENDENT				
183 Days at Min			420						420										70														350		nil		1st Payment W.S.G. as above
																					53 660												342	87	nil		Dr 350 K.S.
July 22																	797335		70														272	87			Dr 65.00 P.O.A.
											25/8						1221785		70														202	87			70.00 2nd WSG
											7/10						1244017		70														132	87			70.00 3
											Oct 25						1689594		70														62	87			70 4
											25/11						1703772		62	87																	70 5
																					713																62.87 Final
					420														420		713								420								
																			a/c Closed																		

Certified War Serv. Gratuity Account Completed

Lieut.

AUDITED NOV 21 1919 1919

Audit Clerk M.D. 10

200M-3-19.—L. L. 58785-L. & D. 9985.
M. F. W. 2.96.

2nd

B

Number 327955 Rank A/Bdr

Surname SEYS

Christian Name Francis John Hdagh

Units C 7 A Theatre of War France

Date of Service 21-8-17.

Remarks

Latest Address Foremac Sask.

Roll No B Page 106 38

200m.-2-21.M.

Next of kin

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date	Remarks

*—Name will be given in full; surname first.

9-10-45

No. 327955 RANK Dvr. NAME Seys, Francis A.

T. O. S. 22-3-16 UNIT 59th b/s. Battery, C. F.A. (15th Bdge.)
D.O. 170 of 23-3-16

M. D. 1b 3

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Mar. 22	Mar. 31	✓		
Apr.		✓		
May.		✓		
June.		✓		
July.		✓		
Aug.		✓		
Sept.		✓		

CARD NO. 1

m.10

SDS 25-6-19 Sent

FOLL.

SD 181 M 30-6-19

10 D.D.

SURNAME. Seys

CHRISTIAN NAMES Francis John Ardagh

REGL. No. 327955 RANK Dr.

UNIT 59th Bty C.F.A. (15th Bde.)

FORMER CORPS Shropshire Yeomanry Cav. & Yr.

NEXT OF KIN.

NAMES IN FULL Seys Charles Roland

RELATIONSHIP TO SOLDIER Father

ADDRESS Tuffley Ave., Rostellan Gloucester Eng

CHANGE OF ADDRESS

COUNTRY OF BIRTH England Newport Mon. DATE Sept 29th 1899

PLACE OF ATTESTATION Winnipeg, Man DATE Mar 22nd 1916

R/C. 22.6.19 $\frac{350}{32}$ m.10 Dvr.

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Farmer RELIGION C of E.

DESCRIPTION.

APPARENT AGE 33. YEARS 6 MONTHS

HEIGHT 5 FEET 9 1/2 INCHES

CHEST MEASUREMENT 39 INCHES EXPANSION 3. INCHES

COMPLEXION Ruddy EYES Blue HAIR Fair

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Winnipeg, Man. DATE Mar. 21st. 1916

Present Address - Rathmullen, Sask.

R—122

P. Rank Gnr Name SEYS, Francis John Ardagh. Reg'l No. 327955.

Unit 59th.Bty.15htBgde.CFA. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Winnipeg. 2~~nd~~ 1st Mar.1916. Place of Birth Newport Mon.Eng.

Name and Address, Next-of-Kin Charles Roland Seys.

Rostellan, Tuffley Ave. Gloucester.Eng. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	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.
		ARRIVED IN ENGLAND S S CAMERONIA 22-9-16			
7-10-16	15th Bde CFA.	Sobe a/ Bombardier	Witley Camp	7-11-16	Pt II DO 130
22 Jan. 17	15 Bde:	SOS. trafr, to 50 Bty, New 14 Bde:	Witley,	22 1-17	Pt. DO 22 A
13 2.17.	14 Bde:	T.O.S:	Witley	22 1.17	Pt, II 044
20.8.17	"	Reverts to Rank at own request	"	Bdr	14.8.17 Pt II 0 232
20.8.17	— " —	Proceeded Overseas	"	Bdr	21.8.17 Pt II 0 232
14.5.19	— do —	Proceeds to England	Havre	Dr.	11.5.19 " " 51
23.5.19	J. Hy. CEF	T.O.S. ex 14 Bde. C.F.A.	Witley	do.	12.5.19 " 19
11.6.19	do.	s.o.s. to Canada	do	do.	11.6.19 " 27

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.				
		Canada 80-M-51.		12.6.19	

DUPLICATE

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 O/S Brigade C. F. A.

39th. OVERSEAS BATTERY C.F.A.

(2) Regimental Number 327955

(3) Full Name of Soldier Francis John Ardagh Says

(4) Place of Birth Newport, Mon England

(5) Are you married, or not? No

(6) If married, state,
(a) Full name of your wife ✓

(b) Present Postal Address ✓

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls ✓

Also their names and ages ✓

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Charles Roland Leys, Rostellon Tuffley ave, Gloucester, England

(10) Is your Mother alive? Yes

If so, state name and address Fannie M. Leys do

(11) If your Mother is a widow ✓

Are you her sole support, or not?

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

✓

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

✓

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

✓

15) Are you insured? No

If so, in what Company? None

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.

G. S. Kerr

Officer Commanding.

Date 3rd August, 1916

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class A, No. 188293

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 327955 (Rank) Driver

Name (in full) SEYS, Francis John Ardagh enlisted in

the 59th Battery C.F.A

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 22nd

day of March 1916

HE served in England & France

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

~~Medical Unfitness~~ Demobilization P.O. 1420 (6)

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

Age 36

Height 5' 9½"

Complexion Ruddy

Eyes Blue

Hair Fair

Marks or Scars Two Vaccination marks on left arm

F J A Seys
Signature of Soldier.

W M Hannaway
Issuing Officer.

Lieut
Rank

Date of Discharge

Dispersal Station "M" JUN 25 1919 Military District No. 10

Date 25 6 1919

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.

M.F.B. 39A.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

414

EYE EAR NOSE AND THROAT CLINIC

Witley Camp. Surrey

Date 16-5-1919

Reg. 3c7955 Rank Bdr Name Seys F J A

Unit 14th Bde

	WITHOUT GLASSES	WITH GLASSES (as per prescription below)	
		SPH. CYL.	AXIS.
Visual acuity rt.	6/6	with	
Visual acuity lt	6/60	with	no improvement

Category recommended is A

Glasses not ordered

Original disease or injury Convergent - Squint - left - eye

Date of origin

Place of origin

Cause Congenital

Present disability Defective vision

Remarks

CONDITION WAS ..... PRESENT PREVIOUS TO ENLISTMENT AND HAS ..... not ..... BEEN CAUSED BY SERVICE. HAS ..... not ..... BEEN AGGRAVATED BY SERVICE

L.B.

O.H. Macneil
Captain. C.A.M.C.,
Eye and Ear Specialist
Witley Camp
Surrey

G.

1.6.18

W. S. B. CLASS. A (Seys)

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

M. F. W. 54. (A. F. B. 105.)
250M.—1-16.
H. Q. 1772-39-929.

Casualty Form—Active Service.

327955

Unit, Regiment or Corps 59th. OVERSEAS BATTERY C. F. A. 15th O/S Brigade C. F. A.

Regimental No. ~~327955~~ 327955 Rank ~~Driver~~ Private C. E. F. Name Seys, Francis John Ardagh

Enlisted (a) 21st March 1916 Terms of Service (a) war & six months Service reckons from (a) Mar. 21. 1916.

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) ~~Fil~~ Farmer

Report Date	Report From whom received	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.
		Embarked Canada	Halifax	Sept. 11. 1916.	
		Arrived England	Liverpool	Sept. 22. 1916.	
7/11/16.	O/C 15th Brigade	Apptd Bombardier "with pay."	Witley	7/11/16	Part II Orders #130 7/11/16.
22.1.17	OC., 14th. BDE, CFA.	Absorbed by 60th. Battery, 14th. Brigade, C.F.A.	Milford	22.1.17	Pt. 2, # 22a, 22.1.17.
	OC 14th Bde, CFA	Proceeded Overseas on service.	Witley Camp.	21.8.17	Part 2 order No. 232. J. H. Gillespie Capt. For Adjt. 14th Bde, CFA
3.2.17	14th Bde	Taken on Strength	Witley	22.1.17	R II do 44
10.8.17	do	Reverts to Rank O.R.	"	14.8.17	R II do 232

LIEUT

FOR DEPUTY MINISTER OF RECORDS, C.G.S.

CERTIFIED CORRECT. 20 AUG 1917 CAN. RECORDS, G.H.Q.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213. Army Form A. 36, or other official documents.
Date	From whom received				
28 8 17	L.R.	LANDED IN FRANCE	HAVRE	22.8.17	885145
27.12.18	14 Bde CFA	14 Days leave	UK	25.12.18	B 213: Part II 3/10.1.19
24.1.19	..	RETURNED FROM LEAVE	Field	20.1.19	..
		PROCEEDED TO ENGLAND		11 MAR. 1919	J. G. Parson Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

S.O.S. "J" Wing, Canadian Corps Camp, Witley,
on proceeding to Canada 11/6/ 1919, D.O. No. 27

[R.M.S. SCOTIA]
[EMBARKED 11.6.19]
[LIVERPOOL]

for Officer Commanding.

11-6-19 T.O.S. Dispersal Station Do 181 Pa 2
M.

and Dispersed 25-6-19 " Pa 3

Lieut.
for O. C. 10 District Depot.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

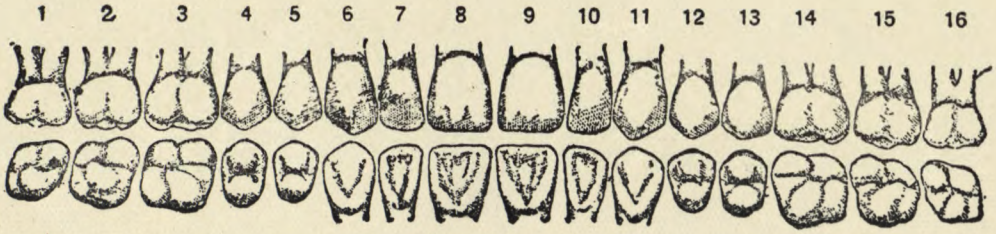
DIRECTIONS TO DENTAL OFFICERS

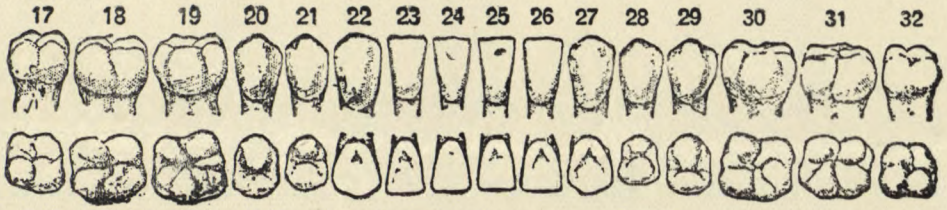
1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

NAME OF SOLDIER (Block Letters) SEYS F.J.A.

REGIMENT 14th Brigade C.F.A. J. Wing RANK Dvr No. 327955

Date of Examination in England _____ Date of Examination in France _____





PRESENT DENTAL REQUIREMENTS

1. FILLINGS 5. 12. 19.
2. EXTRACTIONS 31.
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

Left A W Mylr.

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 No

Signature of Dental Officer J. Roos Capt

ORIGINAL

59th. OVERSEAS BATTERY C. F. A.

15th O/S Brigade C. F. A.

327955.

MEDICAL HISTORY SHEET. ORIGINAL

Surname: Leys Christian Name: Francis John Ardagh

Examined: on 21st day of March 1916 at Winnipeg

Approved by: Charles J. Atherton

Birthplace: City or Town: Restellan Tiffley Glos; County: Gloucester Eng

Rank: Capt AMC M.O.

Apparent age: 33 yrs 6 mths

Trade or occupation: Farmer.

Height: 5 Feet 9½ Inches.

Weight: 175 Lbs.

Chest measurement: Minimum 36 inches. Maximum expansion 39 inches.

Physical development: Normal

Small-Pox Marks: No.

Vaccination Marks: Arm Right. Left. Number: 2

When Vaccinated last: Childhood.

(a) Marks indicating congenital peculiarities or previous disease: No.

(b) Slight defects but not sufficient to cause rejection: No

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
14.8.16	—	[illegible] M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
1916 May 15	Good	J. H. [illegible] M.O.
18/7/16		[illegible] M.O.
27/7/16		[illegible] M.O.
28.7.16		[illegible] M.O.

Enlisted on 22nd day of March 1916 at Winnipeg

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	59th. OVERSEAS BATTERY C. F. A.	327955		22nd March 1916
Transferred to	14th Brigade C. F. A.			
	60th Battery			31/8/17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
WITLEY CAMP, SURREY.	Defec. vision N. J. Hypermetropia		
May 17 1919			

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.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-4-9.

J. McC

Surname Sayer Christian Name Francis John Joseph

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

A-305

Ref. No. N.R. B

38012

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom Mrs. Fanny M. Seys,

Address Rostellan,
Tuffley Avenue,
Gloucester.

Rate $15.00

Date to Commence 1st September, 1916.

By whom assigned Seys, F.J.A.,

Regtl. No. 327955.

Rank Drv.,

Corps, &c. 59th Battery, 15th Bde.C.F.A.

also checked & found correct

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Oct.		219925	30		
Nov.	45.00	~~242353~~	15		
Dec.		294969	15		
Jan.	1917	338311	15		
Feb.		377933	15		
Mar.		427119	15.		
April					
May					
June					
July					
Aug.					

ASSIGNED PAY.

By whom assigned Seys. F. J. A. ~~Sr~~

Regtl. No. 327955 59th Bty. 15th Bde. C.F.A.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

P 520
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ENGLAND OR ~~CANADA~~	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.10.17		EFFECTIVE DATE:-	
AMOUNT:- 20.00		AMOUNT:-	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Fanny M Seys, mother
Rostellan, Tuffley Av,
Gloucester, Eng.

Stopped. 1.7.19

NAME:- SEYS, Francis John A
NUMBER:- 327955

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gr.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 156 F A.
DATE ACCOUNT FIRST OPENED:- 1.9.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
P.10.22 a 1.	22.1.17		146 F A.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | 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	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
		~~ab May~~	~~20~~				
		~~ab June~~	~~20~~				
15.5	4837	J. Wing £10	4 67			L.P.C Bal. Debit	£40.24
			8 67			L/Sheet Bal. Credit	£48.43

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Discharged to Ean. 31/19 W.O. 252 B'ckott 19/19 B'ckott

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31.3.18	Blee Forw.								64 40		
ap	G.P.	33		A37985 L 4.2.2			20				
				AR 23 4.4.18 14 Bde	4 46						
				" 103 22.4.18 "	3 57				69 67		
		33			8 03		20				
May	G.P.	34 10		B2382 L 4.2.2.			20				
				AR 178 6.5.18 "	4 46						
				" 256 15.5.18 "	3 57				75 44		
		34 10			8 03		20				
June	G.P.	33		B29715 L 4.2.2.			20				
				AR 354 6.6.18 "	4 46						
				" 478 18.6.18 "	3 57				80 41		
		33			8 03		20				
July	G.P.	34 10		B87572 L 4.2.2			20				
				AR 522 6.7.18 "	4 46						
				AR 594 20.7.18 "	3 57				86 48		
		34 10			8 03		20				
Aug	G.P.	34 10		C41118 L 4.2.2			20				
				AR 677 6/8/18 "	4 46						
				" 742 20/8/18 "	3 57				92 85		
		34 10			8 03		20				
Sept	"	33		C88716 L 4.2.2			20		105 85		
				AR 849 10/9/18 "	3 57				7 14		
				" 916 26.9.18 "	3 57				98 41		
		33			7 14		20				
Oct		34 10		D31878 L 4.2.2			20				
				AR 1004 14 B 15.10.16	7 46				105 35		
		34 10			7 46		20				

COMPILED BY S. Burack
CHECKED BY A.W. Ball

NUMBER 227955 RANK Gr. NAME SEYS. Francis John A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Bal. fwd								105 35		
Nov	G.P	33		D 83065 L 4-r-r			20				
Dec		34 10		E 41791 L 4-2-r			20				
1919 Jan		34 10		F 40655 L 4-r-r			20		146 55		
		101 20					60				
				A.R. 1448. 14.B. 22.12.18	19 47						
				Lon. R. 1497. S 14.B. 27.12.18	6 84						
Feb	"	30 80		F 89051 L 4-r-r			20				
				Aug R 5. 14.B. 24.12.18	82 73						
				A.R. 2065. 2 Aug 25.1.19	7 46						
				" 1185 14.B. 18.11.18	7 46						
				" 38. 14.B. 6.2.19	2 73						
March	"	34 10		F 40564 L 4 2/r Clear			20				
				A.R. 290. 14.B. 24.2.19	3 73						
				" 402. 14.B. 15.3.	7 30				32 73		
		64 90			138 72		40				
Apr May		67 10		A 25443 L 4-r-r			20				
				A.R. 32. 14.B. 8.4	6 98						
				" 958. Brussels. 15.4.19	17 44						
				" 274. 50.A.C. 24.1.19	6 98				48 43		
				A 87927 L 4-2-r May			20				
				A 87928 L 4 r 2 June	31 40		20		8 43		
				A.R. 4837. C.C.C. 12.5.	48 67		60		40 24		
		67 10			80 07		60				
				Final ch written							

SoS to Canada 12/6/19 S.L. 80

Married or Single: S

Place of Birth: Newport, Mon. England

Name and Address of Next of Kin: Charles Roland Seys, Rostellan, Tuffley Ave. Gloucester.

Relationship of Next of Kin: Father.

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

A.P. & S.A. checked & found correct. A.J. Baile

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Bombdr.	7/11/16	S.T.O. 130/2
Reverts to Gunner at own request	14/8/17	R.T.O. 225

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 327955 Rank ~~Private~~ Gr Bombdr. Name Seys, Francis John Ardagh

If in Permt. Corps What Unit: Unit 15th Brigade C.F.A. Transferred to 14th Byde. C.F.A. Date Jan. 22/17. Authority S.T.O. 22/1.

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation Winnipeg — Transferred to — Date — Authority

Date of Attestation March 22. 1916. — Transferred to — Date — Authority

20.00 Effec. Oct 1st 1917 DMT

Assigned Pay Monthly $ ~~15.00~~ Date Effective Sept. 1. 1916.

Payable to Mrs Fanny M. Seys, Rostellan, Tuffley Av. Gloster. England. Relationship Mother.

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place Reason and Authority

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

Date 1916	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
														10.	10.																10				Bal. from Canadian Pay list
Sept.	30	1.00	30		30	10	3								33			7	29/9/16						14	60		15.		29	60	13.	40			
Oct.	31		31		31		3	10							34	10	40	79	30					4	86	9	73	15.		29	59	17	91			
Nov.	6		6		30		3								34	20	110	145	30/11/16					4	87	9	74	15.		29	61	22	50	16	10	6	40	Act. T.Bdr. effect Nov. 7th S.O. 130/2
	24	1.05	25	20																															
Dec.	31		32	55	31		3	10							35	65		179	22/12/16						19	47		15.		34	47	23	68	17	38	6	30	
1917 Jan.	21		22	05	21		2	10							24	15	215	14/1/17						7	30			15		22	30	25	53					
															191	10														145	57						
	10		10	50	10		1								11	50																37	03				
			15	30											1	40																					
Feb.	28		30	80											30	80	246	5/2						9	73			15.		24	73	~~44~~	50					
																										9	73					48	12				
Mar	31	1 05/10	35	65											35	65		469 / 479	26/3/17 / 16/3/17							7	30	15		37	03	~~46~~	~~85~~				
																				353 / 369	28/4/17	45	10														
April	30		34	50											34	50										9	73 / 7	30	15.		37	03	50	59				
May	31		35	65											35	65	82 / 24	23 / 16/4.						9 / 7	73 / 30			15		32	03	54	21	5	63	48	66	
June	30		34	50											34	50	137 / 176	14 / 29/5						9 / 9	77 / 73			15		34	47	54	24					
July	31		35	65											35	65												15.		15.		74	89					
			380	75										10.	390	75								63	26	70	54	17	03	165		315	86					

327955. ~~Bdr~~ Gnr. Seys. F. J. A.

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Aug			380	75										10	390	75								63	26	70	57	17	03		165		315	86	74	89				P.T.O. 212 Revert to Gnr at our Request 14/8/17
	13	19/5/10	14	95											34	75	221	15/6					A158777	19	47											
	18	1/10	19	80													266	25/6						14	60							15		49	04	60	57		
Sep	30		33												33		319	23/7	368	21/8			A158311	9	73	9	73					15		49	30	24	27 ✓		
																	373	7/8	444	11/9				12	17	24	7											
			44	50										10	458	50								119	23	82	97	17	03		195		414	23					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	DEF. ALLOWCE ENG.
Oct 1st	Bal. Fwd.	[redacted]							44 27		
	G Ray	34 10		A2/1591			20		58 37		
		34 10					20				
Nov.	" "	33		B.B.N.5910. £4-2-2.			20				
				AR 538 14 B 3/10	4 46						
				" 497 " " 24/9	2 67						
				" 605 " " 16/10	3 57						
Dec	" "	34 10		B77310. £4-2-2.			20				
				AR 652 14 B 4/11	4 46				70 31		
		67 10			15 16		40				
1918. Jan	" "	34 10		C 2610 £4-2-2			20				
				AR 714 14 B 30/11	12 49						
				" 805 " 10/12	4 46						
				" 846 " 21/12	3 57				63 89		
									1 69		
		34 10			20 52		20				
Feb	"	30 80		C 68567 £4-2-2			20				
				AR 1002 14 B. 21/1/18	3 57						
				" 920 " 6/1	4 46						
				" 1202 " 7/2	4 46				62 20		
					12 49				2 50		
		30 80			12 49		20		64 70		
Mar	"	34 10		D. 36312 £4 2 2			20				
				AR 1286 14/2/18 "	3 57						
				" 1393 5-3-18 "	4 46						
				" 1499 21.3.18 "	3 57				64 70		
		34 10			11 60		20				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE PAY ENG.